

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235718	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/17/2024
NAME OF PROVIDER OR SUPPLIER Novi Lakes Health Campus		STREET ADDRESS, CITY, STATE, ZIP CODE 41795 W 12 Mile Road Novi, MI 48377	

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 0582</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered.</p> <p>34275</p> <p>Based on interview and record review, the facility failed to provide a Skilled Nursing Facility Advanced Beneficiary Notice (SNFABN) detailing estimated charges of continued services for three residents (R26, R7, and R33) out of three sampled residents reviewed for SNF Beneficiary Protection Notification. Findings include:</p> <p>On 4/15/24 at approximately 3:47 PM, the facility provided a completed resident SNF Beneficiary Protection Notification Review form. The form contained the 88 residents who were discharged from Medicare covered part A stay (10/16/24-4/12/24) with benefit days remaining who either discharged from the facility or decided to remain.</p> <p>The following residents were selected for review to determine when they were notified of their discontinuance of service coverage and rights to proceed:</p> <ol style="list-style-type: none"> 1. R7: discharged from the facility on 4/3/24. 2. R26: Date of discharge 3/4/24 (remained in the facility). 3. R33: Date of discharge: 2/27/24 (remained at the facility). <p>On 4/16/24 at approximately 1:15 PM, an interview was conducted with Social Service staff F. When asked if they were responsible for issuing SNFABN forms to residents, they indicated that they were. However, they noted that they were newly employed and was not able to provide the requested forms for R7, R26 and R33.</p> <p>On 4/17/24 at approximately 8:36 AM, the Administrator reported that they were not able to locate the requested documents that would indicate notification of discontinuation of service and options available for the residents.</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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F 0582 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A review of the facility policy titled, NOMNC (Notification of Non-Coverage)-Standard Operating Procedure-Social Services documented, in part: Overview: To streamline communication for completion of the NOMNC and SNFABN, this .outlines the expectations for completion .If a resident is within their 100-day benefit period but we are notifying them that their coverage is ending (i.e. therapy or nursing can no longer skill them), the NOMNC should be issued. For residents being notified of discontinuation of their Medicare coverage, the NOMNC is required to be issued 2 calendar days prior to the actual discharge from Medicare .		

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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** 34275</p> <p>Based on observation, interview and record review the facility failed to ensure a dependent resident was provided unwanted facial hair removal for one (R39) of three residents reviewed for Activities of Daily Living (ADL). Findings include:</p> <p>On 4/15/24 at approximately 10:00 AM, R39 was observed lying in bed with long facial hair (approximately 1/2 inch) on their chin. The resident was asked about ADL care provided by facility staff including facial hair removal. R39 reported that they were receiving bed baths only and had not had their hair removed in a long time. R39 stated that they would like it removed.</p> <p>On 4/16/24 at approximately 8:30 AM, R39 was observed in their room. The resident still had long chin hair and again reported that they would like them removed.</p> <p>A review of R39's clinical record revealed the resident was admitted to the facility on [DATE] with diagnoses that included: bacteremia (bacteria in the blood stream), pneumonia and respiratory failure. A review of the Minimum Data Set (MDS) dated [DATE] revealed the resident had a Brief Interview for Mental Status (BIMS) score of 15/15 (cognitively intact cognition).</p> <p>Review of the R39's care plan dated 3/17/24, documented, in part: .Category: ADLs resident requires staff assistance to complete self-care .Approach: Offer facial shaving on shower days, prn, or as requested .</p> <p>A review of R39's shower schedule noted the last shower/bath was provided on 4/13/24. There was no documentation noted for the removal of facial hair.</p> <p>On 4/16/24 at approximately 11:12 AM, an interview was conducted with Certified Nursing Assistant (CNA) B. CNA B was assigned to R39. When asked about R39's long chin hairs, they reported that they were aware of their long chin hairs and stated the resident did not ask them. When asked how staff are aware of the ADL care that should be provided, they reported that the information is in the resident's care plan.</p> <p>On 4/16/24 at approximately 4:36 PM, the Director of Nursing (DON) was interviewed regarding ADL care for residents, including facial hair removal for R39. The DON reported that the resident should have had their facial hair removed as noted in their care plan.</p> <p>The facility policy titled, Nursing ADL Documentation Guidelines was reviewed and documented, in part: Purpose: To document the type and amount of assistance provided to the resident for ADLs .ADL services will be conducted and documented by the CNA each shift at the point of care or as reasonably possible after care .</p>		

