

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235320	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/09/2022
NAME OF PROVIDER OR SUPPLIER Lahser Hills Care Centre		STREET ADDRESS, CITY, STATE, ZIP CODE 25300 Lahser Rd Southfield, MI 48034	

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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32568</p> <p>Based on observation, interview, and record review, the facility failed to ensure a call light was accessible to one (R444) of one resident reviewed for accommodation of needs. Findings include:</p> <p>On 2/7/22 at approximately 9:55 AM, R444 was observed seated in a wheelchair near the foot of their bed eating breakfast. When asked about how the staff was alerted when the resident needed assistance, R444 reported she just found out that she had a call light that she could press. R444 reported she would yell out, Help! when she needed assistance previously. At that time, R444 was asked where their call light was located. R444 reported she did not know. R444's call light was observed near the pillow at the head of the bed. When asked if she could get to the call light without assistance, R444 reported she could not reach it.</p> <p>On 2/9/22 at approximately 8:30 AM, R444 was observed lying in bed. R444 was moaning and grimacing and reported she did not feel well due to constipation. R444 reported she wanted to talk to the nurse but did not know where her call light was. R444's call light was observed behind the head of their bed, not accessible to the resident. At that time, Nurse P was summoned to R444's room. Nurse P reported the call light should be within reach of the resident.</p> <p>On 2/9/22 at 11:23 AM, the Director of Nursing (DON) was interviewed. When queried about resident call light, the DON reported they should always be accessible to the resident.</p> <p>Review of R444's clinical record revealed R444 was admitted into the facility on [DATE] with diagnoses that included: end stage renal disease, type 2 diabetes mellitus, and congestive heart failure.</p> <p>Review of R444's care plans revealed the following:</p> <p>A care plan initiated on 1/29/22 that documented, I have a potential/actual ADL (activities of daily living) deficit R/T (related to): (the care plan did not specify what the deficit was related to). Review of interventions included: Transfer 2 PA (physical assist) .Bed mobility 1-2 PA .</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235320	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/09/2022
NAME OF PROVIDER OR SUPPLIER Lahser Hills Care Centre		STREET ADDRESS, CITY, STATE, ZIP CODE 25300 Lahser Rd Southfield, MI 48034	

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 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32568</p> <p>Based on observation, interview, and record review, the facility failed to develop a baseline care plan for one (R444) of one resident reviewed for dialysis who was a newly admitted resident who received dialysis. Findings include:</p> <p>On 2/7/22 at 9:55 AM, R444 was observed seated in a wheelchair eating breakfast. R444 reported she received dialysis outside of the facility on Mondays, Wednesdays, and Fridays and would be going on the day of the interview.</p> <p>On 2/8/22 at 11:33 AM, review of R444's clinical record revealed R444 was admitted into the facility on [DATE] with diagnoses that included: end stage renal disease and was dependent upon renal dialysis.</p> <p>Review of R444's care plans did not include a care plan related to dialysis or physician's orders related to dialysis.</p> <p>On 2/9/22 at 11:23 AM, the Director of Nursing (DON) was interviewed. When queried about when a care plan would be developed for a resident who received dialysis, the DON reported it would not always be started on admission. When queried about what would be included on the baseline care plan, the DON reported the items on the admission check list would be included in a baseline care plan. At that time, the admission checklist was requested.</p> <p>Review of a facility provided document titled, New Admission Checklist 3.24.21 revealed the following documentation: .CARE PLANS .ALL DIAGNOSES AND SPECIALTY MEDICATIONS/TREATMENTS MUST HAVE CARE PLANS. If you are confused or unsure of this please arrange time with a nurse manager 1:1 .</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235320	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/09/2022
NAME OF PROVIDER OR SUPPLIER Lahser Hills Care Centre		STREET ADDRESS, CITY, STATE, ZIP CODE 25300 Lahser Rd Southfield, MI 48034	
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 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** 38271</p> <p>Based on observation, interview, and record review the facility failed to ensure the plan of care was revised for a suprapubic catheter (a urinary tube surgically inserted into the bladder above the pubic bone) for one resident (R72) of two residents reviewed for Urinary tract infections/catheters. Findings include:</p> <p>On 2/07/22 at approximately 9:43 a.m., R72 was observed in their room lying in their bed. R72 indicated that nobody has cleaned their suprapubic catheter and that nobody has even looked at it. R72 further indicated that it hurts. R72 was then observed pressing the call light to get their nurses attention. Nurse D entered the room and was queried to access R72's suprapubic site. Nurse D indicated that it was not clean was reddened and had sero-purulent drainage and odor.</p> <p>On 2/7/22 the medical record for R72 was reviewed and revealed the following: R72 was last admitted to the facility on [DATE] and had diagnoses of Cerebral infarction, Type two diabetes mellitus and Age related physical disability. A review of R72's MDS (Minimum Data Set) with an ARD (Assessment Reference Date) of 1/13/22 revealed R72 needed extensive assistance from facility staff with most of their activities of daily living. Section H indicated that R72 had an indwelling catheter.</p> <p>A Urology Consult dated 12/29/21 was reviewed and revealed the following: Surgical Procedures: Bladder aspiration, Insertion of suprapubic tube .</p> <p>A Nursing progress note dated 2/7/22 revealed the following: SKIN: The resident's S/P (suprapubic) catheter insertion site is reddened with sero-purulent drainage, a slight odor was detected. The resident c/o (complained of) pain in the area. [Nurse Practitioner] was notified. Ordered to cleanse the area with NS (normal saline). Cover with Triple Antibiotic ointment and a dry gauze until she comes in to see the resident. Order noted and carried out.</p> <p>A Review of R72's comprehensive plan of care revealed the following: I have a Foley's Catheter 14 FR (French) in size, 10CC balloon d/t (due to) urinary retention. Date Initiated: 08/03/2021. Created on: 08/11/2021 no careplan for R72's suprapubic catheter was observed in the comprehensive plan of care . Further review of R72's Assessment Reference Dates revealed R72 had a quarterly review assessment on 1/13/22 which was noted to be after R72's suprapubic catheter insertion date of 12/29/21.</p> <p>On 2/08/22 at approximately 2:58 p.m., during an interview with Nurse A regarding the plan of care/careplan update for R72's suprapubic catheter. Nurse A indicated that they discuss new changes and update the careplan when changes occur and during the scheduled assessments. Nurse A was queried if R72's careplan should have been updated to reflect how to care for their suprapubic catheter and they indicated that it should have been, and they would have to update it.</p> <p>On 2/9/22 at approximately 11:49 a.m., during an interview with the Director of Nursing (DON, the DON was queried regarding R72's plan of care for their suprapubic catheter. The DON indicated the interdisciplinary team should have updated the plan of care to reflect R72's new suprapubic catheter including care of the entrance site.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235320	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/09/2022
NAME OF PROVIDER OR SUPPLIER Lahser Hills Care Centre		STREET ADDRESS, CITY, STATE, ZIP CODE 25300 Lahser Rd Southfield, MI 48034	

