

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235703	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/30/2024
NAME OF PROVIDER OR SUPPLIER Oakland Manor Nursing & Rehab Center LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 50 N Perry St, 1st Floor Pontiac, MI 48342	

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 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49735</p> <p>Based on interview and record review, the facility failed to notify, in writing, the reason for a discharge out of the facility to a representative of the State Long term Care Ombudsman for two Residents (R15 and R17) of two residents reviewed for discharge.</p> <p>Findings include:</p> <p>Resident #15 (R15)</p> <p>Review of the Minimum Data Set (MDS) assessment, dated 7/31/24, revealed R15 was admitted to the facility on [DATE] and discharged from the facility on 7/31/24.</p> <p>Review of facility report of discharges for month of July 2024 did not reveal R15 on the discharge report sent to the Ombudsman.</p> <p>Resident #17 (R17)</p> <p>Review of the MDS assessment, dated 9/2/24, revealed R17 was admitted to the facility on [DATE] and discharged from the facility on 9/2/24.</p> <p>Review of facility report of discharges for the month of September 2024 did not reveal R17 on the discharge report sent to the Ombudsman.</p> <p>During an interview on 10/30/24 at approximately 12:55 p.m., Social Worker C stated, R17 is not on the list for the ombudsman and should be.</p> <p>Review of facility policy titled Transfer and discharge date implemented 11/1/22, read in part . The facility will provide transfer/discharge notice to the resident/representative and Ombudsman as indicated .the Social Services Director, or designee will provide copies of notices . of transfer to the Ombudsman .such as in a list of residents on a monthly basis.</p> <p>During an interview on 10/30/24 at approximately 3:20 p.m., the Nursing Home Administrator (NHA) stated, I know a list of discharges is supposed to be sent to the Ombudsman . It is something we missed.</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 0625</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Notify the resident or the resident's representative in writing how long the nursing home will hold the resident's bed in cases of transfer to a hospital or therapeutic leave.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49735</p> <p>Based on interview and record review, the facility failed to provide written notification of the bed hold policy to resident or their representative prior to hospital transfer for one Resident (R17) of two residents reviewed for hospitalization , resulting in the potential of resident and/or resident representative being uninformed of the bed hold policy.</p> <p>Findings include:</p> <p>Resident #17 (R17)</p> <p>Review of the Minimum Data Set (MDS) assessment, dated 9/2/24, revealed R17 was admitted to the facility on [DATE] and discharged from the facility to the hospital on 9/2/24.</p> <p>During an interview on 10/30/24 Social Worker C stated, I don't know that I have a bed hold policy that was given to the resident or resident representative .it was not given to them, and I don't know what to tell you it just wasn't done .it was not given to R17 upon discharge.</p> <p>Review of facility policy titled Bed Hold Notice Upon Transfer last reviewed/revised 3/13/24, read in part . At the time of transfer for hospitalization .the facility will provide to the resident and/or the resident representative written notice which specifies the duration of the bed-hold policy . the facility will keep a signed and dated copy of the bed hold notice information given to the resident and/or resident representative in the residents file.</p> <p>During an interview on 10/30/24 at approximately 3:20 p.m., the Nursing Home Administrator (NHA) stated, I know a bed hold policy is supposed to be given upon discharge . It is something we missed.</p>		

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<p>F 0661</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure necessary information is communicated to the resident, and receiving health care provider at the time of a planned discharge.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49735</p> <p>Based on interview and record review, the facility failed to complete a discharge summary for one Resident (R17) of two residents reviewed for discharge from the facility. This deficient practice resulted in the potential for compromised continuity of care.</p> <p>Findings include:</p> <p>Resident #17 (R17)</p> <p>Review of the MDS (minimum data set) assessment, dated 9/2/24, revealed R17 was admitted to the facility on [DATE] and discharged from the facility on 9/2/24.</p> <p>A Review of R17's Electronic Medical Record (EMR) revealed no discharge summary or recapitulation of stay was present in the record.</p> <p>Review of facility policy titled Discharge Summary date implemented 11/1/22, read in part . It is the policy of this facility to ensure that a discharge summary is provided upon a residents discharge .the discharge summary provides necessary information to continuing care providers pertaining to the residents course of treatment while the resident was in the facility and the residents plan of care after discharge .It must include an accurate and current description of the clinical status of the resident and sufficiently detailed, individualized care instructions, to ensure that care is coordinated and the resident transitions safely from one setting to another.</p> <p>During an interview on 10/30/24 at 1:30 p.m., RN/MDS (Registered Nurse/Minimum Data Set) A stated, I do the discharge summaries for the residents .I did not do a discharge summary for R17 .it was not done.</p> <p>During an interview on 10/30/24 at approximately 3:20 p.m., the Nursing Home Administrator (NHA) stated, I know we are supposed to do a discharge summary . It is something we missed.</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49735</p> <p>Based on interview and record review, the facility failed to ensure that residents received assistance with showering for one Resident #13 (R13) of one resident reviewed for ADL (activities of daily living) care, resulting in the potential for embarrassment, frustration, and unmet care needs.</p> <p>Findings include:</p> <p>Resident #13 (R13)</p> <p>Review of the Minimum Data Set (MDS) assessment dated [DATE], revealed admission to the facility on [DATE], with active diagnoses that included: diabetes mellitus, hypertension, and arthritis. R13 scored a 13 of 15 on the Brief Interview for Mental Status (BIMS) assessment reflective of intact cognition. Further review of MDS assessment revealed the resident needed substantial/maximal assistance for showers/bathing.</p> <p>During an interview on 10/29/24 at 10:51 a.m., R13 stated, I have only had one shower since being here .I got a shower last month and I look forward to getting a shower this month.</p> <p>Review of the Electronic Medical Record (EMR) revealed that R13 had one shower since admission to the facility.</p> <p>Review of facility shower schedule dated 8/14/24 revealed that R13 should be offered showers on Wednesday and Saturday.</p> <p>During an interview on 10/30/24 at 9:45 a.m., RN/MDS (Registered Nurse/minimum Data Set) A stated, I am unable to find the charting in the EMR for the showers .</p> <p>Review of facility policy titled Resident Showers date implemented 11/1/22, read in part . It is the policy of this facility to assist residents with bathing to maintain proper hygiene .residents will be provided showers as per request or as per facility schedule.</p> <p>Review of facility policy titled Activities of Daily Living (ADLs) date implemented 11/1/22, read in part . Care and services will be provided for the following activities of daily living: bathing .</p>		

