

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235725	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/26/2024
NAME OF PROVIDER OR SUPPLIER  Aerius Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE  13840 King Road Riverview, MI 48193	

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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 30675</p> <p>Based on observation, interview and record review, the facility failed to treat residents with dignity and respect for one (R15) of four residents reviewed for dignity.</p> <p>Findings include:</p> <p>R15</p> <p>On 6/24/24 at 10:20 AM, while talking with the resident, a nurse aide was observed entering the room and asking the resident about their call light that was activated. R15 reported they had to go to the bathroom. This nurse aide reported they were not assigned to the resident and wasn't sure of their transfer status, but R15 stated they were able to just hold on to them.</p> <p>Upon stepping out of the room into the hallway, another nurse aide was then observed to enter the resident's room and approach R15 and the nurse aide. At that time, the nurse aide that joined the other nurse aide began to loudly discuss with the other nurse aide they weren't aware of the resident's transfer status, talking above and about the resident as if they weren't present. The first nurse aide was overhead asking the other nurse aide if they were having a bad day and discussion continued loudly in front of the resident.</p> <p>On 6/25/24 at 9:15 AM, an interview was conducted with the Director of Nursing (DON). When informed of the observation of R15 from 6/24/24, the DON reported they were aware of what occurred as they were also in the hallway at the same time and reported that should not have occurred.</p> <p>Review of the clinical record revealed R15 was admitted into to the facility on [DATE], readmitted on [DATE] with diagnoses that included: sciatica left side, metabolic encephalopathy, retention of urine, anxiety disorder, difficulty in walking, and neuromuscular dysfunction of bladder.</p> <p>According to the Minimum Data Set (MDS) assessment dated [DATE], R15 had intact cognition and required assistance of one person for transfers.</p> <p>38271</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:  235725	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/26/2024
NAME OF PROVIDER OR SUPPLIER  Aerius Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE  13840 King Road Riverview, MI 48193	
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 6/26/24 a facility document titled Quality of Life-Dignity was reviewed and revealed the following: Policy Statement-Each resident shall be cared for in a manner that promotes and enhances quality of life, dignity, respect and individuality 1. Residents shall be treated with dignity and respect at all times. 2. Treated with dignity means the resident will be assisted in maintaining and</p> <p>enhancing his or her self-esteem and self-worth 7. Staff shall speak respectfully to residents at all times, including addressing the resident by his or her name of choice and not labeling or referring to the resident by his or her room number, diagnosis, or care needs. 8. Staff shall keep the resident informed and oriented to their environment. Procedures shall be explained before they are performed and residents will be told in advance if they are going to be taken out of their usual or familiar surroundings .</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235725	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/26/2024
NAME OF PROVIDER OR SUPPLIER  Aerius Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE  13840 King Road Riverview, MI 48193	
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 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Allow residents to self-administer drugs if determined clinically appropriate.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 38271</p> <p>Based on observation, interview and record review the facility failed to ensure residents were assessed for safe self-administration of medication for five residents (R11, R16, R60, R64 and R68) of five residents reviewed for self-administration.</p> <p>Findings include:</p> <p>R68</p> <p>On 6/24/24 at approximately 10:54 a.m., R68 was observed in their room, laying in their bed and was observed to have a bottle of Vanquish headache medication (a combination medication containing aspirin, acetaminophen, and caffeine) on their bedside table. R68 was queried regarding the medication and they indicated they take it for headaches. R68 was queried if the Nursing staff knew about them taking it and they reported that they did.</p> <p>On 6/25/24 at approximately 10:05 a.m., R68 was observed in their room, laying in their bed and was observed to still have the bottle of Vanquish headache medication in the room.