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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the Resident Assessment Instrument Manual revealed the following: The care plan should be revised on an on-going basis to reflect changes in the resident and the care the resident is receiving. The care plan is an interdisciplinary communication tool.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235320	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/09/2022
NAME OF PROVIDER OR SUPPLIER Lahser Hills Care Centre		STREET ADDRESS, CITY, STATE, ZIP CODE 25300 Lahser Rd Southfield, MI 48034	
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 0661</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure necessary information is communicated to the resident, and receiving health care provider at the time of a planned discharge.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41415</p> <p>This citation pertains to intake: MI00125619.</p> <p>Based on interview and record review the facility failed to complete an Interdisciplinary 'Recapitulation of Stay' summary and discharge plan of care for one (R96) of two residents reviewed for discharges. Findings include:</p> <p>Review of the medical record revealed R96 was admitted to the facility for respite care on 1/3/22 with diagnoses that included: hemiplegia and hemiparesis following cerebral infarction affecting right dominant side, chronic kidney disease, and hospice care. A Minimum Data Set (MDS) assessment dated [DATE] documented a Brief Interview for Mental Status score of 9 (indicating moderately impaired cognition) and requiring staff assistance for all activities of daily living.</p> <p>A complaint submitted to the State Agency documented multiple concerns regarding the residents discharge from the facility on 1/8/22.</p> <p>Review of a Post Discharge Plan of Care dated 1/8/22 at 1:39 PM, documented a blank Social Service Department section and an Incomplete Nursing section that failed to document the wound treatment.</p> <p>Review of a Post Discharge Plan of Care dated 2/3/22 (three weeks and five days after the resident discharged from the facility) at 10:46 AM revealed a blank section for the Social Service Department, an incomplete Nutritional Department and incomplete Nursing Department section (wound treatment).</p> <p>Review of an Interdisciplinary Recap Summary dated 1/8/22 at 12:07 PM, was noted to be incomplete. The summary did not have a completed Physician or Nursing section.</p> <p>On 2/8/22 at 4:40 PM, the Director of Nursing (DON) was interviewed and asked what documentation is required by the facility upon discharge of a resident. The DON stated that each discipline completes their sections on the discharge paperwork regarding the residents stay. When asked about R96 discharge plan of care and recap summary for their 1/3/22 respite stay at the facility, the DON stated they would look into it. Shortly after the DON returned and stated they could not provide any additional documentation but that each section should have been completed by the Interdisciplinary team. At that time a respite policy/protocol was requested.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235320	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/09/2022
NAME OF PROVIDER OR SUPPLIER Lahser Hills Care Centre		STREET ADDRESS, CITY, STATE, ZIP CODE 25300 Lahser Rd Southfield, MI 48034	

