

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235613	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/05/2025
NAME OF PROVIDER OR SUPPLIER Maple Manor Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3999 Venoy Road Wayne, MI 48184	

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 0624</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Prepare residents for a safe transfer or discharge from the nursing home.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41423</p> <p>This citation pertains to intake MI00149794.</p> <p>Based on interview and record review, the facility failed to ensure adequate discharge planning was in place for one resident (R400) of three residents reviewed for discharge planning, resulting in R400/representative not educated on the administration of an injectable anticoagulant (a highest-risk medications used thin blood and prevent blood clots), the potential for medical complications (bleeding) and hospitalization .</p> <p>Findings include:</p> <p>Review of the intake complaint, Hospital Social Worker A revealed the following:</p> <p>Complaint states (they are) a social worker at (Hospital) where resident (R400) is currently at. (Hospital Social Worker A) states resident (R400) was discharged from facility on 1/25/25 with a bottle of heparin (anti-coagulant, believed to prevent blood clots) and syringes without any explanation as to how to use the medication. (Hospital Social Worker A) states this medication is usually administered by a nurse. (Hospital Social Worker A) states resident had not been on this medication previously. (Hospital Social Worker A) states resident has a history of traumatic brain injury. (Hospital Social Worker A) states the residents home health agency nurse was surprised (R400) had this bottle of medication with syringe with no explanation.</p> <p>A review of R400's electronic medical record revealed an admission on 12/30/2024 with the diagnosis of the following: Fracture of the right Humerus, Muscle Protein-calorie malnutrition, Chronic obstructive pulmonary disease, Bipolar Disorder, Anxiety Disorder, Traumatic Brain Injury, Attention-Deficit Hyperactivity Disorder, and Spinal Stenosis. R400 had a Brief Interview for Mental Status (BIMS) of 15/15 meaning cognition is intact.</p> <p>A review of R400's Care Plan revealed the following:</p> <p>Problem Start Date: 01/10/2025, Category: ADLs Functional Status/Rehabilitation Potential: I am at risk for complications related to anticoagulant therapy.</p> <p>Approach Start Date: 01/10/2025, Observe for signs of active bleeding</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235613	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/05/2025
NAME OF PROVIDER OR SUPPLIER Maple Manor Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3999 Venoy Road Wayne, MI 48184	
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 0624</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>(Nosebleeds, bleeding gums, petechiae, purpura, ecchymotic areas, hematoma, blood in urine, blood in stools, hemoptysis, elevated temp, pain in joints, abdominal pain, epistaxis).</p> <p>Approach Start Date: 01/02/2025, Establish a pre-discharge plan with the resident/family/caregivers and evaluate progress and revise plan as needed.</p> <p>A review of R400's progress notes dated 1/25/25 at 10:45 am revealed the following:</p> <p>Received patient A/Ox3-4 (alert and oriented to person, place, time and event), [NAME] but happy and excited to be going home. V/S, WNL (vital signs within normal limits) With O2@3.5LPM via NC (Nasal Canula). Not in distress. Denies pain. All due scheduled meds given as ordered, well tolerated. All safety measures maintained at all times. Turned and repositioned. Kept clean dry and comfortable thereafter. On fall precaution. NP (Nurse Practitioner) was notified regarding patient's order for discharge and agreeable to take home scheduled medications, Acetaminophen codeine 300-30mg and patient's supply of controlled substances -That was brought in by patient (R400) was returned to patient. Co-signed- 2 RN's (Registered Nurse) and patient was informed to schedule a follow up with PCP (Primary Care Physician) within a week after discharge. RN discussed discharge with care manager printed discharge paper and provided patient with a copy, and obtained care manager signature on discharge paperwork. Patient discharged via Wheelchair at approximately 10:45 AM with instructions and all belongings. Skin assessment: Refused.