</p> <p>On 6/25/24 at approximately 3:58 p.m., R68 was observed in their room, laying in their bed and was observed to still have the bottle of Vanquish headache medication in the room.</p> <p>On 6/24/25 the medical record for R68 was reviewed and revealed the following: R68 was initially admitted to the facility on [DATE] and had diagnoses including Sepsis and Chronic pain. A review of R68's MDS (minimum data set) with an ARD (Assessment reference date) of 4/2/24 revealed R68 needed assistance from facility staff with activities of daily living. R68's BIMS score (brief interview for mental status) was 12 indicating moderately impaired cognition.</p> <p>Further review of the medical record did not reveal any Physician orders for Vanquish medication or any orders for R68 to self-administer the medication.</p> <p>A review of R68's comprehensive careplan did not reveal self-administration of medication was part of their plan of care.</p> <p>On 6/26/24 at approximately 10:28 a.m., during a conversation with the Director of Nursing, (DON) the DON was queried regarding R68's Vanquish medicine and indicated that they had taken it out of R68's room and that nobody in the facility had been assessed for safe self administration of medication. The DON indicated that the self administration of medication is accessed on the admission nursing assessment and that a Physicians order is needed along with a careplan for it.</p> <p>30675</p> <p>R11</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235725	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/26/2024
NAME OF PROVIDER OR SUPPLIER  Aerius Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE  13840 King Road Riverview, MI 48193	
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 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 6/24/24 at 10:42 AM, R11 was observed laying in a recliner chair. Upon approach the resident was able to respond minimally as they had difficulty staying awake and reported they didn't sleep well last night. At that time, the room was observed to have many personal items cluttered throughout the room and there were multiple inhalers, nasal spray, and saline drops observed on a bedside table. When asked about the medications in the room, R11 reported they used those when needed.</p> <p>Review of the clinical record revealed R11 was admitted into the facility on [DATE], readmitted on [DATE] with diagnoses that included: acute diastolic heart failure, mild intermittent asthma, other pneumonia, anxiety disorder, allergic rhinitis, acute respiratory failure with hypoxia, and other pulmonary embolism without acute cor pulmonale. According to the MDS assessment dated documented R11 had moderately impaired cognition.</p> <p>There was no documentation i.e assessments, care plan, or physician order to identify R11 was able to safely self-administer medications.</p> <p>Review of the physician orders included:</p> <p>Fluticasone propionate 50 mcg (micrograms)/actuation spray, suspension once a day - 1 spray each nostril, nasal, once a day. (Started on 10/6/23.)</p> <p>Trelegy Ellipta (fluticasone-umeclidin-vilanter) 200-62.5-25 mcg blister with device - once a day 1 puff, inhalation, once a day for shortness of breath. (Started on 10/6/23.)</p> <p>Restasis MultiDose (cyclosporine) 0.05% drops twice a day - 1 drop, ophthalmic (eye), twice a day, left eye for other specified disorders of eye and adnexa. (Started on 5/23/24.)</p> <p>Dry Eye Relief (peg 400-hypromellose-glycerin) 1-0.2-0.2% drops twice a day prn (as needed). (Started on 4/2/23.)</p> <p>R64</p> <p>On 6/24/24 at 10:29 AM, Nurse 'F' was observed setting up R64's nebulizer (breathing treatment) and exited the room and proceeded to go further down the hallway to continue administering morning medications to other residents. At that time, R64 was observed yelling and stated, It fell , it fell , timber. There was no other staff in the area to respond to R64's yelling out for help.</p> <p>Review of the clinical record revealed R64 was admitted into the facility on [DATE] with diagnoses that included: unspecified glaucoma, allergic rhinitis, wheezing, and polyneuropathy.</p> <p>According to the MDS assessment dated [DATE], R64 had moderately impaired cognition.</p> <p>There was no documentation i.e assessments, care plan, or physician order to identify R64 was able to safely self-administer their nebulizer treatment.</p> <p>Review of the physician orders included:</p> <p>Albuterol sulfate 2.4 mg / 3 mL (Milliliters) (0.083%) solution for nebulization every 6 hours - PRN 1 vial, inhalation, Every 6 Hours - PRN wheezing. (Started on 6/20/24.)</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235725	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/26/2024