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<p>F 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being.</p> <p>49083</p> <p>Based on interview and record review, the facility failed to provide competency documentation with proficiency of skills and techniques necessary to care and assure resident safety for three Certified Resident Care Associate/Certified Nursing Assistants (CRCA/CNA J, K, M) out of five reviewed resulting in the potential for staff incompetency and/or harm to the residents' well-being. Findings include:</p> <p>On 4/16/2024 at 12:01 PM, the Nursing Home Administrator was requested to provide documentation of proficiency of skills and techniques for the following CRCA's:</p> <p>CRCA J Hired 1/20/2023</p> <p>CRCA K Hired 12/5/2017</p> <p>CRCA M Hired 7/1/2020</p> <p>On 4/16/24 at 3:27 PM, the Nursing Home Administrator (NHA) indicated there was a delay in retrieving three of the five CRCA's competencies and a support call was placed (to the company) into the Internal Technology (IT) department.</p> <p>On 4/17/24 at 11:21 AM, the NHA confirmed retrieval of CRCA J, K, M was unsuccessful, and the facility could not verify documentation of proficiency of skills and techniques were complete. The NHA revealed there is no acting staff educator for the facility.</p> <p>On 4/17/24 at 11:47 AM, The NHA confirmed the facility does not have a policy regarding CRCA regular in-service education, they follow the regulations.</p>		

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<p>F 0730</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Observe each nurse aide's job performance and give regular training.</p> <p>49083</p> <p>Based on interview and record review, the facility failed to provide documentation of annual performance reviews and minimum 12-hour in-service education competencies for three Certified Resident Care Associate/Certified Nursing Assistants (CRCA/CNA J, K, M) out of five reviewed resulting in the potential for staff incompetency and/or harm to the residents' well-being. Findings include:</p> <p>On 4/16/2024 at 12:01 PM, the Nursing Home Administrator was asked to provide the annual competencies/in-service hours for the following CRCA's:</p> <p>CRCA J Hired 1/20/2023</p> <p>CRCA K Hired 12/5/2017</p> <p>CRCA M Hired 7/1/2020</p> <p>On 4/16/24 at 3:27 PM The Nursing Home Administrator (NHA) indicated there was a delay in retrieving three of the five CRCA's competencies . and a support call was placed into the Internal Technology (IT) department.</p> <p>On 4/17/24 at 11:21 AM, The NHA confirmed retrieval of CRCA J, K, M was unsuccessful, and the facility could not verify if annual performance reviews and minimum 12-hour in-service education competencies were complete. The NHA revealed there is no acting staff educator for the facility.</p> <p>On 4/17/24 at 11:47 AM, The NHA confirmed the facility does not have a policy regarding CRCA regular in-service education, they follow the regulations.</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 22960</p> <p>Based on observation, interview, and record review, the facility failed to ensure resident food items stored in the [NAME] Parlor refrigerator, were labeled, dated and discarded when expired. This deficient practice had the potential to affect all residents that store food in the resident refrigerator. Findings include:</p> <p>On [DATE] at 9:30 AM, in the resident refrigerator located in the [NAME] Ice Cream Parlor, the following items were observed: an undated container of green colored pudding, a sub sandwich with a use-by (UB) date of ,d+[DATE], 3 brown bags labeled leftover meal with UB dates of ,d+[DATE] and ,d+[DATE], an undated Pyrex container of meat and vegetables, a half eaten cheeseburger dated ,d+[DATE], 2 bags labeled leftover meal with a UB date of ,d+[DATE], a container of pasta with a UB date of ,d+[DATE], and a plastic bag of unknown food that was undated. In addition, the temperature for the refrigerator had not been logged since [DATE].</p> <p>On [DATE] at 11:30 AM, Dietary Manager (DM) H was queried about the undated and expired food items in the resident refrigerator. DM H stated that he was responsible for monitoring the resident refrigerator, but that he had been off last week, and the refrigerator had not been checked in his absence.</p> <p>Review of the facility's policy Food Brought into Facility dated [DATE] noted: Food brought in by family members, friends, or guests must be: .2. Food or beverage items are to be properly labeled and date marked, stored and discarded in conjunction with the facilities date mark and labeling P&P.</p>		

