| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| | **414070** | A. BUILDING _____ B. WING _____ | **7/11/2019** |

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| **SKLD WYOMING** | **625 36TH ST SW WYOMING, MI 49509** |

| (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 |
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| F0000 SS= | INITIAL COMMENTS<br><br>The SKLD Wyoming Nursing Home was surveyed for an abbreviated investigation on 07/09/19 through 07/11/19. Intake #"s 103944, 104273, 104331, 104398, 104555 | F0000 | | |
| F0558 SS= E | 483.10(e)(3) Reasonable Accommodations Needs/Preferences<br>§483.10(e)(3) The right to reside and receive services in the facility with reasonable accommodation of resident needs and preferences except when to do so would endanger the health or safety of the resident or other residents.<br>This REQUIREMENT is not met as evidenced by:<br><br>This citation pertains to intake # MI000104398<br><br>Based on observation, interview, and record review, the facility failed to provide necessary incontinence supplies for 3 sampled residents (Resident #402, Resident #403, and Resident #3), reviewed for available and proper fitting supplies, resulting in discomfort from wearing briefs too small, poor skin coverage for incontinence episodes, and the feeling of dissatisfaction when correct supplies are not available. | F0558 | F558 Accommodation of NeedIt is the policy of this facility that all residents will receive services with reasonable accommodation of needs and preferences except when to do so would endanger the health or safety of the resident or other residents.Resident 402 continues to reside at the facility. Resident was seen by nursing team and was reassessed brief size related to proper fitting, correct coverage, and comfort. Resident size was updated and provided appropriately.Resident 403 continues to reside at the facility. Resident was seen by nursing team and was reassessed brief size related to proper fitting, correct coverage, and comfort. Resident size was updated and provided appropriately.Resident 3 continues to reside at the facility. Resident was seen by nursing team and was reassessed brief size related to proper fitting, correct coverage, and comfort. Resident size was updated and provided appropriately. Residents that reside within the facility have the potential to be affected by this deficient practice. Residents have been reassessed related to brief size, correct coverage, and comfort. Any concerns that were identified have been addressed and briefs were provided according to appropriate size.Staff will be educated on the standard of practice related to the incontinence care and | |

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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| | Findings include:<br><br>Resident #402<br><br>Review of a ""Face Sheet"" revealed R402 was a 60 year old female, admitted to the facility on 11/14/11, with pertinent diagnoses of traumatic brain injury, paraplegia, abnormal posture, and generalized muscle weakness. A ""Minimum Data Set"" (MDS) assessment, completed 05/03/19, revealed that R402 required extensive assistance from staff for bed mobility, personal hygiene, and transfers. The ""MDS"" assessment also indicated that R402 was always incontinent of bowel and bladder and was at risk for developing pressure ulcers/injuries. A ""Brief Interview for Mental Status"" (BIMS), also completed 05/03/19, revealed a score of 15 out of 15 which indicated that R402 had no cognitive impairment.<br><br>During an interview on 07/10/19 at 10:25 A.M., R402 stated that over the past weekend, ""they ran out of my size briefs"" and that she had to wear, several times, incontinence briefs that were too small and could not be secured around her waist. R402 went on to say that the matter got worse when she experienced several episodes of diarrhea and the liquid stool leaked ""all over"" because the brief she was wearing did | | brief sizing to be provided to residents appropriately. Education of facility staff will be prior to 7/31/19. Staff who have not received education prior to 7/31/19 will be removed from the schedule until education is completed.The DON/designee will audit five random residents related to brief size and inventory weekly, times four weeks and then monthly times three months to ensure briefs are fitting properly and inventory is available or until sustained compliance. Results of the audits will be presented to the QAA Committee for review and consideration of further corrective action.The Administrator will be responsible for assuring substantial compliance is attained through this plan of correction by July 31, 2019, and for sustained compliance thereafter. | |

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not fit.

Resident #403

Review of a ""Face Sheet"" revealed R403 was a 64 year old female, originally admitted to the facility on 09/22/16, with pertinent diagnoses of an above the knee amputation of right leg, abnormalities of gait and mobility, muscle weakness, history of a stage 4 pressure ulcer on her buttock, and morbid obesity. A ""Minimum Data Set"" (MDS) assessment, completed 06/20/19, revealed that R403 required extensive assistance from 2 staff persons for bed mobility. The ""MDS"" assessment also indicated that R403 was always incontinent of bowel and bladder and was at risk for developing pressure ulcers/injuries A ""Brief Interview for Mental Status"" (BIMS), also completed 06/20/19, revealed a score of 15 out of 15, which indicated that R403 had no cognitive impairment.