NAME OF PROVIDER OR SUPPLIER  Aerius Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE  13840 King Road Riverview, MI 48193	
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 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Albuterol sulfate 90 mcg/actuation HFA aerosol inhaler every 6 hours - PRN 2 puffs, inhalation, Every 6 Hours - PRN Wheezing. (Started on 6/5/24.)</p> <p>On 6/25/24 at 3:45 PM, an interview was conducted with the Director of Nursing (DON). When asked about medications and biologicals at bedside, the DON reported they were not aware of any resident had been assessed as able to self-administer their own medication. The DON further explained if there was, there should be an assessment and care plan. When asked about administration of nebulizer treatments, and whether the nurse should stay with the resident, or if it was ok for the nurse to set it up and walk away, the DON reported the nurse should always stay with the resident. They were informed of the above observations for R11 and R64.</p> <p>34208</p> <p>R16 and R60.</p> <p>On 6/24/24 at 9:20 AM, Nurse 'F' was observed from the hallway exiting R16's room. At approximately 9:22 AM, an observation of R16's room was conducted and they were observed in bed with their eyes closed receiving a nebulizer breathing treatment via a nebulizer mask.</p> <p>On 6/24/24 at 9:25 AM, Nurse 'F' was observed preparing medications for administration for R60. Nurse 'F' prepared multiple medications including a Pulmicort nebulizer treatment. Nurse 'F' entered R60's room administered the oral medications and set up the nebulizer machine for R60. After the nebulizer treatment was initiated, Nurse 'F' exited the room, signed out the medications as given and moved down the hallway to prepare medications for the next resident. Nurse 'F' was not observed to remain with either R16 or R60 to ensure proper administration of the nebulizer treatments.</p> <p>A review of R16 and R60's clinical records was conducted and did not reveal assessments or orders for self-administration of any medications.</p> <p>A review of a facility provided policy titled, SELF ADMINISTRATION OF MEDICATION was conducted and read, It is the policy of the facility to allow the resident and or legal representative of the resident the right to self-administer medication when it has been deemed by the interdisciplinary team that it is clinically appropriate .9. Once the resident has been deemed safe by the IDT (interdisciplinary team) an order will be obtained from the resident's physician or physician extender listing the medication(s) that may be self-administered, where the medications will be stored, who will be responsible for documentation and the location of administration .</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235725	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/26/2024
NAME OF PROVIDER OR SUPPLIER  Aerius Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE  13840 King Road Riverview, MI 48193	
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 0640</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Encode each resident's assessment data and transmit these data to the State within 7 days of assessment.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 38271</p> <p>Based on interview and record review, the facility failed to ensure Minimum Data Set (MDS) assessments were signed and submitted to CMS (Centers for Medicare and Medicaid Services) in a timely manner for five residents (R36, R42, R51, R52, and R56) of five residents reviewed for MDS transmission.</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. Resident #36 that was admitted on [DATE] had an MDS assessment that was incomplete and over 120 days old that had not been submitted.</li> <li>2. Resident #42 that was admitted on [DATE] had an MDS assessment that was incomplete and over 120 days old that had not been submitted.</li> <li>3. Resident #51 that was admitted on [DATE] had an MDS assessment that was incomplete and over 120 days old that had not been submitted.</li> <li>4. Resident #52 that was admitted on [DATE] had an MDS assessment that was incomplete and over 120 days old that had not been submitted.</li> <li>5. Resident #56 that was admitted on [DATE] had an MDS assessment that was incomplete and over 120 days old that had not been submitted.</li> </ol> <p>On 6/25/24 at approximately 10:30 a.m., during a conversation with both MDS Nurses (MDS Nurse A) and (MDS Nurse B), MDS Nurse A was queried why the assessments were not completed and transmitted per the RAI manual (resident assessment instrument) and they reported that a previous Nurse had indicated they were going to complete and transmit them but they went on leave and the assessments were not completed. MDS Nurse A indicated that they were attempting to keep up with the current assessments and that they were aware that those assessments had not been completed.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235725	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/26/2024
