

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235593	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/02/2024
NAME OF PROVIDER OR SUPPLIER  Allegria Village		STREET ADDRESS, CITY, STATE, ZIP CODE  15101 Ford Rd Dearborn, MI 48126	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 39958</p> <p>This citation pertains to intake numbers MI00143709.</p> <p>Based on interview and record review, the facility failed to provide scheduled showers for two residents (R506 and R508) out of three residents reviewed for activities of daily living (ADL's), resulting in the potential for unmet hygiene needs, loss of dignity, and emotional distress.</p> <p>Findings include:</p> <p>R506</p> <p>Review of an Admission Record revealed, R506 readmitted to the facility on [DATE] with pertinent diagnosis which included Dementia and Multiple Fractures of Pelvis. R506 was discharged to the hospital on 5/2/24.</p> <p>Review of a Minimum Data Set (MDS) assessment dated of 4/19/24 revealed R506 had cognitive impairment with a Brief interview for Mental Status (BIMS) score of 8 out of 15.</p> <p>Review of a bathing task revealed, R506 had no documented showers or bed baths for the last 30 days (April 2024).</p> <p>Review of the 1st floor shower schedule revealed, R506's scheduled showers days were Wednesday and Saturday on the 6-2 shift.</p> <p>On 5/2/24 at 12:41p.m., R506 and R508's shower documentation was requested from the NHA via email.</p> <p>R508</p> <p>On 5/2/24 at approximately 9:30 am, R508 declined an interview with the surveyor.</p> <p>Review of an Admission Record revealed, R508 admitted to the facility on [DATE] and readmitted on [DATE] with pertinent diagnosis which included Enterocolitis due to C-Diff (inflammation in small intestine and colon) and Displaced Intertrochanteric Fracture of Left Femur.</p> <p>Review of a MDS assessment dated of 1/25/24 revealed R508 had no cognitive impairment with a BIMS score of 14 out of 15.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of a bathing task revealed, R508 had no documented showers or bed baths for the last 30 days (April 2024).</p> <p>Review of the 3rd floor shower schedule revealed, R508's scheduled showers days were Monday and Thursday on 2-10 shift.</p> <p>On 5/2/24 at 1:51 p.m., the NHA provided a progress note dated 2/8/24 indicating R508 declined a shower and a bed bath. The NHA did not provided documented showers for R506 or R508 for the last 30 days.</p> <p>In an interview on 5/2/24 at 2:15 p.m. Licensed Practical Nurse (LPN) C reported the nurse should complete a skin observation on scheduled shower days and the CNAs (Certified Nursing Assistant) should chart in POC (care charting system).</p> <p>In an interview on 5/2/24 at 2:16 p.m. Unit Manager D reported showers should be documented in POC and nurses should complete a skin assessment.</p> <p>In an interview on 5/2/24 at 2:27 p.m. CNA E reported showers are documented in the POC.</p> <p>In an interview on 5/2/24 at 2:31p.m. Unit Manager F reported showers are documented in the POC by the CNAs. Unit Manager F then reported the nurse documents the shower on the skin assessment and should document all refusals.</p> <p>In an interview on 5/2/24 at 2:34 p.m. the Director of Nursing (DON) reported showers are documented in by POC by the CNAs. The DON then reported the nurses should complete a skin assessment on shower days. The DON reported there was no shower documentation found for R506 or R508.</p> <p>Review of a Activities of Daily Living (ADL), Supporting policy revised March 2018 documented the following: Residents who are unable to carry out activities of daily living independently will receive the services necessary to maintain good nutrition, grooming, and personal and oral hygiene.</p>		