

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235707	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/12/2024
NAME OF PROVIDER OR SUPPLIER  The Willows at Howell		STREET ADDRESS, CITY, STATE, ZIP CODE  1500 Byron Road Howell, MI 48855	

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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 49083</p> <p>This citation pertains to intake MI00147778.</p> <p>Based on interview and record review, the facility failed to notify one resident (R801) of three reviewed for discharge, reason of discharge in writing and manner they understand including a thirty day advance notification, and statement of resident's right to appeal.</p> <p>Findings include:</p> <p>On 10/30/24 a complaint was received by the State Agency (SA) alleging the facility failed to provide a thirty-day notice of discharge from to R801.</p> <p>Clinical record review revealed R801 resided as a long-term resident admitted to the facility on [DATE]. R801 had an extensive substance abuse history for alcohol misuse and required multiple inpatient hospitalization and rehabilitation placements. Psychiatric diagnoses included bipolar and anxiety. Medical history included chronic kidney disease, pulmonary disease, hypothyroid and low blood pressure. Recent medical diagnosis included left elbow bursitis requiring orthopedic and infection control management. R801 was legally blind and required assistance with reading paperwork. Most recent Brief Interview of Mental Status (BIMS) was 14/15 indicating R801 was cognitively intact.</p> <p>Record review revealed on 10/25/24 at 9:24 AM, Transportation, Certified Nurse Assistant C (TCNA C) transported R801 to an Orthopedic appointment and was informed by the Orthopedic Physician R801 required further escalation of care for their elbow and recommended transfer to the hospital.</p> <p>On 11/12/24 at 12:28 PM, an interview was conducted with TCNA C and Registered Nurse (RN) B. TCNA C commented in such situation, if non-emergent, Residents are taken back to the facility, assessed, provided transfer discharge paperwork, then transferred to the hospital. On 10/25/24, R801 insisted on going straight to the emergency department related to severe elbow pain and was not taken to the facility prior and the required paperwork was not provided. TCNA C and RN B further revealed R801 is legally blind, and any such documentation would have to be read to them.</p> <p>Record review revealed a prepared notice of discharge forms, dated 10/25/24 at 11:20 AM, authored by RN B documented a copy of the notice was given to the resident /responsible party. RN B acknowledged they prepared the notice of discharge forms and confirmed the documentation was not provided to R801.</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 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 10/12/24 at 12:49 PM, a telephone interview with Social Worker D (SW D) and Social Worker E (SW E) revealed R801 was cleared to be transferred back to the facility and were informed the facility recommended an on-site evaluation to be conducted. SW E revealed two representatives came to the hospital and informed R801 and the hospital, the facility was not permitting R801's readmission back. SW D and SW E both confirmed R801 was not provided any notice of discharge and further commented R801 was legally blind and would not be able to read any documentation. SW E commented R801 was emotional they were not allowed back to the facility and inquired why they provided no documentation. R801 commented to SW E, I thought they (facility representatives) were here to give me flowers.</p> <p>Record review of a progress note dated 10/29/24 at 1:30 PM authored by the Nursing Home Administrator (NHA), revealed they spoke to R801 and was agreeable the facility was not the best fit for them and was agreeable to working with social services at the hospital for another placement.</p> <p>On 11/12/24 at 2:22 PM, an interview with the NHA and Admission Director A confirmed both physically went to the hospital to discuss the discharge with R801. The NHA commented R801 was not readmitted because of behaviors. The NHA said R801 had documentation of heroin use and that was stipulation of non-readmission. When asked if there was documentation of positive heroin use the NHA said there was not, but due to substance abuse (alcohol) R801 was not appropriate for the facility and would benefit receiving treatment at a facility that has substance abuse programs. When asked if paperwork was provided to the resident, the NHA acknowledged they did not provide or read to R801 discharge documentation including the Thirty Day Notice of Transfer/Discharge, or right to appeal information.</p> <p>Review of the facilities policy title; Guidelines for Transfer and Discharge documented:</p> <p>.Notify the resident in writing .30 days in advance, of the transfer or discharge, the effective date of transfer or discharge .Give a copy of the discharge notice to the resident .Provide the resident with a statement of the right to appeal the action to the state agency .</p>		