

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235663	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2024
NAME OF PROVIDER OR SUPPLIER Notting Hill of West Bloomfield		STREET ADDRESS, CITY, STATE, ZIP CODE 6535 Drake Road West Bloomfield, MI 48322	

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 0839</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Employ staff that are licensed, certified, or registered in accordance with state laws.</p> <p>34275</p> <p>This citation pertains to Intake # MI00144835.</p> <p>Based on interview and record the facility failed to ensure that one Nurse (Nurse A) had an active license to practice as a Licensed Practical Nurse (LPN). Failure to ensure Nursing Staff had a valid, active/current license had the potential to affect multiple residents at the facility. Findings include:</p> <p>A complaint was filed with the State Agency (SA) that alleged Nurse A was working at the facility with a suspended license. The complainant alleged when they viewed the State Licensing Verification website, it was noted Nurse A's license was suspended in February 2024.</p> <p>On 6/5/24 at approximately 8:00 AM, a review of the State Licensing Verification website was conducted. Nurse A 's information was entered into the Profession Licensing search for LPNs. The License Detail section indicated Nurse As license had been suspended on 2/3/24. Additional documentation included Disciplinary Actions that resulted in suspension to practice as an LPN with an effective date of 2/3/24.</p> <p>On 6/5/24 at approximately 9:30 AM, a review of the facility's nursing staff list revealed Nurse A was still employed at the facility as an LPN. Facility documents noted Nurse A started employment at the facility on, or about 9/5/23 and continued to work primarily on the midnight shift. Scheduling records revealed Nurse A worked the night shift on 6/4/24.</p> <p>On 6/5/24 at approximately 10:35 AM, a phone interview was conducted with a Representative (herein after representative C) of the State licensing board. Representative C confirmed Nurse 'A's nursing license had been suspended on 2/3/24.</p> <p>On 6/5/24, at approximately 11:30 AM, an interview was conducted with Human Resource (HR) Staff B. HR B was asked about the facility protocol to ensure all nursing staff had an active/current license. HR B reported that prior to hire, nursing staff are screened through a tracking system to ensure they are licensed to practice. HR B additionally said that following the initial hire, their intent was to check the licensing website to ensure staff licensing is up to date. When asked about Nurse A, they reported that they had only been employed at the facility for approximately three weeks and had yet to review all nursing staff licenses, including the license for Nurse A.</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 0839</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 6/5/24 at approximately 11:45 AM, the Administrator and Director of Nursing (DON) were interviewed and asked if they were aware Nurse As nursing license had been suspended in February 2024. Both the Administrator and the DON said they were not aware. The DON did indicate in February 2024, Nurse A reported to them they were working on some personnel issues. At that time, the facility did view the State Licensing Verification website and did not see any documentation to indicate Nurse As license had been suspended.</p> <p>Following the interview, the Administrator reported that they were able to view the State Licensing verification website and confirmed that Nurse A's license was suspended in February 2024. Based on their findings on the website, the Administrator reported that Nurse A would not be able to work at the facility with a suspended license.</p> <p>A review of the facility policy titled, Employee Credential documented, in part, the following: Policy: It is the policy of this facility that all staff requiring licensure or certification has a current license, certification or other authorization to practice in the state(s) in which they work .Employees in licensed or certification positions may include but are not limited to .Licensed Practical Nurses .</p>		