STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	824200	A. BUILDING _____ B. WING _____	**4/15/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FOUNTAIN BLEU HEALTH AND REHABILITATION CENTER	**28910 PLYMOUTH ROAD LIVONIA, MI 48150**

(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 Fountain Bleu Health and Rehabilitation was surveyed for an Abbreviated survey on 4/15/205. Intakes: MI00151308,MI00151555, and MI00152110. Census=97	F0000		
F0689 SS= D	Free of Accident Hazards/Supervision/Devices §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: This citation pertains to Intake MI00152110. Based on observation, interview, and record review, the facility failed to implement a fall intervention for one resident (R704) out of one reviewed for falls. Findings include: On 4/15/2025 at 10:24 AM, R704 was observed laying in bed. R704 was noted to have fall mats on the side and was in a low position. R704 stated they had no complaints about the care in the facility and were about to get some sleep because they were up all night. A review of the medical record revealed R704 was admitted into the facility on 12/8/2023 with the following medical diagnoses, Cerebral Infarction and Muscle Weakness. A review of the Minimum Data Set (MDS) assessment revealed a	F0689	F689 ELEMENT 1 It is the practice of the facility to implement fall interventions. R704 scoop/perimeter mattress has been placed on R704 bed, care plan reviewed and updated. ELEMENT 2 Residents that currently reside in the facility that require scoop/perimeter mattress have the potential to be affected by this cited practice. Those residents' charts have been reviewed, and those residents have been assessed to ensure scoop/perimeter mattress is in place. Any deficiency has been immediately updated. ELEMENT 3 The Interdisciplinary Team reviewed the Fall Risk/Injury Prevention policy and deemed it appropriate. Nursing staff have been educated on the Fall Risk/Injury Prevention policy with emphasis on ensuring to implement fall interventions, including scoop/perimeter mattress in a timely manner. ELEMENT 4 The DON/designee will complete random audits on 5 residents a week for 4 weeks, then 5 residents a month for 2 months to ensure	5/2/2025

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 04/28/2025

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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	Brief Interview for Mental Status (BIMS) score of 10/15 indicating an impaired cognition. R704 also required staff assistance with bed mobility and transfers. Further review of the Incident and Accident (I/As) for R704 noted they had falls on the following days within the last six months: 11/1/2024, 11/8/2024, 12/13/2024, 1/13/2025, 2/14/2025, and 3/23/2025. Further review of the fall care plan noted an intervention dated 5/15/2024 documented R704 was supposed to have a scoop/perimeter mattress. On 4/15/2025 at 12:15 PM, R704 was observed laying in bed, on a regular mattress. Registered Nurse (RN) "A". RN "A" was shown the bed and confirmed that R704 was not on a scoop/perimeter mattress. RN "A" indicated when a resident needs a scoop/perimeter mattress, the restorative team usually writes the order and informs maintenance the mattress is needed. RN "A" indicated the mattress may be in the facility, or they may have to order it and then maintenance puts the mattress in place. On 4/15/2025 at 1:36 PM, an interview was conducted with the Director of Nursing (DON). The DON indicated R704 is supposed to have a scoop/perimeter mattress, and they are unsure why they do not have one. The DON reported R704 has had a lot of falls in the facility. The DON reported they were going to talk to maintenance and get a scoop/perimeter mattress on the bed. A review of a facility policy titled, "Fall Risk/Injury Prevention" noted the following, "It is the policy of this facility to assess every resident for fall risk and provide an environment that is free from accident hazards over which the facility		fall interventions have been implemented in a timely manner including scoop/perimeter mattress. Any deficient practice will be corrected/updated immediately. The results will also be taken to the Quality Assurance and performance review meeting. The Administrator is responsible for compliance.	

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	has control, and provides supervision and assistive devices to each resident to prevent avoidable accidents".			