</p> <p>A review of R400's progress note that was updated 1/27/25 at 10:45 am revealed the following:</p> <p>Edited By: Nurse B on 01/27/2025 08:34 AM Reason: More data available</p> <p>Received patient A/Ox3-4 (alert and oriented to person, place, time and event), [NAME] but happy and excited to be going home. V/S, WNL (vital signs within normal limits) With O2@3.5 LPM via NC (Nasal Canula).Not in distress. Denies pain. All due scheduled meds given as ordered, well tolerated. All safety measures maintained at all times. Turned and repositioned. Kept clean dry and comfortable thereafter. On fall precaution. NP was notified regarding patient's order for discharge and agreeable to take home scheduled medications, Acetaminophen codeine 300-30 mg and patient's supply of controlled substances -That was brought in by Patient was returned to patient. Co-signed- 2 RN's and patient was informed to schedule a follow up with PCP within a week after discharge. RN discussed discharge with care manager printed discharge paper and provided patient with a copy and obtained care manager signature on discharge paperwork. Patient discharged via Wheelchair at approximately 10:45 AM with instructions and all belongings. Skin assessment: Refused.</p> <p>Heparin (Anticoagulant) was discontinued per NP. Order was carried out. (This was the updated information added to Nurse B progress note, updated on 1/27/2025)</p> <p>Edited By: Nurse B on 01/27/2025 08:34 AM Reason: More data available</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235613	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/05/2025
NAME OF PROVIDER OR SUPPLIER Maple Manor Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3999 Venoy Road Wayne, MI 48184	
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 0624</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 2/5/25 at 1:21 PM, an interview was conducted with Nurse B about R400. Nurse B was asked why they updated their 1/25/25 progress note on 1/27/25. Nurse B said they asked the Nurse Practitioner if they should send R400 home with the anticoagulant. Nurse B said that the NP said that if the resident (R400) was not walking, that they should send the resident home with the anticoagulant. Nurse B said, 'I'm supposed to follow the NP orders .I never sent anyone home on (anticoagulant) .I did not feel comfortable. Nurse B was asked if they provided training to R400 on how to administer the anticoagulant and the dosage. Nurse B said, No because the resident wanted to hurry-up and leave. (R400) gets excited and yells . I gave (R400) the (anticoagulant) and the syringes to go home .I changed the note on January 27 th because I didn't want to get in trouble. Nurse B was queried about why they did not feel comfortable with sending R400 home with the anticoagulant. Nurse B said, (R400) could start bleeding .am I in trouble .I was only following the NP order.</p> <p>On 2/5/25 at 1:37 PM, Social Worker A was interviewed and asked about R400 admission to the hospital. Social Worker A said that the resident was admitted to the hospital. Social Worker A said that the R400's case manager (Case Manager C) said the resident was discharged from the nursing home on 1/25/2025 with a vial of heparin and 4 syringes. Social Worker A said that they were concerned about the resident receiving the medication without directions. The Social Worker A said, It wasn't safe to send (R400) home with such a dangerous medication.</p> <p>On 2/5/25 at 2:09 PM, Case Manager C was interviewed and queried about R400's discharge and home care services. Case Manager C said they provide in home care for R400 and added that the resident lived alone. Case Manager C said that they were concerned after the chore worker stated that the facility sent R400 home with the anticoagulant and syringes. Case Manager C asked Nurse B why they sent R400 home with the anticoagulant, and Nurse B said it was a mistake.</p> <p>On 2/5/25 at 4:10 PM, the Director of Nursing (DON) was queried about Nurse B sending the anticoagulant and syringes home with R400. The DON stated, (Nurse B) was following the order of the Nurse Practitioner.</p> <p>A review of the discharge instructions did not include the anticoagulant and syringes nor any instructions on how to administer the medications provided to the resident/resident representative.</p> <p>A review of the facility's policy Discharge Summary revised on [DATE], revealed the following:</p> <ol style="list-style-type: none"> a. Reconciliation of all pre-discharge medications with the resident's post discharge medication to include prescription and over the counter medications. 2. For residents discharged to their home, the medical record should contain documentation that written discharge instructions were given to the resident and if applicable, the resident representative. These instructions must be discussed with the resident and resident representative and conveyed in a language and manner they will understand. 		