NAME OF PROVIDER OR SUPPLIER  Aerius Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE  13840 King Road Riverview, MI 48193	

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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 30675</p> <p>Based on interview and record review, the facility failed to ensure accurate assessments were completed for one (R13) of 27 residents reviewed for Minimum Data Set (MDS) assessments.</p> <p>Findings include:</p> <p>A review of R13's clinical record revealed the resident was initially admitted into the facility on [DATE] with diagnoses that included: acute kidney failure, end stage renal disease, and dependence on dialysis.</p> <p>Review of the physician orders since admission included:</p> <p>RESIDENT TO RECEIVE DIALYSIS EVERY MONDAY, WEDNESDAY, AND FRIDAY PICK UP AT 4:15 PM/START DIALYSIS AT 05:15 PM. (This order was changed to reflect the current/correct schedule for Monday, Wednesday, and Friday pick up at 2:00 PM, Chair Time at 3:25 PM on 6/25/24.)</p> <p>Monitor right chest wall double lumen perma cath is covered and no s/s (signs/symptoms) of infection .</p> <p>Monitor access site for redness, pain, bruising, and for bruit/thrill every shift.</p> <p>Review of the completed Minimum Data Set (MDS) assessments dated 4/2/24, 4/5/24, and 4/13/24 all failed to identify R13 as receiving dialysis or having a port (intravenous dialysis access).</p> <p>On 6/26/24 at 10:35 AM, an interview was conducted with the MDS Coordinator (Nurse 'A') and MDS Nurse 'B'. They both reported they had completed portions of the MDS assessments. When asked about the lack of identification of R13's dialysis status and use of port, both reviewed their documentation and were unable to offer any explanation. Nurse 'A' reported they would have to complete a modification.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235725	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/26/2024
NAME OF PROVIDER OR SUPPLIER  Aerius Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE  13840 King Road Riverview, MI 48193	
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 30675</p> <p>Based on observation, interview and record review the facility failed to ensure a physician ordered peg-tube treatment was documented, completed accurately and timely for one R58) of one resident reviewed for professional standards.</p> <p>Findings include:</p> <p>On 6/24/24 at 9:15 AM, R58 was observed laying in bed, with soft music playing. The top of the dresser was observed to have four treatments, which two were dated 6/23/24 and a gauze bandage that was cut to a square with a slit (to go around a feeding tube - medical device used to provide liquid nourishment, fluids and medications by bypassing oral intake).</p> <p>On 6/24/24 at 9:45 AM, an interview was conducted with R58's assigned nurse (Nurse 'D'). When asked about R58's feeding status, they reported the resident received bolus tube feeding. At that time, Nurse 'D' was asked to observe the resident's peg-tube site (percutaneous endoscopic gastrostomy tube). Upon entering the room, Nurse 'D' was asked about the treatments on the dresser and confirmed several were dated 6/23/24 and the square one was used for the peg-tube dressing. Nurse 'D' then proceeded to observe R58's peg-tube site and confirmed there was no dressing in place and should've been. When asked when the treatments were done, Nurse 'D' reported usually on the evening shift, but would put a treatment on.</p> <p>On 6/24/24 at 1:45 PM, review of R58's Treatment Administration Record (TAR - which was a paper copy as the facility did not yet utilize electronic records for medications &amp; treatments) included a physician ordered treatment for:</p> <p>Cleanse peg tube with N/S (Normal Saline) pat dry apply D/D (Dry Dressing) and cover QHS (Every Evening)/PRN (As Needed) At Bedtime. This order had started on 12/27/23 and was noted to be completed 7:00 PM - 7:00 AM.</p> <p>There were multiple blank entries for the above peg tube order on: 6/1, 6/2, 6/15, 6/16, 6/17, 6/19, and 6/23. Additionally, there was nothing documented as completed on 6/24/24, despite the earlier observation and interview with Nurse 'D'.</p> <p>On 6/25/24 at 8:20 AM, review of the TAR now documented R58 had initials by Nurse 'H' on 6/23 and 6/24, indicating the treatment had been completed.</p> <p>Further review of the clinical record revealed R58 was initially admitted into the facility on [DATE], and readmitted on [DATE]. Diagnoses included: ulcerative colitis without complications, vascular dementia unspecified severity with other behavioral disturbance, unspecified visual loss, anxiety disorder due to known physiological condition, type 1 diabetes mellitus with hyperglycemia, and dysphagia.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235725	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/26/2024