During an interview on 07/09/19 at 10:00 A.M., R403 stated that over the past weekend, the facility ran out of her size incontinence briefs and she had to wear briefs that were too small. R403 stated that she had on one of those briefs at this time. An observation revealed R403 with a brief on that would not fasten on the sides, because it was too small. R403 then indicated that

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| | ""someone"" had brought in the correct size briefs and placed them in her closet, ""but no one changed me out of this one."" | | | |

During an interview on 07/09/19 at 10:25 A.M., Central Supply Manager (CSM) ""E"" stated that the facility had run out of bariatric briefs over the past weekend and that she had been on vacation last week.

Resident #3

A review of Resident #3"s Admission Record, dated 7/11/19, revealed Resident #3 was a 63 year old resident admitted to the facility on 4/4/19. In addition, Resident #3"s Admission Record revealed Resident #3 had multiple diagnoses that included depression and anxiety.

A review of Resident #3"s Minimum Data Set (MDS) (a tool used for assessing a resident"s care needs), dated 4/12/19, revealed Resident #3 had a Brief Interview for Mental Status (BIMS) (a scale used to determine a resident"s cognitive status) score of ""13"" which revealed Resident #3 was cognitively intact.

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| | During an interview on 7/10/19 at 10:10 AM, Resident #3 stated, ""They quit buying the wipes they used on us. They used to use wet wipes when they cleaned us up and after having a bowel movement. Now they don"t have them. They also cut down on briefs because they said we were using too many of them. They kept taking them from my bag (of briefs) to use on other residents. They used them on her (Resident #3 pointed to her roommate) and two other residents. They are the briefs that they supply me with.""" | | | |
| F0584 SS= D | 483.10(i)(1)-(7) Safe/Clean/Comfortable/Homelike Environment §483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. The facility must provide- §483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. (i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk. (ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft. §483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior; §483.10(i)(3) Clean bed and bath linens that | F0584 | F584 Safe/Clean/Comfortable/Homelike EnvironmentIt is the policy of this facility that all residents have a right to a safe, clean, comfortable and homelike environment. Resident 402 continues to reside at the facility. Resident room was clean.Resident 404 continues to reside at the facility. Resident room was clean.Residents that reside within the facility have the potential to be affected by this deficient practice. Resident rooms have been assessed to ensure room is clean according to standards. Any concerns related to cleanliness that were identified have been addressed and were cleaned.Staff will be educated on “Physical Environment” policy related to the call light to be within reach by the Administrator/designee. Education of facility staff will be prior to 7/31/19. Staff who have not received education prior to 7/31/19 will be removed from the schedule until education is completed.The Administrator/designee will audit five random | |

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| | are in good condition; §483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv); §483.10(i)(5) Adequate and comfortable lighting levels in all areas; §483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and §483.10(i)(7) For the maintenance of comfortable sound levels.<br>This REQUIREMENT is not met as evidenced by:<br><br>This citation pertains to intake # MI 000-104398<br><br>Based on observation, interview, and record review, the facility failed to maintain a clean, comfortable homelike environment for 2 sampled residents (Resident # 402 and Resident #404), resulting in dried food and liquids sticking to the residents rooms floors, dirt and dust accumulating under the residents beds, and tissues and papers accumulating on the floors.<br><br>Findings include:<br><br>Resident #402 | | residents related to call lights being within reach weekly, times four weeks and then monthly times three months to ensure call lights are within reach or until sustained compliance. Results of the audits will be presented to the QAA Committee for review and consideration of further corrective action.The Administrator will be responsible for assuring substantial compliance is attained through this plan of correction by July 31, 2019, and for sustained compliance thereafter. | |

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| | Review of a ""Face Sheet"" revealed R402 was a 60 year old female, admitted to the facility on 11/14/11, with pertinent diagnoses of traumatic brain injury, paraplegia, abnormal posture, and generalized muscle weakness. A ""Minimum Data Set"" (MDS) assessment, completed 05/03/19, revealed that R402 required extensive assistance from staff for bed mobility, personal hygiene, and transfers. The ""MDS"" assessment also indicated that R402 was always incontinent of bowel and bladder and was at risk for developing pressure ulcers/injuries. A ""Brief Interview for Mental Status"" (BIMS), also completed 05/03/19, revealed a score of 15 out of 15 which indicated that R402 had no cognitive impairment.<br><br>During an observation on 7/10/19 at 8:50 A.M., R402"s floor had: (A) visible dust collected in two corners, (B) a 3 inch by 3 inch light orange colored sticky substance, with dust and paper stuck to it, and (C) papers under the bed that were stuck to the bed frame.<br><br>During an interview on 07/10/19 at 8:59 A.M., R402 stated that staff clean her room thoroughly, ""sometimes"". | | | |

