

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235730	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/13/2025
NAME OF PROVIDER OR SUPPLIER Northville Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 520 W Main St Northville, MI 48167	

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 0604</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that each resident is free from the use of physical restraints, unless needed for medical treatment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47964</p> <p>This citation pertains to intake MI00149274.</p> <p>Based on observation, interview, and record review the facility failed to prevent physical restraint use for one resident (R401) out of 3 residents reviewed for abuse.</p> <p>Findings include:</p> <p>On 1/13/25 at 9:50 AM R401 was observed sitting in her bedside chair. R401 was unable to answer questions due to confusion. R401 was observed getting out of the bedside chair and walking into the hallway where staff directed her back to her room.</p> <p>Record review of Electronic Health Record (EHR) revealed R401 admitted to facility on 9/3/2020 with most recent readmission on 12/19/2023 with diagnoses which included Alzheimer's disease, adjustment disorder with mixed anxiety and depressed mood and major depressive disorder.</p> <p>Review of the Minimum Data Set (MDS) dated [DATE] for R401 revealed severely impaired cognition.</p> <p>Record Review of facility reported incident file folder dated 12/20/2024 revealed abuse coordinator was notified by Certified Nursing Assistant (CNA) A that on 12/20/2024 she found R401 sitting in her sofa chair in her room with a white flat sheet wrapped around her waist and tucked behind the chair. Abuse coordinator interviewed CNA B where CNA B admitted that she wrapped a sheet around R401.</p> <p>On 1/13/25 at 11:59 AM CNA B was interviewed and said she was assigned to work with R401 on 12/20/2024 and stated, I wrapped a sheet around the resident so she wouldn't be able to get up. CNA B further said R401 was going into other resident's rooms and was not following instructions.</p> <p>On 1/13/25 at 4:00 PM CNA A was interviewed and said on 12/20/204 she found R401 tied up in her chair with a bed sheet. The sheet was tied behind the chair and R401's arms were held down by the sheet. There was no way the resident could have untied the sheet to get up.</p> <p>Record review of the clinical chart revealed no orders for use of restraints, no consents, no restraint assessments completed and no care plans for restraint use.</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 0604</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 1/13/25 at 2:00 PM the Nursing Home Administrator (NHA) and Director of Nursing (DON) were interviewed and said the facility is a restraint free building. The DON agreed there were no orders, consents, assessments and/or care plans for the use of restraints for R401.</p> <p>Record review of the facility policy titled Restraint Free Environment date implemented 11/1/2022 revealed in part: It is the policy of this facility that each resident shall attain and maintain his/her highest practicable wellbeing in an environment that prohibits the use of restraints for discipline or convenience and limits restraint use to circumstances in which the resident has medical symptoms that warrant the use of restraints. Physical Restraint refers to any manual method or physical or mechanical device, material, or equipment attached or adjacent to the resident ' s body that the individual cannot remove easily which restricts freedom of movement or normal access to one ' s body. Physical restraints may include tucking in a sheet tightly so that the resident cannot get out of bed, or fastening fabric or clothing so that a resident ' s freedom of movement is restricted. The resident has the right to be treated with respect and dignity, including the right to be free from any physical or chemical restraint imposed for the purpose of discipline or staff convenience, and not required to treat the resident ' s medical symptoms.</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47964</p> <p>This citation pertains to intake MI00149272.</p> <p>Based on interview, and record review the facility failed to review/revise a care plan in a timely manner for one resident (R401) out of three residents reviewed for care planning.</p> <p>Findings include:</p> <p>On 12/19/2024 at 8:51 AM a facility incident report was submitted to the State Agency regarding R401 sustained an injury of unknown origin.</p> <p>Record review of the Electronic Health Record (EHR) revealed R401 admitted to the facility on [DATE] with most recent readmission on 12/19/2023 with diagnoses which included Alzheimer's disease, adjustment disorder with mixed anxiety, and depressed mood and major depressive disorder.</p> <p>Review of the Minimum Data Set (MDS) dated [DATE] for R401 revealed severely impaired cognition.</p> <p>Record review of the facility reported incident report folder dated 12/19/2024 revealed R401 was observed to have a slight discoloration under left eye.</p> <p>Review of the incident and accident report dated 12/10/2024 revealed R401 was observed on the floor in her room.</p> <p>Record review of R401's active care plans revealed the following: Problem start date 9/6/2022, Category: Falls, resident at risk for falling related to unsteady gait at times, decreased safety awareness. Goal, Long term goal target date: 3/20/2025 resident will have risk for fall/injury minimized through the review date. Approach Start Date: 09/06/2022 Give resident verbal reminders not to transfer without assistance. Approach Start Date: 09/06/2022 Keep bed in lowest position when care is not being rendered. Approach Start Date: 09/06/2022 Keep call light in reach at all times. Approach Start Date: 09/06/2022 Keep personal items and frequently used items within reach. Approach Start Date: 09/06/2022 MONITOR FOR MEDICATION RELATED SIDE EFFECTS: Approach Start Date: 09/06/2022 Orient resident to surroundings as needed. Approach Start Date: 09/06/2022 provide proper, well-maintained footwear. Approach Start Date: 09/06/2022 Provide resident an environment free of clutter. Approach Start Date: 09/06/2022 provide toileting assistance as needed. Last reviewed/revise 12/8/2024.</p> <p>On 1/13/24 at 2:00 PM the Director of Nursing (DON) was interviewed and said R401's fall care plan was reviewed on 12/8/24 but did not have any updates since 9/6/2022 nor did it include the actual fall on 12/10/2024 and updated approaches/review based on that fall. The DON agreed the care plan should be updated regarding R401's recent falls.</p> <p>Review of the facility policy titled Care Plan Revisions Upon Status Change date implemented:10/26/2022 revealed in part . The purpose of this procedure is to provide a consistent process for reviewing and revising the care plan for those residents experiencing a status change.</p> <p>(continued on next page)</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Policy Explanation and Compliance Guidelines:</p> <ol style="list-style-type: none"> 1. The comprehensive care plan will be reviewed, and revised as necessary, when a resident experiences a status change. 2. Procedure for reviewing and revising the care plan when a resident experiences a status change: <ol style="list-style-type: none"> a. Upon identification of a change in status, the nurse will notify the MDS Coordinator, the physician, and the resident representative, if applicable. b. The MDS Coordinator and the Interdisciplinary Team will discuss the resident condition and collaborate on intervention options. c. The team meeting discussion will be documented in the nursing progress notes. d. The care plan will be updated with the new or modified interventions. e. Staff involved in the care of the resident will report resident response to new or modified interventions. f. Care plans will be modified as needed by the MDS Coordinator or other designated staff member. g. The Unit Manager or other designated staff member will communicate care plan interventions to all staff involved in the resident's care. h. The Unit Manager or other designated staff member will conduct an audit on all residents experiencing a change in status, at the time the change in status is identified, to ensure care plans have been updated to reflect current resident needs. 3. The MDS Coordinator will determine whether a Significant Change in Status Assessment is warranted. If so, the assessment will be completed according to established procedures.