

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235701	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/30/2024
NAME OF PROVIDER OR SUPPLIER The Willows at Okemos		STREET ADDRESS, CITY, STATE, ZIP CODE 4830 Central Park Drive Okemos, MI 48864	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 27446</p> <p>This citation pertains to intake number MI00146626.</p> <p>Based on observation, interview and record review the facility failed to ensure one out of three residents (Resident #1) Physician's orders and treatment were correct and documented.</p> <p>Findings Included:</p> <p>Per the facility face sheet Resident #1 (R1) was admitted to the facility on [DATE] with a diagnosis of diabetes.</p> <p>Review of R1's Hospice records revealed R1 was admitted to Hospice on 8/8/2024.</p> <p>Review of Physician's orders dated 8/14/2024, revealed R1 was made a no code (DNR).</p> <p>Review of R1's medication administration record (MAR) for the month of August 2024 revealed R1 was to have her blood sugar level checked before each meal and at bedtime. The MAR revealed a scale was ordered for the amount of insulin R1 was to receive such as, if R1's blood sugar level was anywhere between 151-200 R1 was to receive 3 units of Humalog insulin, and so forth.</p> <p>Further review of the MAR revealed that on 8/26/2024 at the R1's bedtime check her blood sugar level was 60, on 8/27/2024 before R1's breakfast her blood sugar level was 65, and before R1's lunch her blood sugar level was 47. There were no further blood sugar checks documented for R1 on 8/27/2024.</p> <p>Review of R1's progress notes dated 8/25/2024, revealed that Registered Nurse (RN) C notified the Physician and received an order to administer Glocagon 1 mg. RN C then rechecked R1's blood sugar at 2:16 AM, and documented R1 was alert with no signs of distress.</p> <p>There was no nursing documentation in R1's progress notes regarding the 6/27/2024 before breakfast blood sugar level of 65.</p> <p>There was no nursing documentation in R1's progress notes regarding the 6/27/2024 before lunch blood sugar level of 47.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235701	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/30/2024
NAME OF PROVIDER OR SUPPLIER The Willows at Okemos		STREET ADDRESS, CITY, STATE, ZIP CODE 4830 Central Park Drive Okemos, MI 48864	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 8/30/2024 at 12:00 PM, Registered Nurse (RN) D stated that it was Tuesday the 27th of August on her 6:00 AM-2:00 PM shift. RN D said she received report and was told R1 was not doing well. RN D said she had seen R1 first, and said R1's blood sugar was 68. RN D stated she had checked R1's blood sugar again about an hour later and R1's level at that time was 65. RN D said R1 was progressing downward, and had been more lethargic (sleepy) for the past few days. RN D said she had taken R1's accu check at lunch time on 8/27/2024 which was 47. RN D said she went to the Nurse Practitioner (NP) E who was onsite and told her about the 47 level. RN D said NP E told her to discontinue the accuchecks on R1.</p> <p>Another review of R1's progress notes revealed no documentation by RN D regarding reporting R1's blood sugar level of 47 nor receiving orders to discontinue accuchecks.</p> <p>In an interview on 8/30/2024 at 11:11 AM, NP E stated that she was made aware about R1's breakfast level on 8/27/2024 of 60. NP E said she went in and saw R1 and said R1 was alert. NP E said she asked the nurses to give R1 OJ and crackers E said she was not told about R1's lunch time blood sugar level of 47, and stated that she would expect that low of a level she would have been notified. NP E said she did not discontinue the accucheck but rather told the nurse to do them as needed and not routinely. NP E stated that was why she put into place glucose order PRN (as needed) accuchecks and glucose orders, one for if R1 was responsive and one if R1 was not responsive.</p> <p>Review of Physician's orders dated 8/27/2024, revealed an order if R1's blood sugar was < (less than) 50 and she was alert, Give 30-gram carbohydrate oral feeding of one of the following: 2 tubes of glucose gel, or 8 ounces of any juice without added sugar, or 8 ounces of regular soda pop. Special Instructions: Recheck BS (blood sugar) in 15 mins (minutes) if BS < 70, repeat 15 gram carbohydrate. Ordered to be done four time a day as needed.</p> <p>The other order dated 8/27/2024, revealed if R1's blood sugar was 50-69 then nursing was to give her 15 gram of carbohydrate via either 1 tube of glucose gel, or 4 ounces of any juice without added sugar, or 4 ounces of regular soda pop, or 8 ounces of low-fat/nonfat milk. The order was to be done four times a day as needed.</p> <p>Another order in place and dated 8/27/2024, revealed if R1's bloods sugar level was <50 and she was unresponsive/unable to swallow nursing was to administer 1 mg of glucose intranasally, and if R1 did not respond after 15 minutes the give a second dose and call emergency assistance. The order was for twice a day as needed.</p> <p>Review of R1's MAR for the month of August 2024 revealed the three above orders were not available to nursing to administer to R1 per the X in each signature box.</p> <p>Further review of R1's August MAR revealed no order was written for PRN accuchecks as NP E stated.</p> <p>In an interview on 8/30/2024 at 2:10 PM, RN C stated he was told by RN D, who he received report from, that NP E said to no longer monitor R1's blood sugar levels and to no longer administer Glucagon. RN C said RN D reported to him that R1's last blood sugar was 56. RN C said R1 was lethargic and he thought it was because her blood sugar was low. RN C said he did not confirm by looking at R1's Physician orders if R1's accuchecks and glucose were confirmed to be discontinued.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235701	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/30/2024
NAME OF PROVIDER OR SUPPLIER The Willows at Okemos		STREET ADDRESS, CITY, STATE, ZIP CODE 4830 Central Park Drive Okemos, MI 48864	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of an, Observation Detail List Report dated 8/27/2024, revealed R1 was transferred to the hospital on 8/27/2024.</p> <p>Review of R1's progress notes for the date of 8/27/2024 revealed that R1 was transferred to the hospital per family request at 9:45 PM. There was no documentation of the reason R1 required a transfer to the hospital, there was no documentation of the status of R1's condition at the time nor prior to her transfer to the hospital. Furthermore, there was no documentation in the progress notes nor the MAR of R1 having a blood sugar level of 68 or 56 as reported by RN D.</p>		