NAME OF PROVIDER OR SUPPLIER  Aerius Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE  13840 King Road Riverview, MI 48193	
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 6/25/24 at 8:25 AM, an interview was conducted with Wound Care Nurse 'G'. When asked about R58's peg tube treatment, Nurse 'G' reported they had heard about the lack of treatments and reported if there was a concern such as the resident refused care at that time, the Nurse should've documented a note and confirmed there was no documentation that occurred. When asked about how the documentation now reflected it had been completed on 6/23 when it was already confirmed on 6/24 it was not, Nurse 'G' was unable to offer any further explanation.</p> <p>On 6/25/24 at approximately 10:00 AM, an interview was conducted with the Director of Nursing (DON). When informed about R58's observation and interview of their lack of peg-tube treatment, they acknowledged that they had been made aware. When informed of the concern that the treatment had been documented as completed on 6/23/24, when it had been verified on 6/24/24 that had not been completed, the DON reported they would have to review further and was unable to offer any further explanation.</p> <p>Review of the facility policy titled, Wound Care dated 9/2018:</p> <p>.Documentation .8. Any problems or complaints made by the resident related to the procedure. 9. If the resident refused the treatment and the reason(s) why. 10. The signature and title of the person recording the data. Reporting 1. Notify the supervisor if the resident refuses the wound care. 2. Report other information in accordance with facility policy and professional standards of practice.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235725	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/26/2024
NAME OF PROVIDER OR SUPPLIER  Aerius Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE  13840 King Road Riverview, MI 48193	

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 0694</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide for the safe, appropriate administration of IV fluids for a resident when needed.</p> <p>34208</p> <p>Based on observation, interview, and record review, the facility failed to ensure peripherally inserted central catheter (PICC) line (intravenous line for the administration of intravenous medications)dressing changes for one resident (R183), of one resident reviewed for PICC lines, resulting in the potential for PICC line complications.</p> <p>Findings include:</p> <p>On 6/24/24 at 10:43 AM, R183 was observed seated in their wheelchair in their room. A transparent PICC line dressing was observed on their left upper arm. The dressing had become loose, but information written on the dressing indicated the line had been inserted and the dressing had been applied on 6/11/24.</p> <p>On 6/24/24 at 1:30 PM, a review of R183's physician's orders was conducted and revealed they were on intravenous medications and also had an order for the PICC line dressing to be changed. A review of R183's paper medication administration record revealed the dressing for the PICC line was scheduled to be changed on 6/14/24 and 6/21/24, however; both entries in the record were not signed off as having been completed.</p> <p>On 6/24/24 1:35 PM-Interview with Unit Manager 'K' was conducted regarding PICC line dressing changes. They said the dressings should be changed once a week and signed off as being completed. At that time, Unit Manager 'K' observed the dressing on R183's left arm and confirmed it was dated 6/11/24.</p> <p>A review of a facility provided policy titled, PICC Line Dressing Change was conducted and read, .PICC line dressings are to be changed every 7 days and PRN (as needed) if the integrity of the dressing becomes compromised .</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235725	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/26/2024
NAME OF PROVIDER OR SUPPLIER  Aerius Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE  13840 King Road Riverview, MI 48193	
