

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  07/24/2024
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 38208</p> <p>This citation pertains to intake MI00145673.</p> <p>Based on interview and record review the facility failed to provide adequate supervision for one resident (R903) out one resident reviewed for elopement, resulting in the resident leaving the facility, unbeknownst to staff, for six and a half hours.</p> <p>Findings Include:</p> <p>Record review of R903's electronic medical records (EMR) revealed admission into the facility on [DATE] with a diagnosis of a pneumothorax (collapsed lung). According to the Brief Interview for Mental Status (BIMS) dated 7/9/24, R903 had intact cognition with a score of 15 out of 15.</p> <p>Record review of R903's Progress Notes dated 7/13/24 at 10:05 AM, Note Text: this writer was approached by physical therapist stating he was unable to locate resident to perform therapy services. writer checked room and resident was not in his room. Code was called, all rooms, bathrooms, shower rooms checked for resident. basement and activity rooms checked could not locate resident. this writer called number on face sheet and family member stated he had left the facility she then put resident on the phone, and he stated that he did not want to stay here any longer and that he left at 3:30 AM .</p> <p>During an interview on 7/24/24 at 2:00 PM with Director of Nursing (DON), it was reported that R903 had left facility via a first-floor window on 7/13/24 at 3:30 AM, which the DON and Nursing Home Administrator (NHA) had verified with video footage. When asked did the midnight nurse give report to the day nurse that the resident was in facility at shift change, The DON said, She thought the resident was in the bathroom. The DON further reported that adequate supervision was not provided for this resident, nursing staff should monitor residents frequently during their shift.</p> <p>During an interview on 7/24/24 at 2:15 PM with NHA, it was reported that nursing staff should round and verify residents are accounted for frequently.</p> <p>Record review of policy Elopement Policy dated 4/26/22 documented, 8. Rounds of all guests/residents are made at the beginning of the shift, at mealtimes, and at the end of the shift at a minimum by direct care staff and licensed nurses. CNA/STNA (certified nursing aide) or nurse can achieve this through the medication administration pass, mealtime passes, and during care rounds.</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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