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>49083</p> <p>Based on interview and record review, the facility failed to provide readily accessible Medication Regimen Review (MMR) documentation within the Electronic Medical Record (EMR) to ensure the residents condition, care, and services were obtainable by all disciplines for five residents (R17, R27, R33, R150, R15, R251) of five reviewed for unnecessary medications. Findings include:</p> <p>On 4/15/24, The following Residents (R17, R27, R33, R150, R15) were selected for an unnecessary medication review investigation and included evaluation of the facilities MMR process, documentation, and pharmacy recommendations.</p> <p>On 4/16/24, The EMR was reviewed for R17, R27, R33, R150, and R15, and MMR documentation was not readily accessible. The Director of Nursing (DON) was questioned how to obtain the MMR within the EMR and confirmed MMR documentation is not located in EMR and uploaded into a different software program. The DON indicated to obtain the MMR medical records, the names of the residents would have to be disclosed and forwarded and retrieved by designated staff members.</p> <p>49272</p> <p>R251</p> <p>On 04/15/24 at 1:36 PM R251 was observed lying in bed with the power cord for the overhead light wrapped tightly around two of her fingers, aggressively pulling the cord to power the light on and then off again. The Resident appeared anxious and restless. Family member N at resident's bedside reported that the Resident will get fixated on the cord/light sometimes and can be difficult to re-direct at times.</p> <p>On 04/16/24 at approximately 12:30 PM an attempt was made to review R251's activity records, no records were found within electronic health record (EHR).</p> <p>On 04/16/24 at 2:11 PM, an interview was conducted with Life Enrichment Director O who reported that they had just completed a change of condition assessment for R251, however those records are documented within a separate EHR system. The survey team was not given access to that system.</p> <p>34275</p> <p>On 4/17/24 at approximately 2:34 PM, a Quality Assurance Performance Assurance (QAPI) interview was conducted with the Administrator. The Administrator was queried as to the facility's protocol for ensuring resident's medical records are readily accessible and systematically stored, including, but not limited to pharmacy recommendations, physician responses, and activity notes. The Administrator reported that they were aware that the documents were not all located in the residents' electronic records and noted that a sister facility was working on a pilot program that they possibly would develop as well.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34275</p> <p>Based on observation, interview and record review the facility failed to ensure proper infection control protocols and practices including enhanced barrier precautions (EBP), hand hygiene during medication pass and proper cleanliness of medical equipment for R150, R44 R202, R203, R204 and R20. This deficient practice had the potential to affect multiply residents residing at the facility.</p> <p>Findings include:</p> <p>On 4/15/24 at approximately 9:30 AM, an entrance conference meeting was conducted with the Administrator. The Administrator was asked if there were any resident's in the building with COVID-19 and/or on EBP. At that time the Administrator reported that to their knowledge there were none.</p> <p>R150</p> <p>On 4/15/24 at approximately 10:03 AM, upon entry into the resident's room, there was no precaution signs on the resident's door. During the interview, the resident reported that they went to dialysis three times per week.</p> <p>A review of R150's clinical record revealed the resident was initially admitted to the facility on [DATE] with diagnoses that included: urinary tract infection, dependent on renal dialysis and sepsis.</p> <p>A review of R150's care plan (dated 4/9/24) documented, in part: Problem: Resident requires enhanced barrier precautions (EBP) during high-contact care related to presence of: Dialysis catheter .Approach: Don/doff and dispose of PPE .Utilize gown and gloves per EBP policy during high contact ADL care .and during linen change .</p> <p>On 4/16/24 at approximately 8:35 AM, there was no EBP documentation on their door.</p> <p>On 4/17/24 at approximately 10:00 AM, there was no EBP documentation on their door.</p> <p>R44</p> <p>On 4/15/24 at approximately 11:02 AM, the surveyor entered into the resident room. There were no infection control precautions noted on the resident's door. R44 was observed lying in bed and was able to answer questions asked. The resident reported they had a stroke and was at the facility for rehabilitation and had received feeding assistance via a peg tube. Upon entry to the R44's room and after leaving the interview there was no precaution instructions on the resident's door.</p> <p>At approximately 11:25 AM, an EBP notification was observed on the resident's door. The Director of Nursing (DON) reported that the instructions had just been posted on the resident's door as the resident had an open area for feeding tube placement.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of R44's clinical record revealed the resident was admitted to the facility on [DATE] with diagnoses that included: hemiplegia following cerebral infarction (paralysis from stroke), pneumonia and dysphasia.</p> <p>The resident's care plan documented, in part: Problem: Resident required tube feeding d/t (due to) dysphasia. This places resident at risk for complications. Transitioned to oral diet. Feeding tube remains in place .Approach: check placement and patency of feeding tube .