

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235622	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/15/2024
NAME OF PROVIDER OR SUPPLIER Qualicare Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 695 E Grand Blvd Detroit, MI 48207	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46865</p> <p>This citation pertains to Intake MI00138460.</p> <p>Based on interview and record review, the facility failed to provide showers for one resident (R101) out of 4 residents reviewed for ADL (Activities of Daily Living) care.</p> <p>Findings include:</p> <p>A review of R101's EMR (Electronic Medical Record) revealed R101 was admitted to the facility on [DATE]. R101 had the following medical diagnoses: osteoarthritis (arthritis of the bone), muscle weakness, and difficulty walking.</p> <p>A review of R101's MDS (Minimum Data Set) dated 6/13/23 revealed R101 had a BIMS (Brief Interview of Mental Status) score of 15/15 (cognitively intact). According to the MDS, R101 required supervision with showers/bathes.</p> <p>A review R101's ADL care plan, with an initiated date of 6/8/23, revealed R101 required extensive one person assistance with bathing.</p> <p>A review of R101's shower/bathing documentation from 6/8/23 through 7/7/23 revealed the following missed shower dates: 8/12/23, 8/15/23, and 8/22/23.</p> <p>R101 missing 3 out of 7 scheduled shower days.</p> <p>On 3/15/24 at 10:15 AM the DON (Director of Nursing) was interviewed about missing shower documentation. The DON said R101 should have received his scheduled showers. The DON said she expected all residents to receive showers at least twice a week.</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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46865</p> <p>This citation pertains to Intake MI00138460.</p> <p>Based on interview and record review, the facility failed initiate a wound consult order in a timely manner for one resident (R101) out of five residents reviewed for pressure ulcers, resulting in the potential in delayed treatment of a pressure ulcer.</p> <p>Findings include:</p> <p>A review of R101's EMR (Electronic Medical Record) revealed R101 was admitted to the facility on [DATE]. R101 had the following medical diagnoses: Type 2 Diabetes Mellitus, local infection of the skin and subcutaneous tissue, and difficulty walking.</p> <p>A review of R101's MDS (Minimum Data Set) dated 6/13/23 revealed R101 had a BIMS (Brief Interview of Mental Status) score of 15/15 (cognitively intact). The MDS documented R101 needed moderate assistance with bed mobility and maximal assistance with transfers. According to the MDS, R101 was at risk for pressure ulcers, and R101 used a pressure reducing device for their bed.</p> <p>A review of R101's pressure ulcer care plan, with an initiated date of 7/3/23, revealed the following: (R101) has an actual impaired skin integrity related to Pressure injury .Consult wound clinic as ordered,</p> <p>A review of R101's orders revealed the following:</p> <p>Stage 2 (partial-thickness loss of skin with exposed dermis (middle layer of skin), presenting as a shallow open ulcer) wound on right gluteal area. Cleanse with normal saline, pat dry, and apply dry dressing daily and as needed. Start date 6/17/23.</p> <p>There was no order for a wound care consult in the orders section of the EMR for R101's duration of stay.</p> <p>A review of a Physician progress note dated 6/30/23 revealed, Sacral decubitus stage 3 local care with santyl advance. Regular offloading techniques. Will benefit from a donut pillow. Wound care consult.</p> <p>A review of the wound care consults documentation, with a date of 7/6/23, revealed, The patient was seen today as a consultation for evaluation of patient's wound(s).</p> <p>On 03/15/24 at 10:16 AM the DON (Director of Nursing) was queried regarding the expectations regarding finding new wounds and the orders placed for wound care consults. The DON said the expectations of the nurses are to act upon the new wound by assessing it, notifying the Physician and dietitian, and implement preventative measures. The DON said when nurses identify a new wound, there should be a wound care consult order placed.</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46865</p> <p>This citation pertains to Intake MI00142235.</p> <p>Based on interview and record review, the facility failed to provide indwelling catheter (tube inserted into the bladder to assist with urination) care and document urine out put for one resident (R100) out of three people reviewed for catheters.</p> <p>Findings include:</p> <p>A review of R100 EMR (Electronic Medical Record) revealed R100 was admitted on [DATE] and discharged [DATE]. R100 had the following medical diagnoses: Sepsis, Urinary Tract Infection, and Bacteremia (Bacteria in the blood).</p> <p>A review of the MDS (Minimum Data Set) dated 9/8/23 revealed R100 had a BIMS (Brief Interview for Mental Status) score of 9/15 (moderately cognitively impaired). According to the MDS, R100 had an indwelling catheter and was dependent with toilet hygiene.</p> <p>A review of R100's catheter care plan, with an initiated date of 1/7/23, revealed, (R100) is at risk for urinary tract infection and catheter-related trauma: has Indwelling (name of) Catheter related to Neurogenic Bladder . Provide catheter care per policy.</p> <p>A review of R100's physician orders revealed the following:</p> <p>-(Name of) catheter output per. shift. Start date of 9/6/23.</p> <p>-(Name of) catheter care per. shift. Start date of 9/6/23.</p> <p>A review of R100's TAR (Treatment Administration Record) revealed the following missing dates per shift for catheter care and urinary output recordings:</p> <p>Catheter care</p> <p>- Day shift: 9/9/23, 9/10/23, 9/15/23, 9/20/23, and 9/23/23.</p> <p>- Evening shift: 9/14/23, 9/15/23, and 9/19/23.</p> <p>- Night shift: 9/7/23, 9/13/23, 9/16/23, 9/24/23, and 9/25/23.</p> <p>Urinary Output Recording</p> <p>- Day shift: 9/9/23, 9/10/23, 9/15/23, 9/20/23, and 9/23/23.</p> <p>- Evening shift: 9/14/23, 9/15/23, and 9/19/23.</p> <p>(continued on next page)</p>		

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