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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 824100 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 6/4/2025 |
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| NAME OF PROVIDER OR SUPPLIER MARYWOOD NURSING CARE CENTER | STREET ADDRESS, CITY, STATE, ZIP CODE 36975 W FIVE MILE RD LIVONIA, MI 48154 |
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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|--------------------|--|---------------|---|----------------------|
| F0000 SS= | INITIAL COMMENTS Marywood Nursing Care Center was surveyed for an Abbreviated survey 06/04/25. Intake: M100152463 Census: 94 | F0000 | | |
| F0842 SS= D | Resident Records - Identifiable Information §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so. §483.70(h) Medical records. §483.70(h)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are- (i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized §483.70(h)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is- (i) To the individual, or their resident representative where permitted by applicable law; (ii) Required by Law; (iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506; (iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, | F0842 | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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.

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| | <p>medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512. §483.70(h)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use. §483.70(h)(4) Medical records must be retained for- (i) The period of time required by State law; or (ii) Five years from the date of discharge when there is no requirement in State law; or (iii) For a minor, 3 years after a resident reaches legal age under State law. §483.70(h)(5) The medical record must contain- (i) Sufficient information to identify the resident; (ii) A record of the resident's assessments; (iii) The comprehensive plan of care and services provided; (iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State; (v) Physician's, nurse's, and other licensed professional's progress notes; and (vi) Laboratory, radiology and other diagnostic services reports as required under §483.50. This REQUIREMENT is not met as evidenced by:</p> <p>This citation pertains to Intake M100152463:</p> <p>Based on interview and record review, the facility failed to maintain a complete medical record for one (R901) of three residents reviewed for medical records. Findings Include:</p> <p>Review of Intake called into the State Agency revealed an allegation that R901 had been discharged from the facility on 04/21/25 and upon review of the "home health care" admission assessment on 04/22/25, R901 was found to have an intravenous line (IV) remaining in their arm. The report indicated the home care nurse</p> | | | |

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| | <p>reviewed the facility discharge record which indicated the IV had been physician ordered to be removed on 04/09/25.</p> <p>Review of the facility record for R901 revealed an admission date of 04/08/25 with diagnoses including Right Knee Effusion and Syncope and Collapse. R901's Physician orders included an order dated 04/08/25 stating "Discontinue IV in right arm."</p> <p>On 06/04/25 at 9:59 AM, the complainant was interviewed via phone call and confirmed they were contacted by the home care admission nurse who reported the presence of the IV in R901's arm. The complainant reported the home care nurse was instructed by the primary care provider to remove the IV.</p> <p>On 06/04/25 at 10:27 AM, R901 was interviewed via phone call and reported they did recall their home care nurse pointing out they still had an IV in their arm. R901 reported their concern was the IV was supposed to be removed before they were discharged and it was not.</p> <p>On 06/04/25 at 10:55 AM, the Clinical Director of the home care agency, Registered Nurse (RN) "B", was interviewed via phone and reported they did recall the reported situation and indicated the admission nurse notified them that R901 had an IV in their arm. RN "B" reported they reviewed the discharge information from the nursing facility which indicated that the IV was placed 04/08/25 for blood draws and was ordered to be removed 04/09/25. RN "B" reported R901 was admitted to their home care service on 04/22/25 following discharge from the nursing facility.</p> <p>On 06/04/25 at 1:45 PM, record review revealed a progress noted dated 04/08/25 authored by LPN "D" indicating R901 refused IV removal three</p> | | | |

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| | <p>times during the shift. A Skin Assessment note dated 04/15/25, also authored by LPN "D", stating "IV has been removed."</p> <p>On 06/04/25 at 2:15 PM, the facility Director of Nursing (DON) was interviewed and reported they were not previously aware of the alleged situation of R901's IV not being removed. R901's progress notes were reviewed and the DON acknowledged there was no other documentation pertaining to the IV or its removal other than the previously referenced note authored by LPN "D". The DON was asked the expectation regarding documentation of an IV removal and they reported their should be documentation specific to the date, time, and details of the IV removal procedure and acknowledged that this was not present.</p> <p>Review of the facility policy "Removal of a Peripheral IV Catheter" dated 06/2021, revealed the following instructions under the heading "Documentation: 1. The following should be documented in the resident's medical recor...a. Date, time of procedure, and resident tolerance. 2. Location of catheter that was removed. 3. Reason for removal of catheter. 4. Any complications and interventions taken. 5. Any communication with physician or oncoming shift..."</p> | | | | |