

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 634003	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 6/18/2025
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NAME OF PROVIDER OR SUPPLIER NOVI LAKES HEALTH CAMPUS	STREET ADDRESS, CITY, STATE, ZIP CODE 41795 W 12 MILE ROAD NOVI, MI 48377
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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 Novi Lakes Health Campus was surveyed for an Abbreviated survey on 6/18/25. Intake #'s MI00153247. Census: 51	F0000		
F0684 SS= D	Quality of Care § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: This citation pertains to intake #MI00153247. Based on interview and record review the facility failed to administer blood pressure medications per physician's orders for one resident, (R901) of one resident reviewed for medication administration. Findings include: On 6/18/25 at 8:30 AM, a review of R901's closed clinical record revealed they re-admitted to the facility after a hospital stay on 5/7/25 with diagnoses that included: chronic obstructive pulmonary disease, hypertensive heart disease with heart failure, chronic kidney disease, diabetes, and anxiety disorder. A review of R901's physician's orders and medication administration record (MAR) for May 2025 was conducted and revealed an order for metoprolol (a blood pressure medication) 25 milligrams to be given daily between 6 AM and 10 AM. The order contained, "Special Instructions" that read,	F0684	F684 SS=D Quality of Care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan and the residents choices. Element 1 Resident #901 no longer remains within the facility. Nurse "A" that completed medications errors received 1:1 education on following parameters noted within blood pressure medication orders. Element 2 All current residents receiving blood pressure medications that have parameters have the potential to be affected by this citation. These residents have had a medication administration record reviewed for the last 7 days to ensure blood pressure medications were administered appropriately. Element 3 Actively scheduled floor nurses have been educated on medication administration policy and specifically following parameters noted within blood pressure medication order. Actively scheduled floor nurses that have not	7/3/2025

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

TITLE

(X6) DATE

Electronically Signed

06/30/2025

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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	<p>"HOLD FOR SBP (systolic blood pressure) LESS THAN 110 OR HR (heart rate) LESS THAN 60". R901's MAR indicated the medication had been given on 5/8/25 with a documented blood pressure of 101/56, and on 5/11/25 with a documented blood pressure of 101/59.</p> <p>A progress note entered into the record on 5/8/25 at 11:24 AM by Nurse 'A' after the morning administration of the metoprolol with the documented blood pressure of 101/56 was reviewed and read, "Resident blood pressure has been low all morning. Last reading was 85/57...NP (Nurse Practitioner) notified. New order for one time dose of Midodrine (a medication used to increase low blood pressure) and once daily if systolic is less than 90." R901's MAR indicated they received a 10 milligram dose of Midodrine at 11:30 AM on 5/8/25.</p> <p>On 6/17/25 at 12:10 PM, an interview was conducted with the facility's Director of Nursing and they indicated the metoprolol should have been held per the instructions.</p> <p>A review of a facility provided policy titled, "MEDICATION ADMINISTRATION GENERAL GUIDELINES" was conducted and read, "...B. Administration...2. Medications are administered in accordance with written orders of the prescriber..."</p>		<p>completed this education by the date of compliance will be in-serviced prior to their next shift.</p> <p>Element 4 DHS/Designee will audit 5 residents administration record that have blood pressure medications with parameters to ensure the assigned nurse followed the parameters listed within the medication order x4 weeks. Findings/trends will be submitted to the QAPI committee for review and recommendation on continued audits. Executive Director is responsible for obtaining compliance.</p> <p>Element 5 July 3rd, 2025</p>		