STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235646	A. Building B. Wing	12/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Caretel Inns of Linden	202 South Bridge Street Linden, MI 48451

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)
F 0908 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Keep all essential equipment working safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 22348 This Citation pertains to Intake Number MI00148245. Based on observation, interview, and record review, the facility failed to ensure that the bladder scanner for the entire facility was in good repair to clinically assess residents diagnosed with urinary retention for one resident (Resident #500) of 3 residents reviewed with indwelling catheters, resulting in urinary retention, severe abdominal pain and the likelihood of further complications and delayed urinary care needs. Findings include: Resident #500 (R500): According to the clinical record review on 12/3/24 at 1:30 PM. R500 was discharged to home on 12/1/24. R500 was [AGE] years old and admitted to the Administrator on 11/11/24, with the diagnosis of Urinary Retention, Elevated Prostate Specific Antigen (PSA), Chronic Kidney Disease Stage 3, and Chronic Respiratory Failure (CRF) in addition to other diagnoses. Further clinical record review conducted on 12/3/24 at 1:30 PM revealed the following: On 11/16/24 at 1:24 AM, according to the eMar-(electronic Medication Administration Record) Note, an order was written for a trial void written as Remove Foley Catheter. Bladder scan q6h (every 6 hours) or post-void, which comes first, for 24h. If >350cc, straight cath. If >1 straight cath, replace Foley and notify the provider in the book. Nursing noted a comment: every 6 hours for urinary retention for 1 day. Scanner unavailable. 1 1/16/24 at 3:01 AM revealed an eMAR-Medication Administration Note: Trial void. Remove Foley Catheter. Bladder scan q6h (every 6 hours) or post-void, which comes first, for 24h. If >350cc, straight cath. If >1straight cath, replace Foley and notify the provider in the book. Nursing noted a comment: every 6 hours for urinary retention for 1 day. Scanner inoperable. Nurses' Notes on 11/16/24 at 16:24 (4:24 PM) revealed: Sent to the ER to have the catheter placed after the writer attempted to reinsert per NP (Nurse Practitioner's name mentioned). (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235646	A. Building B. Wing	12/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Caretel Inns of Linden	202 South Bridge Street Linden, MI 48451

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)
F 0908 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 11/16/24 at 1625 (4:25 PM), the Situation, Background, Assessment, and Recommendation (SBAR) Notes revealed: REASON FOR REPORT: unable to place Foley NEW ORDERS: sent for placement. On 11/16/2024 at 22:45 (10:25 PM), the nurse's notes revealed that R500 returned from the hospital with a 14 French 10cc Balloon Foley secured to the right thigh with a stat lock. Foley bag placed dependently on side of the bed, and it is draining blood-tinged yellow urine. Resident denies pain at this time . On 12/3/24 at 3:01 PM, an interview with Nurse A was conducted by phone. Nurse A indicated R500 had a history of prostate cancer and urinary retention. Nurse A was working on the floor that weekend when R500 complained of abdominal pain. R500 was on a Trial Void. Staff on a previous shift took his Foley catheter out and was on a trial void order. R500 could void in the toilet, but could not measure the amount, and we could not determine if there was retention because the bladder scanner machine was broken. Nobody knew when and what was wrong. It was not charging. Nobody reported nor notified us that the bladder scanner was broken. It was the first time I knew it was not in good repair. I notified the Nurse Practitioner (NP B) by phone that the bladder scanner was broken. The NP B told me to reinsert the catheter if the abdominal pain persisted. Nurse A revealed that she attempted to insert the 16 French Foley, but there was resistance. Blood clots were observed coming out when they tried to insert the catheter. Nurse A continued to say that she notified the NP and sent R500 to the emergency room for reinsertion because it was unsuccessful. Nurse A admitted that she observed a heavy amount of blood clots during the attempt to reinsert the indwelling catheter. Nurse Practitioner (NP B) interview was conducted by phone on 12/3/24 at 3:15 PM. NP B revealed that R500 had a history of urinary retention and Prostate Cancer. He was complaining of abdominal discomfort, and apparently, there was bleeding during the attempt to reinsert the Foley catheter after a trial void. We attempted to reinsert the Foley because the bladder scanner was not working. Because the staff had difficulty reinserting, we sent R500 to the emergency room . NP B commented that there must have been blood accumulation that caused the occlusion. On 12/3/24 at 1:15 PM, an interview was conducted with the Director of Nursing (DON). She reported that R500 went home on 12/1/24. R500 is receiving 24-hour home care. The DON explained what happened on 11/16/24. The DON admitted that she did not know the bladder scanner was broken. She stated, I only knew it was not working that day. R500 was sent to the ER for reinsertion at around 4 PM and returned at around 11 PM. R500 was his person and had a BIMS (Brief Interview of Mental Status) score of 15/15. Nurse A (mentioned name) was on duty and called me about the Broken equipment and the blood clots. Nurse A was not successful in reinserting the Foley catheter. He had a history of urinary retention, and the DON recalled that he did have the same problem on his previous admission. Nurse C was interviewed on 12/3/24 at 2:20 PM. Nurse C recalled that the previous shift nurse removed R500's catheter and was on trial void but encountered pain. Staff had problems reinserting, and the bladder scanner was broken. Several attempts were made to reinsert them, but it was challenging, so they had to send him out. There are trial void orders, but it varies per individual post void what the bladder scan results are. The Administrator was interviewed on 12/3/24 at 3:57 PM. He revealed that the bladder scanner was determined broken on 11/16/24. The Administrator was made aware on 11/26/24. When asked about: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235646	A. Building B. Wing	12/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Caretel Inns of Linden	202 South Bridge Street Linden, MI 48451

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)
F 0908 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	What has been done since? Answer: We put it away out of service. Was there an attempt to have them in repair? Answer: No Was there a replacement request, or have you ordered a replacement? Answer: No According to the Administrator, the equipment was broken before he started working at the facility, but he was made aware of this on 11/26/24. The Administrator admitted that he has not called for repair, nor has he asked for a replacement or loaner. He confirmed he listed four residents currently with indwelling catheters. Policies were requested from the Administrator and the DON on 12/3/24 at 5:00 PM: I. Guest Care Equipment Policy dated 9/2009 was reviewed. Purpose: It is the policy of this facility that guest care equipment will be inspected to ensure that it is maintained to promote a safe environment for guests. Procedure: . Repairs: 9. Equipment identified to need repair will immediately be removed from use until the repair can be performed. 10. All repairs are prioritized and performed in a timely manner. To ensure the continuation of guest care in the event of equipment failure (facility owned and guest owned), the equipment will be removed, and backup devices may be provided . II. Bladder Scanner Guideline dated 5/2014 reviewed and revised on 5/2021. Purpose: To provide a guideline for the use of a bladder scanner. Guideline: 1. The bladder scanner will be used to determine residual urine in the bladder. 2. The bladder scan can be completed by a nurse or physician; there is no need for an order to use the bladder scanner. 3. Appropriate infection control should be maintained. 4. Usage of the bladder scanner is based on the manufacturer's guidelines. 5. If the bladder scanner does not work correctly, the facility will call for repairs. III. Trial Void Policy - According to the DON on 12/3/24 at 5:10 PM, she explained that they can not locate a Trial Void Policy and had reached out to corporate.