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 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 30675</p> <p>Based on interview and record review, the facility failed to ensure consistent dialysis communication documentation and assessments were completed for one (R13) of one resident reviewed for dialysis.</p> <p>Findings include:</p> <p>A review of R13's clinical record revealed the resident was initially admitted into the facility on [DATE] with diagnoses that included: acute kidney failure, end stage renal disease, and dependence on dialysis.</p> <p>Review of the physician orders since admission included:</p> <p>RESIDENT TO RECEIVE DIALYSIS EVERY MONDAY, WEDNESDAY, AND FRIDAY PICK UP AT 4:15 PM/START DIALYSIS AT 05:15 PM. (This order was changed on 6/25/24 after brought to the facility's attention during the survey to reflect the current/correct schedule for Monday, Wednesday, and Friday pick up at 2:00 PM, Chair Time at 3:25 PM.)</p> <p>Nurse to enter progress note when resident returns from dialysis. Check dialysis communication sheet for new orders from dialysis center and enter in progress note. Once A Day on Mon, Wed, Fri 08:00 PM.</p> <p>Review of R13's dialysis communication binder revealed there were three communication forms from the resident's dialysis treatments on 6/19/24, 6/21/24, and 6/24/24 had no documentation of communication from the dialysis staff post treatment.</p> <p>On 6/25/24 at 3:30 PM, Nurse 'D' (who was R13's assigned Nurse) was asked about the lack of documentation from the dialysis center on the communication forms. At that time, Nurse 'D' reported there was difficulty in having the dialysis company complete their portion of the communication forms, but if they didn't complete that, the nurse should follow-up with dialysis at that time. When asked about the most recent on 6/24/24, Nurse 'D' reported they had notified the oncoming nurse that needed to be done, but it wasn't and was unable to offer any further explanation.</p> <p>On 6/25/24 at 3:45 PM, an interview was conducted with the Director of Nursing (DON). When asked to clarify the dates R13 went to dialysis, given the order and binder indicated different times, the DON reported the binder times were correct and would have to update the order. When asked about the lack of dialysis communication from the dialysis center for 6/19, 6/21, and 6/24, they reported that should've been completed and the nurse should've followed up on that and they would look into it themselves.</p> <p>According to the facility's policy titled, Dialysis dated 8/2020:</p> <p>.Resident will be transported with a communication binder to ensure communication between the Long Term Care facility and the Dialysis Center.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235725	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/26/2024
NAME OF PROVIDER OR SUPPLIER  Aerius Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE  13840 King Road Riverview, MI 48193	
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 0711</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure the resident's doctor reviews the resident's care, writes, signs and dates progress notes and orders, at each required visit.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 30675</p> <p>Based on interview and record review, the facility failed to ensure physician visits/assessments were completed and documented timely for two (R62 and R20) of two residents reviewed for physician visits, resulting in the lack of documentation and increased potential for coordination of care due to lack of documentation.</p> <p>Findings include:</p> <p>R62</p> <p>Review of the clinical record revealed R62 was admitted into the facility on [DATE] with diagnoses that included: anxiety disorder, cellulitis, fracture of unspecified part of neck of right femur, non-ST elevation myocardial infarction, chronic systolic (congestive) heart failure, acute embolism and thrombosis of unspecified deep veins of unspecified lower extremity, chronic kidney disease stage 3, hyperlipidemia, hypothyroidism, disturbances of salivary secretion, nausea with vomiting, and neuromuscular dysfunction of bladder.</p> <p>As part of a review of psychotropic medication use (antipsychotic and antianxiety), review of Physician 'I's progress notes revealed multiple delayed entries into the clinical record which included:</p> <p>An entry on 6/24/24 at 11:07 PM read, Seen on 04/26/2024 for monthly follow-up .</p> <p>An entry on 5/25/24 at 5:33 PM read, Seen on 03/24/2024 for monthly follow-up .</p> <p>An entry on 1/27/24 at 3:53 PM read, Seen on 01/19/2024 for follow-up .</p> <p>On 6/25/24 at 10:51 AM, a phone interview was conducted with Physician 'I'. When asked how frequent they followed R62 since they were on hospice, Physician 'I' reported they followed for medical needs once a month or in between if needed.</p> <p>When asked about the delay in documentation of when the resident was seen and when their documentation was provided, including the progress note that was entered yesterday on 6/24/24 at 11:07 PM for 4/26/24, Physician 'I' reported they hand wrote their notes, and when they were in to visit they saw that note wasn't in the computer, they forgot to put in the computer and put it in yesterday. When asked to clarify if they may have made an error in their visit date, and to clarify if the documentation was approximately two months late, Physician 'I' confirmed and further reported they weren't aware of any timeframe requirements for their notes. When asked how other staff and team members could coordinate care/services if their documentation was not made available for months at a time, Physician 'I' only reported they understood the concern.