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| | Resident #404<br><br>Review of a ""Face Sheet"" revealed R404 was a 85 year old female, admitted to the facility on 08/10/12, with pertinent diagnoses of history of a stroke with left sided paralysis, dementia, history of seizure disorder, and generalized anxiety and muscle weakness disorders. A ""Minimum Data Set"" (MDS) assessment, completed 05/30/19, revealed that R404 required extensive assistance from staff for bed mobility, personal hygiene, and transfers. The ""MDS"" assessment also indicated that R404 was always incontinent of bowel and bladder and was at risk for developing pressure ulcers/injuries. A ""Brief Interview for Mental Status"" (BIMS), also completed 05/30/19, revealed that R404 had moderate cognitive impairment.<br><br>During an observation on 07/09/19 at 10:12 A.M., the floor under R404"s bed had thick clumps of dust, the bedside stand had a thick sticky brown substance on the floor at its base, and there were tissues about the floor.<br><br>During an observation on 07/09/19 at 11:52 A.M., the tissues observed earlier remained on the floor around R404"s bed. Staff were seen entering and exiting the residents room on several occasions between 10:12 A.M. and 11:52 A.M. | | | |

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| | During an observation on 07/10/19 at 9:20 A.M., the condition of R404"s floor remained the same as yesterday. Tissues were on the floor under the bed, a thick brown sticky substance was at the base of the bedside stand, and thick dust balls (larger than golf balls) were under the bed. | | | |
| F0600 SS= G | 483.12(a)(1) Free from Abuse and Neglect §483.12 Freedom from Abuse, Neglect, and Exploitation The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. §483.12(a) The facility must- §483.12(a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion;<br>This REQUIREMENT is not met as evidenced by:<br><br>This citation pertains to intake # MI000104398<br><br>Based on observation, interview, and record review, the facility failed to provide services that were necessary to avoid physical harm, pain, mental anguish and emotional distress | F0600 | F600 – Free from Abuse and NeglectIt is the policy of this facility that all residents have the right to be free from abuse.Resident 402 continues to reside at the facility. Resident was seen by the facility staff to assess for symptoms of mental anguish or distress. No changes in mood or behavior or signs of distress noted. Resident 403 continues to reside at the facility. Resident was seen by the facility staff to assess for symptoms of mental anguish or distress. No changes in mood or behavior or signs of distress noted.Resident 408 continues to reside at the facility. Resident was seen by the facility staff to assess for symptoms of mental anguish or distress. No changes in mood or behavior or signs of distress noted.Residents residing in this facility have the potential to be affected. Residents with a BIM higher than 13 were interviewed related to not being provided with continent care and bed mobility. Any identified concerns were addressed immediately. Any concerns related to All residents with a BIMs of 12 or below ADL charting was reviewed related to continent care and bed mobility and any concerns identified were addressed immediately.All staff will be educated on the | |

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| | for 3 residents (Resident #402, Resident #403, and Resident #408), investigated for abuse/neglect, resulting in Resident #402 & Resident #403 being left for hours in urine soaked briefs and Resident #408 sustaining a fall with multiple serious injuries.<br><br>Findings include:<br><br>Resident #402<br><br>Review of a ""Face Sheet"" revealed R402 was a 60 year old female, admitted to the facility on 11/14/11, with pertinent diagnoses of traumatic brain injury, paraplegia, abnormal posture, and generalized muscle weakness. A ""Minimum Data Set"" (MDS) assessment, completed 05/03/19, revealed that R402 required extensive assistance from staff for bed mobility, personal hygiene, and transfers. The ""MDS"" assessment also indicated that R402 was always incontinent of bowel and bladder and was at risk for developing pressure ulcers/injuries. A ""Brief Interview for Mental Status"" (BIMS), also completed 05/03/19, revealed a score of 15 out of 15 which indicated that R402 had no cognitive impairment. | | “Abuse and Neglect” policy to ensure residents are free from abuse and neglect including identification of neglect of not providing continent care and not following the care plan by Administrator/designee.Education of facility staff will be prior to 7/31/2019. Staff who have not received education prior to 7/31/2019 will be removed from the schedule until education is completed.The Administrator /designee will interview five random staff and residents to include reviewing resident charts related to continent care and following care plans weekly times four weeks and then monthly thereafter times 3 months to ensure there are no concerns with abuse or neglect, which include neglect or until sustained compliance. Results of the audits will be presented to the QAA Committee for review and consideration of further corrective action.The Administrator will be responsible for assuring substantial compliance is attained through this plan of correction by July 31, 2019, and for sustained compliance thereafter. | |