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<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** 49735</p> <p>Based on interview and record review, the facility failed to ensure weekly weights were completed for one Resident #4 (R4) of one resident reviewed for nutritional needs. This deficient practice resulted in the potential for missed weight fluctuations.</p> <p>Findings include:</p> <p>Resident #4 (R4)</p> <p>Review of R4's Minimum Data Set (MDS) assessment, dated 10/7/24 revealed admission to the facility on [DATE], with active diagnoses that included: diabetes mellitus, malnutrition, anxiety disorder, and depression. R4 scored a 14 of 15 on the Brief Interview for Mental Status (BIMS) reflective of intact cognition.</p> <p>During an interview on 10/29/24 at 1:03 p.m., R4 stated I don't get enough food or snacks. I have lost weight since being here . I have been weighing myself by the Activity room and have lost several pounds . I have told the staff, but they did not believe me and told me you have not lost weight.</p> <p>Review of R4's Electronic Medical Record (EMR) revealed a Doctors order for weekly weights, R4 had an admission weight, and no subsequent weights had been completed.</p> <p>During an interview on 10/30/24 at approximately 9:20 a.m., RN/MDS (Registered Nurse/Minimum Data Set) A stated, R4 had an admission weight but there were no other weights completed since then.</p> <p>Review of facility policy titled, Weight Monitoring last reviewed/revised 3/27/24, read in part . A weight monitoring schedule will be developed upon admission for all residents .newly admitted residents- monitor weight weekly for four weeks .</p>		

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<p>F 0732</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Post nurse staffing information every day.</p> <p>49735</p> <p>Based on observation, interview, and record review, the facility failed to post the required nurse staffing information resulting in the inability of residents to determine the number of staff available to provide resident care and had the potential to affect all 14 residents in the facility.</p> <p>Findings include:</p> <p>During an observation on 10/29/24 at approximately 8:15 a.m., the daily nursing staffing sheet for 10/28/24 was located near the entrance to the wing of the facility where residents did not have direct access to the required nurse staffing information.</p> <p>During an observation on 10/30/24 at approximately 1:55 p.m., the daily nurse staffing sheet was not located or available for the residents to review.</p> <p>During an interview on 10/30/24 at 2:03 p.m., the RN/MDS (Registered Nurse/Minimum Data Set) A stated, there is not a nursing staffing sheet located for the residents to view.</p> <p>During an interview on 10/30/24 at 2:15 p.m., the Certified Nurse Assistant B acknowledged that the residents do not go out by the entrance to the wing of the facility and stated, The residents don't go out that way.</p> <p>During an interview on 10/30/24 at approximately 3:20 p.m., the Nursing Home Administrator (NHA) acknowledged that there was not the required nursing staffing information available for the residents to view.</p>

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>22960</p> <p>Based on observation, interview, and record review, the facility failed to maintain a pest free environment. This deficient practice had the potential to affect all residents in the facility. Findings include:</p> <p>On 10/29/24 at 9:00 AM, during a tour of the kitchen serving area with Dietary Manager G, there was standing water and cobwebs observed in the corner under the steam table. Several gnats were observed near the standing water and flying about the kitchen area. When queried, Dietary Manager G stated the water was from filling the wells of the steam table. No explanation was provided for the gnats observed in the kitchen area.</p> <p>On 10/29/24 at 9:20 AM, several gnats were observed flying about in the hallway near the resident rooms.</p> <p>According to the 2017 FDA Food Code section 6-501.111 Controlling Pests, The PREMISES shall be maintained free of insects, rodents, and other pests. The presence of insects, rodents, and other pests shall be controlled to eliminate their presence on the PREMISES by: .4. (D) Eliminating harborage conditions.</p>		