</p> <p>On 6/25/24 at 9:40 AM, an interview was conducted with the Director of Nursing (DON). When asked when practitioner notes should be made available for review in the clinical record, the DON reported within 48-72 hours. The DON was informed of the concern with Physician 'I's delayed documentation and they indicated they were not aware of that before today.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235725	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/26/2024
NAME OF PROVIDER OR SUPPLIER  Aerius Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE  13840 King Road Riverview, MI 48193	

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 0711</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>38271</p> <p>R20</p> <p>On 6/24/24 the medical record for R20 was reviewed and revealed the following: R20 was initially admitted to the facility on [DATE] and had diagnoses including Vascular dementia and Liver disease. A review of R20's MDS (minimum data set) with an ARD (assessment reference date) of 4/14/24 revealed R20 needed assistance from facility staff with their activities of daily living. R20's BIMS score (brief interview for mental status) was five indicating severely impaired cognition.</p> <p>A review of R20's Physician progress notes that were entered late revealed the following: A note entered into the record on 6/22/24 reflected an evaluation by Physician I on 4/26/24 for monthly follow up</p> <p>A note entered into the record on 5/25/24 reflected an evaluation by Physician I on 3/24/24 for monthly follow up.</p> <p>A note entered into the record on 4/8/24 reflected an evaluation by Physician I on 2/23/24 for monthly follow up</p> <p>On 6/26/24 at approximately 10:45 a.m., during a conversation with the Director of Nursing (DON), the DON was queried regarding the timeliness of Physician I's evaluations being entered into the record late and they indicated that they were aware and that the Physician I should be entering their evaluations not later than a few days after they complete their evaluations.</p> <p>On 6/26/24 a facility document titled Physician Services was reviewed and revealed the following: PURPOSE: It is the policy of the facility to provide Physician Services in accordance to State and Federal regulations .11. The physician will: a. Review the resident's total program of care, including medications and treatments, at each visit; b. Write, sign, and date progress notes at each visit; .</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235725	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/26/2024
NAME OF PROVIDER OR SUPPLIER  Aerius Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE  13840 King Road Riverview, MI 48193	
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 34208</p> <p>Based on observation, interview, and record review the facility failed to ensure appropriate labeling and storage of insulin medication in three of four medication carts reviewed.</p> <p>Findings include:</p> <p>On [DATE] at 10:25 AM, a review of the 200 unit low cart (medication cart) was conducted with Nurse 'L'. Upon review, it was discovered two of six insulin pens stored in the cart were not labeled with a patient name or a date of when they were placed in the cart. Nurse 'L' said the pens should be labeled with a patient name and dated of when they were placed in the cart.</p> <p>On [DATE] at 10:36 AM, a review of the 100 unit low cart (medication cart) was conducted with Nurse 'M'. Upon review, it was discovered seven of nine insulin pens did not have a date of when they were placed in the cart and one pen did not have a patient name or a date. At that time, Nurse 'M' said they were going to make the unit manager aware of the discovery.</p> <p>On [DATE] at 10:51 AM, a review of the 100 unit high cart (medication cart) was conducted with Nurse 'N'. Upon review, it was discovered two of six insulin pens did not have a date of when they were placed in the cart. Nurse 'N' was asked if they knew when they were placed in the cart and said they did not know, but if they were not in use, they should be stored in a refrigerator.</p> <p>On [DATE] at approximately 2:00 PM, the Director of Nursing reported their staff made them aware of the unlabelled/undated insulin pens stored in the medication carts.</p> <p>A review of a facility provided policy titled, Storage of Medications was conducted and read, The facility shall store all drugs and biologicals in a safe, secure, and orderly manner .3. Drug containers that have missing, incomplete, improper, or incorrect labels shall be returned to the pharmacy for proper labeling before storing . 4 .b. Medication is expired after the last day of the designated time frame for each medication. Expiration time frames are as follows: .Insulin-28 days from date of opening or manufacturers expiration date, which ever comes first .</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235725	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/26/2024