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| | Review of a ""Occupational Therapy Evaluation & Plan of Treatment, dated 050/9/19, revealed the following evaluation summary: "" Patient presents with impairments in balance, problem solving, mobility, and strength resulting in limitations and/or participation restrictions in the areas of mobility, self care, and general tasks and demands.""<br><br>During an interview on 07/10/19 at 10:00 A.M., ""Family Member"" (FM) ""Q"" stated that she had visited R402 ""many times"" in the past and found R402 in urine soaked briefs. ""They just let her lay there like that until someone makes a scene.""<br><br>During an interview on 07/10/19 at 10:25 A.M., R402 stated that she called FM ""Q"" last night crying because no one would change her and she was wet from urine. R402 also stated that after she put on her call light, 5 people came in to check on her, she told them she was wet, and each left saying they would be back with help and never returned. ""It"s bullshit that they treat me that way."" R402 indicated that she was left lying in a urine soaked brief for 2 hours. R402 then reported that this has happened to her ""a lot"" in the past.<br><br>Review of a ""CNA Care Guide"" revealed that R402 required ""assist x 2 for toileting | | | |

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needs."" Not indicated on the ""CNA Care Guide"" were any guidelines as to how frequently staff should check to see if R402 was incontinent or needed to be changed.

Review of R402"s ""Care Plan"", revealed the following Goal: ""will be maintained in as clean and dry dignified state as possible within the confines of urinary dysfunction."" No Interventions were listed as to how staff were going to meet that goal.

Resident #403

Review of a ""Face Sheet"" revealed R403 was a 64 year old female, originally admitted to the facility on 09/22/16, with pertinent diagnoses of an above the knee amputation of right leg, abnormalities of gait and mobility, muscle weakness, history of a stage 4 pressure ulcer on her buttock, and morbid obesity. A ""Minimum Data Set"" (MDS) assessment, completed 06/20/19, revealed that R403 required extensive assistance from 2 staff persons for bed mobility. The ""MDS"" assessment also indicated that R403 was always incontinent of bowel and bladder and was at risk for developing pressure ulcers/injuries A ""Brief Interview for Mental Status"" (BIMS), also completed 06/20/19, revealed a score of 15 out of 15, which indicated that R403 had no cognitive

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| | impairment.<br><br>Review of a ""CNA Care Guide"" for R403 revealed : "" 2 assist with bed mobility turning and positioning, provide assist x 2 for toileting needs, and check frequently for incontinence and provide incontinence care as needed.""<br><br>Review of R403"s ""Care Plan"" revealed the following Goal and Intervention: ""Goal- will be maintained in as clean and dry dignified state as possible."" Intervention- check frequently for incontinence and provide incontinence care as needed.<br><br>During an interview on 07/09/19 at 10:00 A.M., R403 stated that staff had not been in to change her brief since 12:30 A.M. ""They like to leave me in my diapers for a long time,"" and stated that this happens frequently. R403 indicated that she thinks someone will be in to get her cleaned up for the day and change her brief within the next 30 minutes. When asked for clarification that she had been in the same brief for the past 9.5 hours, R403 stated ""yes."" ""What can I do about it, I need their help."" | | | |

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| | During an interview on 07/09/19 at 11:45 A.M., R403 stated that staff returned to get her cleaned up around 10:10 A.M. R403 also stated that there are times when she is ""sopping wet"" in the early morning and she will ""try to catch an aide"" to ""change her real quick."" ""Sometimes I go all night without an aide.""<br><br>Review of a ""Skin Observation Tool"" for R403, dated 05/26/19, revealed an ""open area to R gluteal fold."" Subsequent ""Skin Observation Tool"" sheets for 06/10/19, 06/17/19, and 06/24/19 indicated the same findings. ""Skin Observation Tool"" sheets were requested from 07/01/19 forward but were not provided by the facility.<br><br>Resident #408<br><br>Review of a ""Face Sheet"" revealed R408 was a 72 year old female, originally admitted to the facility on 07/22/17, with pertinent diagnoses of high blood pressure, type 2 diabetes, muscle weakness, and vascular dementia. A ""Minimum Data Set"" (MDS) assessment, completed 04/15/19, revealed that R408 required extensive assistance from 2 staff persons for bed mobility. A ""Brief Interview for Mental Status"" (BIMS), also completed 04/15/19, revealed a score of 15 out of 15 which indicated that R408 had no cognitive impairment. | | | |

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Review of a ""CNA Care Guide"", printed 06/24/19, revealed ""Bed mobility x 2"" was needed for R408.

