

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235720	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/17/2024
NAME OF PROVIDER OR SUPPLIER Wellbridge of Pinckney		STREET ADDRESS, CITY, STATE, ZIP CODE 664 South Howell Street Pinckney, MI 48169	

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 0622</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Not transfer or discharge a resident without an adequate reason; and must provide documentation and convey specific information when a resident is transferred or discharged.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49083</p> <p>This citation pertains to intake MI00145465, MI00145510</p> <p>Based on interview and record review, the facility failed to permit one resident (R901) of two reviewed for discharge, to return to the facility and failed to provide the required facility-initiated discharge documentation.</p> <p>Findings include:</p> <p>On 7/3/24 and 7/8/24 two complaints were received by the State Agency (SA) alleging the facility failed to readmit R901 once medically cleared from the hospital and did not provide facility-initiated discharge paperwork.</p> <p>A clinical record review revealed R901 was admitted to the facility on [DATE] with medical diagnoses which included history of traumatic brain injury, hypertension, asthma, dysphagia (difficulty speaking and swallowing) and seizures. R901 required maximum assistance for all Activities of Daily Living (ADL) and had mass cognitive and communication loss related to the traumatic brain injury.</p> <p>Review of a Medical Progress note dated 7/1/24 documented the Facility Physician, Doctor (Dr.) A was notified R901's blood pressure 200/114 and pulse 80. Dr A indicated the blood pressure was too high for R901, ordered to administer Catapres (medication to lower blood pressure) and send to the Emergency Department.</p> <p>Further review of Intake MI00145510, alleged on Wednesday, July 3, they received a telephone call from the Nursing Home Administrator (NHA) stating R901 could not return to the facility. Complainant replied that it didn't sound legal and the NHA responded, that's what we are doing.</p> <p>On 6/17/24 at 9:35 AM, The NHA and Director of Nursing (DON) confirmed the facility could meet all needs for R901. However, R901 was not accepted back to the facility related to the relationship between the facility and R901's Guardian. The NHA and DON confirmed the Guardian would intimidate and threaten the staff, and repeatedly interfered with R901's care. When asked if any grievances were documented, the NHA and DON indicated many attempts were made to the Guardian to provide opportunity to file formal grievances, however, the Guardian would never submit, and filed all concerns directly to the SA.</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 0622</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The NHA acknowledged a phone call was made to the Guardian indicating R901 would not be returning to the facility. The NHA further confirmed the required documentation of a facility-initiated discharge was not provided.</p>