NAME OF PROVIDER OR SUPPLIER  Aerius Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE  13840 King Road Riverview, MI 48193	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 34208</p> <p>Based on observation, interview, and record review, the facility failed to ensure appropriate infection control practices related to enhanced barrier precautions (EBP) for two residents (R112 and R131) of four residents revived for transmission based precautions, resulting in the potential for the spread of infection.</p> <p>Findings include:</p> <p>R112</p> <p>On [DATE] at 11:05 AM, R112's room was observed to have a sign to indicate they were on EBP. At that time, Certified Nurse Aide (CNA) 'O' and CNA 'P' were observed to enter R112's room. They were not observed to don an isolation gown or gloves. Upon completing their tasks, they exited the room. They were asked they type of care they provided to R112 and said they provided incontinence care and washed them up.</p> <p>38271</p> <p>R131</p> <p>On [DATE] at approximately 8:37 a.m., Nurse J was observed entering R131's room which had a sign on the door indicating enhanced barrier precautions (EBP) were to be utilized by all staff when providing direct care to them. Nurse J was then observed managing R131's PICC line (Peripherally inserted central catheter) without donning a protective gown (part of EBP).</p> <p>On [DATE] at approximately 8:44 a.m., Nurse J was queired if they should have had a protective gown on when managing R131's PICC line in their room and they reported they should have put one on but forgot R131 was on enhanced barrier precautions.</p> <p>On [DATE] the medical record for R131 was reviewed and revealed the following: R131 was initially admitted to the facility on [DATE] and had diagnoses including Encounter for prophylactic measures, unspecified and Acute kidney failure.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235725	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/26/2024
NAME OF PROVIDER OR SUPPLIER  Aerius Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE  13840 King Road Riverview, MI 48193	

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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On [DATE] a facility document titled Enhanced Barrier Precautions (EBP) was reviewed and revealed the following: Policy Statement-It is the policy of this facility to adhere to the CDC guidelines as related to Enhanced Barrier Precautions (EBP) to prevent the transmission of multi-drug resistant organisms (MDROs). CMS notes that facilities have some discretion when implementing EBP to promote a resident's quality of life along with maintaining a homelike environment Enhanced barrier precautions (EBP) are infection control interventions designed to reduce transmission of multi-drug resistant organisms (MDRO) in nursing homes. Enhanced barrier precautions involve gown and glove use during high-contact resident care activities for residents known to be colonized or infected with a MDRO, as well as those at increased risk of acquiring a MDRO. High-contact resident activities include: Dressing, Bathing/showering, Providing hygiene care, Changing linen, Changing briefs or assisting with toileting, Wound care: any skin opening requiring a dressing, Device care or use: central line, urinary catheter, feeding tube tracheostomy, Transferring, Therapy .Procedure: 1. The facility will review hospital transfer/discharge documentation, a physician's order will be obtained for EBP for any resident with active or colonized MDRO or wounds and/or indwelling medical devices even if the resident is not known to be infected or colonized with a MDRO. 2. The facility shall communicate to staff which residents shall require EBP prior to providing high-contact care activities. 3. Gowns and gloves shall be made available for providing high-contact care. Face protection may also be needed if performing activity with risk of splash or spray (i.e. wound irritation, tracheostomy care). 4. Position a trash can inside the resident's room and near the exit for discarding PPE after removal, prior to exiting the resident's room or before providing care for another resident in the same room [ROOM NUMBER]. Staff will perform hand hygiene and don PPE before entering a resident's room .</p>