Review of R408"s ""Care Plan"", printed 06/24/19, revealed the intervention of ""Bed Mobility x 2 "" was indicated.

During an observation on 07/10/19 at 11:20 A.M., R408 was in bed with significant bruising noted to the left side of her face. R408"s left elbow to mid forearm was bruised as well as her left wrist which was covered by a small 3 x 3 border dressing. The right ankle and foot were swollen, skin shinny and taught, no brace was noted on the right foot and the foot was resting on a pillow in the plantar flexed position.

During an interview on 07/10/19 at 11:25 A.M., R408 stated the following related to the fall sustained on 06/24/19 : "" The aid was getting me cleaned up, I was laying on my right side too close to the edge, they know I hate that, it makes me nervous. The aid was doing something on my back side, I couldn"t see what, and I felt her push me and over I went."" R408 states that the aid was alone, there were not 2 staff persons present on this

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| | occasion. R408 stated that before she fell, ""they only used one person to move me around in bed, since I fell, they use 2 now.""<br><br>During an interview on 07/11/19 at 12:39 A.M., ""Certified Nurse Aid"" (CNA) ""C"" stated that on 06/24/19 she was caring for R408 by herself. ""Everybody did it that way, nobody never did her with two persons."" CNA ""C"" indicated that she charted one person care for this resident in the past and no one ever corrected her or told her different. ""It was not anywhere that she was a two person."" ""She (R408) had a BM and I had to change the sheets because it was all over. She was on her side and I was about to have her come back the other way and she just fell off the bed.""<br><br>During an interview on 07/11/19 at 12:59 P.M., CNA ""F"" stated that the expectation for aids was to know resident care interventions and if the aid was not familiar with the resident, then the information could be located on the CNA Care Guide or staff could speak with a nurse or OT/PT for information.<br><br>Review of Emergency Room records and radiology reports from the local Hospital, dated 06/24/19, revealed R408 had sustained a subdural hematoma, | | | |

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| | nondisplaced fractures of the right tibia and fibula, and a moderate sized left anterior frontal scalp hematoma from her fall at the facility earlier that day. | | | |
| F0689 SS= E | 483.25(d)(1)(2) 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.<br>This REQUIREMENT is not met as evidenced by:<br><br>This citation pertains to intake # MI000104398<br><br>Based on observation, interview, and record review, the facility failed to ensure call lights were within reach for 4 sampled residents (Resident # 400, Resident # 401, Resident # 404, and Resident #405), reviewed for accidents and hazards, resulting in the potential for unmet needs, falls, and feelings of isolation and loneliness.<br><br>Findings include: | F0689 | F689 – Free of Accident Hazards/Supervision/DevicesIt is the policy of this facility that the resident environment remains as free of accident hazards as is possible and each resident receives adequate supervision and assistance devices to prevent accidents.Resident 400 continues to reside at the facility. Resident was evaluated by speech therapist related to cognition and care plan was updated that resident was unable to purposeful use call light. Resident care plan was updated to anticipate needs. Resident 401 continues to reside at the facility. Resident was evaluated by speech therapist related to cognition and care plan was updated that resident was unable to purposeful use call light. Resident care plan was updated to anticipate needs.Resident 404 continues to reside at the facility. Resident was evaluated by speech therapist related to cognition and care plan was updated that resident was unable to purposeful use call light. Resident care plan was updated to anticipate needs.Resident 405 continues to reside at the facility. Resident was evaluated by speech therapist related to cognition and care plan was updated that resident was unable to purposeful use call light. Resident care plan was updated to anticipate needs.Residents who are unable to use their call light have the potential to be affect by this deficient practice. An audit was completed of | |