</p> <p>49083</p> <p>Medication Administration Observation</p> <p>R202, R203, R204</p> <p>Record review of the facility policy, Medication Administration General Guidelines Revised 11/18 stated, . Handwashing and Hand Sanitation: The person administering medications adheres to good hygiene before and after administration of medications .</p> <p>R202</p> <p>On 4/16/224 at 3:48 PM, During medication administration for R202, Licensed Practical Nurse (LPN) C was observed not performing hand hygiene prior to resident contact for administering medications.</p> <p>R203</p> <p>On 4/17/24 at 7:24 AM, LPN D was observed for medication administration for R203 and did not perform hand hygiene prior to resident contact for administering medications.</p> <p>R204</p> <p>On 4/17/24 at 8:10 AM, LPN E was observed for medication administration for R204. LPN E picked up a paper towel off the floor and proceeded to administer medications to R204 without performing hand hygiene.</p> <p>On 4/17/24 at 12:27 PM, The Director of Nursing (DON) was informed of the above findings and confirmed hand washing should have been performed prior to administering medications.</p> <p>Tube Feeding, Enhanced Barrier Protection</p> <p>R18</p> <p>On 4/15/2023, A Clinical record review revealed R18 was admitted to this facility on 1/16/24 with an intracranial hemorrhage (bleeding in the skull), non-Hodgkin's lymphoma (blood cancer), atrial fibrillation (abnormal heartbeat), hypertension, and dependent on parental nutrition via a Percutaneous Endoscopic Gastronomy (PEG) Tube (nutrition provided by tube surgically placed into the stomach). Brief Interview for Mental Status (BIMS) dated 2/15/2024 for R18 equaled 0/15 indicating severe cognitive impairment.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the facility EBP Operating Procedure stated, .EBP will be in place for residents with the following conditions: All residents with indwelling medical devices, includes feeding tubes . PPE should be used even if blood and body fluid exposure is not anticipated . Cleaning and disinfecting any shared reusable equipment and surfaces on a more frequent schedule are encouraged .</p> <p>On 4/15/24 at 09:13 AM, R18 was observed lying in bed receiving parental liquid nutrition via PEG Tube. The nutrition formula bag hanging on the pole was infusing by an electronic tube feeding pump. The face of the electronic pump, pole, and four wheeled base of pole was visibly soiled with substantial amounts of brown colored dried matter.</p> <p>Signage alerting R18 required Enhanced Barrier Precautions (EBP) related to indwelling PEG Tube was not posted and personal protective equipment (PPE) was not visible in or around the room. Further Record Review revealed the facility did not execute an order for EBP until 4/15/2024 at 4:17 PM.</p> <p>On 4/16/24 at 10:49 AM, A second observation identified R18's tube feeding equipment remained visibly soiled with substantial amounts of brown colored dried matter on the face of the electronic pump, pole, and four wheeled base of pole. When questioned who is responsible for cleaning medical equipment, R18's assigned Registered Nurse (RN) G replied, housekeeping is responsible for keeping the equipment clean. RN G was shown the condition of the pump and pole and proceeded to clean the face of pump and top portion of the pole.</p> <p>On 4/16/24 at 10:54 AM, The Director of Nursing (DON) was brought to R18's bedside and visualized the condition of the tube feeding equipment. The DON confirmed the equipment was not sanitary and would have cleaned.</p> <p>On 4/16/24 at 1:24 PM, a request for the facility policy on cleaning medical equipment was made. The Nursing Home Administrator (NHA) confirmed there was no policy but is the responsibility of housekeeping when providing routine room cleaning.</p> <p>49272</p> <p>R20</p> <p>On 4/15/24 at 9:57 AM, R20 was observed sitting in a wheelchair, upon entering the room there was no precaution sign on the resident's door. The Resident was observed to have a foley catheter with a collection bag hanging from the underside of the wheelchair.</p> <p>On 4/15/24 at approximately 11 AM, there was no EBP documentation on their door.</p> <p>A review of R20's clinical record revealed the resident was initially admitted on [DATE] with diagnoses that included: urinary tract infection, sepsis and kidney failure.</p> <p>A review of Resident Progress Notes from 3/4/24 at 9:29 PM revealed that the resident had a foley catheter in place at that time.</p> <p>A review of R20's order history revealed an order for Enhanced Barrier Precautions entered on 4/15/24 at 3:41 PM which read in part Staff to use enhanced barrier precautions, wearing a gown and gloves at minimum during high-contact care activities.</p> <p>(continued on next page)</p>		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	A review of the facility Enhanced Barrier Precautions (EBP) policy stated EBP will be in place during high-contact care activities for residents with the following conditions: a. Residents at an increased risk of MDRO acquisition which include: .All Residents with chronic wounds, including but not limited to, pressure ulcers, diabetic foot ulcers, unhealed surgical wounds, and venous stasis ulcers .All Residents with indwelling medical devices .Includes but not limited to: catheters, central lines, feeding tubes, tracheostomy tubes.		