

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 05/09/2024
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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 22349</p> <p>This citation pertains to intakes MI00143423 and MI00144201.</p> <p>Based on observation, interview, and record review, the facility failed to prevent verbal abuse for one (R801) of four residents reviewed for abuse resulting in feelings of anger.</p> <p>Findings include:</p> <p>The State Agency received a Facility Reported Incident (FRI) on 4/14/24 at 6:11 PM reporting an allegation of verbal abuse from staff to resident. On 4/22/24 the facility submitted an investigation summary that substantiated verbal abuse between Certified Nursing Assistant (CNA) A and R801.</p> <p>According to the Investigation Summary, on 4/14/24 at approximately 6:00 PM CNA A called R801 a mean hateful bitch during delivery of care. CNA A was terminated from employment at the facility and reported to law enforcement and the State Nurse Aide Registry.</p> <p>On 5/9/24 at 10:00 AM, R801 was observed in the day room seated in her wheelchair. During interview the resident did not recall the specifics of the reported incident but did say, They get angry with me sometimes and I get angry right back. R801 reported feeling safe at the facility.</p> <p>A review of R801's Electronic Health Record (EHR) revealed the resident had multiple diagnoses that included adjustment disorder and was legally blind. R801's Minimum Data Set (MDS) dated [DATE] indicated the resident had moderately impaired cognitive function with a Brief Interview of Mental Status (BIMS) score of 11/15. R801 was identified to have no history of behaviors of verbal or other directed towards others. A care plan for 'psychosocial well-being' initiated on 12/5/23 included the following interventions; When conflict arises, remove residents to a calm safe environment and allow to vent/share feelings, attempt to remove stressors where possible.</p> <p>On 5/9/24 at 1:00 PM R801's roommate (R802) was interviewed regarding the incident on 4/14/24 and said, Oh yes, I recall that. The curtain was closed so I couldn't see who it was, but what they said to her (R801) I can't repeat it. I don't say words like that. R802 said no staff member had ever talk to her like that and felt safe in the facility.</p> <p>A review of R802's EHR indicated the resident had intact cognition with a BIMS score of 13/15.</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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 5/9/24 at 1:25 PM during an interview, Licensed Practical Nurse (LPN) C said she was at the nurse's station when she heard loud yelling coming out of R801's room. I couldn't make out the words until I walked down there and heard CNA (CNA A) say 'You're a hateful bitch too'. LPN C went on to say, The CNA was very upset. You could see it in her face. I told her she had to leave and that her behavior was unacceptable. The CNA crossed the line with what she said to the resident. I went to see the resident who was a little upset. I and another CNA finished giving her care and she (R801) settled down. I reported it to the Administrator immediately. LPN C said that CNA A was sent home immediately and has not returned to the facility.</p> <p>On 5/9/24 at approximately 11:00 AM the Nursing Home Administrator (NHA) said the investigation substantiated verbal abuse from CNA A towards R801 and CNA A was terminated from employment with the facility. NHA said that R801 had been followed by social services and there has been no change or decline in the resident's medical or emotional status.</p>		