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| | Review of a Policy/Procedure- Call Light, adopted 07/11/2018, revealed the following ""...(5) Nursing staff shall check all call lights daily and report defective call lights to the administrator/maintenance immediately. (6) If a call light is not functional, evaluate and provide another means in order for the resident to call for assistance (i.e. bell) until the call light is fixed. (7) Be sure call lights are placed within reach of residents who are able to use it at all times. There is no reason to place a call light within the reach of a resident who is physically and cognitively unable to use the light.""<br><br>During an interview on 07/10/19 at 3:52 P.M., the Administrator was unable to provide information as to how residents were evaluated for their ability to use a call light system and what provisions were made for those residents who could use a call light system, so they could alert staff to any concerns they may have.<br><br>Resident #400<br><br>Review of a ""Face Sheet"" revealed R400 was a 94 year old female, admitted to the facility on 03/27/17, with pertinent diagnoses | | residents who were unable to use their call light. Residents identified were assessed by speech therapist and care plan was updated to reflect to anticipate their needsStaff will be in-serviced by the DON/designee on the following the “Call Light” policy to ensure to anticipate resident needs who are unable to utilize call light according to care plan.Staff will be educated prior to 7/31/19. Staff who have not received education prior to 7/31/2019 will be removed from the schedule until education is completed.The DON/designee will audit five random resident care plans related to anticipating the needs of residents that are unable to use call lights weekly times four weeks and then monthly thereafter times 3 months to ensure resident needs are met or until sustained compliance. Results of the audits will be presented to the QAA Committee for review and consideration of further corrective action.The Administrator will be responsible for assuring substantial compliance is attained through this plan of correction by July 31, 2019, and for sustained compliance thereafter. | |

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| | of Alzheimer, difficulty walking, dysphagia (difficulty swallowing). A ""Minimum Data Set"" (MDS) assessment, completed 06/24/19, revealed that R400 required extensive assistance from staff for all activities of daily living. The ""MDS"" assessment also indicated that R400 was always incontinent of bowel and frequently incontinent of bladder and was at risk for developing pressure ulcers/injuries. A ""Brief Interview for Mental Status"" (BIMS), also completed 06/24/19, indicated that R400 had severe cognitive impairment.<br><br>During an observation on 07/09/19 at 9:20 A.M., the call light used by R400 was located on the floor, under the room divider curtain, out of sight and out of reach of R400.<br><br>Resident #401<br><br>Review of a ""Face Sheet"" revealed R401 was a 68 year old male, admitted to the facility on 01/18/17, with pertinent diagnoses of Alzheimer, history of falling, and generalized muscle weakness. A ""Minimum Data Set"" (MDS) assessment, completed 04/19/19, revealed that R401 required extensive assistance from staff for all activities of daily living. The ""MDS"" assessment also indicated that R401 was always incontinent of bowel and bladder and was at risk for developing pressure | | | |

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| | ulcers/injuries. A ""Brief Interview for Mental Status"" (BIMS), also completed 04/19/19, indicated that R401 had severe cognitive impairment.<br><br>During an observation on 07/09/19 at 9:26 A.M., a call light for R401 could not be located.<br><br>During an interview on 07/09/19 at 9:29 A.M., certified nurse aid (CNA) ""J"" looked in R401"s room and found the call light cord on the floor behind the head board, unplugged, and could not locate where it needed to be plugged in. ""That"s weird, I"m not sure where it goes."" CNA ""J"" put the call light back on the floor and exited the room.<br><br>During an interview on 07/09/19 at 9:38 A.M., Unit Manager (UM) ""K"" stated ""yes"" R401 had a working call light system, ( UM ""K"" did not enter R401"s room to visualize the call light system) and that staff ""round on him every two hours"" and that ""most staff know what he needs because they are familiar with him and he is not verbal.""<br><br>During an observation on 07/09/19 at 11:35 A.M., R401 was in a Broda chair between his | | | |

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| | bed and the TV, resting with his eyes closed. R401 did not have a visible working call light system in place.<br><br>During an observation on 07/09/19 at 1:08 P.M., R401"s call light cord remained on the floor behind the head of the bed, not plugged into anything, in a nonworking condition.<br><br>During an observation on 07/09/19 at 2:49 P.M., R401"s call light cord remained on the floor and nonfunctional.<br><br>During an observation on 07/10/19 at 8:43 A.M., R401"s call light cord was on the floor and not plugged into anything.<br><br>Review of R401"s Care Plans and CNA Kardex revealed no mention of residents ability or inability to use a call light system.<br><br>Resident #404 | | | |

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| | Review of a ""Face Sheet"" revealed R404 was a 85 year old female, admitted to the facility on 08/10/12, with pertinent diagnoses of history of a stroke with left sided paralysis, dementia, history of seizure disorder, and generalized anxiety and muscle weakness disorders. A ""Minimum Data Set"" (MDS) assessment, completed 05/30/19, revealed that R404 required extensive assistance from staff for bed mobility, personal hygiene, and transfers. The ""MDS"" assessment also indicated that R404 was always incontinent of bowel and bladder and was at risk for developing pressure ulcers/injuries. A ""Brief Interview for Mental Status"" (BIMS), also completed 05/30/19, revealed that R404 had moderate cognitive impairment.<br><br>During an observation on 07/09/19 at 10:12 A.M., R404 was lying in bed resting with her eyes closed and the call light was located on the floor, behind the headboard, out of reach of the resident.<br><br>During an observation on 07/09/19 at 11:52 A.M. R404 was lying in bed and the call light remained on the floor at the head of the bed, out of reach of the resident. Staff were seen entering and exiting the residents room on several occasions between 10:12 A.M. and 11:52 A.M.<br><br>During an observation on 07/09/19 at 3:03 | | | |

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| | P.M., R404 was lying in bed and the call light remained on the floor at the head of the bed, out of the reach of R404.<br><br>During an observation on 07/09/19 at 4:07 P.M., R404 was lying in bed with her eyes closed and the call light was on the floor under the head of the bed, out of reach for the resident.<br><br>During an observation on 07/10/19 at 9:20 A.M., R404 was in bed resting with her eyes closed, and the call light was on the floor, under the head of the bed, out of reach of the resident.<br><br>During an interview on 07/11/19 at 12:15 P.M., CNA ""F"" stated that staff are aware that R404 will sometimes throw her call light on the floor, ""it"s on her Kardex and Care Plan"", and that staff are expected to check call light placement everything they are in the room. CNA ""F"" went on to say that staff are supposed to check call light placement for all residents anytime they are in their rooms.<br><br>Resident #405 | | | |

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| | Review of a ""Face Sheet"" revealed R405 was a 91 year old female, admitted to the facility on 09/24/08, with pertinent diagnoses of dementia, history of a stroke, and Major Depressive Disorder. A ""Minimum Data Set"" (MDS) assessment, completed 06/18/19, revealed that R405 required minimal staff assistance for bed mobility, personal hygiene, and transfers. A ""Brief Interview for Mental Status"" (BIMS), also completed 05/30/19, revealed that R404 had moderate cognitive impairment.<br><br>During an observation on 07/09/19 at 10:29 A.M., R405 was lying in bed, the call light was lying on the floor under the head of the bed.<br><br>During an observation on 07/09/19 at 11:59 A.M. R405 remained in bed and the call light was on the floor under the head of the bed.<br><br>During an observation on 07/09/19 at 1:12 P.M., R405"s call light was on the floor under the head of her bed.<br><br>Review of R405"s Care Plan and CNA | | | |

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| | Kardex, revealed no mention of making sure the call light was in reach for R405 or that she had been assessed and was determined unable to use the call light system. | | | |
| F0693 SS= E | 483.25(g)(4)(5) Tube Feeding Mgmt/Restore Eating Skills<br>§483.25(g)(4)-(5) Enteral Nutrition (Includes naso-gastric and gastrostomy tubes, both percutaneous endoscopic gastrostomy and percutaneous endoscopic jejunostomy, and enteral fluids). Based on a resident's comprehensive assessment, the facility must ensure that a resident- §483.25(g)(4) A resident who has been able to eat enough alone or with assistance is not fed by enteral methods unless the resident's clinical condition demonstrates that enteral feeding was clinically indicated and consented to by the resident; and §483.25(g)(5) A resident who is fed by enteral means receives the appropriate treatment and services to restore, if possible, oral eating skills and to prevent complications of enteral feeding including but not limited to aspiration pneumonia, diarrhea, vomiting, dehydration, metabolic abnormalities, and nasal-pharyngeal ulcers.<br>This REQUIREMENT is not met as evidenced by:<br><br>This citation pertains to intake # MI000104398<br><br>Based on observation, interview, and record | F0693 | F693 Tube Feeding Mgmt./Restore Eating SkillsIt is the policy of this facility that all residents maintain acceptable parameters of nutritional status and to follow professional standards related to tube feeding supplements.Resident 406 continues to reside at the facility. Resident tube feeding bottle, flush, and syringe were replaced and labeled with date and start time according to policy. Resident 407 continues to reside at the facility. Resident tube feeding bottle, flush, and syringe were preplaced and labeled with date and start time according to policy.Residents that are provide tube feeds who reside within the facility have the potential to be affected by this deficient practice. Residents who have a tube feed have been assessed to ensure tube feeding bottle, flush and syringe have been labeled with date and start time according to policy. Any concerns that were identified have been addressed and supplements were dated properly with start times.Staff will be educated on “Enteral Feeding Administration- Tube Flushing” policy related to label and dating of feeding tube by the DON/designee. Education of facility staff will be prior to 7/31/19. Staff who have not received education prior to 7/31/19 will be removed from the schedule until education is completed.The DON/designee will audit residents who are on feeding tube supplements related to their feeding tube bottle, flush, and syringe times | |

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| | review, the facility failed to provide tube feed management according to professional standards for 2 residents (Resident #406 & Resident #407), sampled for tube feed management, resulting in the potential for infection, gastrointestinal complications, and aspiration.<br><br>Findings include:<br><br>Review of a Policy and Procedure-Infection Prevention and Control ""Tube Feeding Syringes"", adopted 07/11/2018, revealed the following procedure: ""The syringe shall be replaced every 24 hours with a new syringe.""<br><br>Review of a Policy and procedure-Infection Prevention and Control ""Nasogastric/Gastrostomy Tube Feeding"", adopted 07/11/18, revealed the following procedures:""... 8. Feeding container is to be labeled with time started with each new feeding...9. The feeding container, tubing and syringe are to be changed every 24 hours.""<br><br>Resident # 406 | | four weeks and then monthly times three months to ensure feeding tube supplements are properly labeled with dates and start time and or until sustained compliance. Results of the audits will be presented to the QAA Committee for review and consideration of further corrective action.The Administrator will be responsible for assuring substantial compliance is attained through this plan of correction by July 31, 2019, and for sustained compliance thereafter. | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 414070 | A. BUILDING _____ B. WING _____ | 7/11/2019 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| SKLD WYOMING | 625 36TH ST SW WYOMING, MI 49509 |

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|---|---|---|---|---|

Review of a ""Face Sheet"" revealed R406 was a 56 year old female, admitted to the facility on 05/20/19, with pertinent diagnoses of stroke, muscle wasting and atrophy left side, and aphasia. A ""Minimum Data Set"" (MDS) assessment, completed 05/27/19, revealed that R406 required extensive assistance from staff for all activities of daily living. The ""MDS"" assessment also indicated that R406 was always incontinent of bowel and bladder and was at risk for developing pressure ulcers/injuries. A ""Brief Interview for Mental Status"" (BIMS), also completed 05/27/19, indicated that R406 had mild cognitive impairment.

During an observation on 07/09/19 at 12:00 P.M.., R406''s tube feed Osmolite 1.5 cal bottle not was labeled with residents name or rate of infusion. The flush bag was dated 07/07/19 at 2100. The syringe for tube flushing and patency was in a container dated 07-01-19.

Resident #407

Review of a ""Face Sheet"" revealed R407 was a 56 year old female, admitted to the facility on 05/20/19, with pertinent diagnoses

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|---|---|---|---|
| | 414070 | A. BUILDING _____ B. WING _____ | 7/11/2019 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| SKLD WYOMING | 625 36TH ST SW WYOMING, MI 49509 |

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|---|---|---|---|---|
| | of stroke, muscle wasting and atrophy left side, and aphasia. A ""Minimum Data Set"" (MDS) assessment, completed 05/27/19, revealed that R407 required extensive assistance from staff for all activities of daily living. The ""MDS"" assessment also indicated that R407 was always incontinent of bowel and bladder and was at risk for developing pressure ulcers/injuries. A ""Brief Interview for Mental Status"" (BIMS), also completed 05/27/19, indicated that R407 had mild cognitive impairment.<br><br>During an observation on 07/09/19 at 12:52 P.M., R407"s tube feed supplies (A) did not have a start date or time on the flush bag, and (B) Jevity 1.2 cal feeding dated 07/07/19 at 2000.<br><br>During an observation on 07/10/19 at 8:28 A.M., R407"s tube feed supplies (A) did not have a start date or time on the flush bag, and (B) Jevity 1.2 cal feeding dated 07/07/19 at 2000.<br><br>During an interview on 07/10/19 at 8:40 A.M., ""Registered Nurse"" (RN) ""L"" stated that R407 had received tube feeding the past two nights and that it appeared that staff were using the same bottle of tube feed for multiple feedings on multiple days. | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | **414070** | A. BUILDING _____ B. WING _____ | **7/11/2019** |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **SKLD WYOMING** | **625 36TH ST SW WYOMING, MI 49509** |

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|---|---|---|---|---|
| | Other observations of tube feed equipment included: (A) 07/09/19 at 1:00 P.M., room 105-B, (resident not named in citation, only identified through room number) Tube feed was turned off and no start date or time was on the flush bag. (B) 07/09/19 at 12:38 P.M., room 16-B, (resident not named in citation, only identified through room number) Tube feed syringe in container dated 07/06/19. | | | |