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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41415</p> <p>This citation pertains to intake #MI00125441.</p> <p>Based on observation, interview, and record review the facility failed to consistently provide a bath/shower/bed bath, wash, and comb hair for one (R62) of six residents reviewed for Activities of Daily Living for dependent residents. Findings include:</p> <p>On 2/7/22 at 9:57 AM, R62 was observed lying on their backside in bed. When interviewed R62 complained about not receiving their baths and hair not being washed or combed. R62 hair was observed to be matted in the back and sides of their head. [NAME] particles were observed throughout their hair.</p> <p>On 2/8/22 at 9:24 AM, R62 was observed lying on their backside in bed with dry skin flakes noted on their face. Their lips were visibly dried with noted crust around their eyes.</p> <p>Review of the medical record revealed R62 was admitted into the facility on [DATE] with diagnoses that included: Quadriplegia, dysphagia, and contracture of muscle. A Minimum Data Set (MDS) assessment dated [DATE] documented a Brief Interview for Mental Status (BIMS) score of 8 (indicating moderately impaired cognition) and requiring staff assistance for all Activities of Daily Living (ADLs).</p> <p>Review of a care plan titled . ADL deficit R/T (related to): quadriplegia . documented a .BATH/SHOWER: AFTERNOON MON/THUR .</p> <p>Review of a Bath/Shower/BedBath task (30-day review) documented completed by the Certified Nursing Assistants (CNAs) documented a bed bath provided on 1/13/22 and 1/20/22 and a shower on 1/24/22. There was no additional documentation of a bath, shower or bed bath provided to the resident on 1/17, 1/27, 1/31 or 2/3/22.</p> <p>On 2/9/22 at 3:54 PM, an observation was made with the Director of Nursing (DON) of R62 in their room laying in their bed. The resident's hair was observed still matted and dry flakes noted throughout their face with crust visible around their eyes. The DON stated they would follow up on it right away and ensure that the resident gets a bath, hair washed and combed. The DON stated the CNA's should be bathing, washing the resident's hair, and combing out the resident's hair on their scheduled shower days.</p> <p>Review of a facility policy titled Activities of Daily Living dated 7/1/08 documented in part, . Purpose . To assist resident in achieving maximum functional ability with dignity and self-esteem . provide assistance to residents as necessary . improve quality of life .</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235320	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/09/2022
NAME OF PROVIDER OR SUPPLIER Lahser Hills Care Centre		STREET ADDRESS, CITY, STATE, ZIP CODE 25300 Lahser Rd Southfield, MI 48034	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41415</p> <p>Based on observation, interview, and record review the facility failed to ensure medications were discontinued as documented by the physician, administered according to physicians orders, and reconciled upon admission for three (R53, R445, and R446) of three residents reviewed for quality of care. Findings include:</p> <p>R53</p> <p>On 2/7/22 at 11:02 AM, R53 was observed sitting in their wheelchair playing a game at the table in the community room.</p> <p>Review of the medical record revealed R53 was admitted to the facility on [DATE] with a readmitted [DATE] with diagnoses that included: Alzheimer's disease, dementia, and type 2 diabetes mellitus without complications. A Minimum Data Set (MDS) dated [DATE] documented Severely impaired cognitive skills for daily decision making and requiring staff assistance for all Activities of Daily Living (ADLs).</p> <p>Review of a Physician's Note dated 10/28/21 at 1:44 PM, documented in part . Diabetes, monitor, Last A1C (Hemoglobin a1c, blood test that measures your average blood sugar levels over the past 3 months) 5.8, D/C (discontinue) Januvia, Metformin .</p> <p>Review of Medication Administration Record (MAR) for October 2021 revealed the staff discontinued the Januvia on 10/28/21, however failed to discontinue the Metformin 500mg tab twice a day.</p> <p>Review of a Physician's Note dated 1/12/22 at 8:55 AM, documented in part . Diabetes, monitor, Last A1C 5.8, D/C . Metformin .</p> <p>Review of the January and February 2022 MAR revealed the Metformin was not discontinued and staff continued to administer the medication twice a day.</p> <p>On 2/9/22 at 11:16 AM, the Director of Nursing (DON) was interviewed and asked if a physician makes changes to the residents medications during a consultation who makes those changes in the Electronic Medical Record (EMR). The DON explained the physician will sometimes write the orders or give a verbal to the nurse. The DON was asked about R53's Metformin initially documented by the physician to be discontinued on 10/28/21 and again on 1/12/22 which was never implemented. The DON stated they would look into it. At 1:55 PM, the DON stated they were awaiting to hear back from the doctor; however, the order should have been discontinued as documented by the practitioner.</p> <p>32568</p> <p>Resident #445</p> <p>On 2/7/22 at approximately 1:30 PM, R445 was observed agitated, upset about food, fixated on leaving the facility, talking about money, and expressing a desire to go home.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235320	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/09/2022
NAME OF PROVIDER OR SUPPLIER Lahser Hills Care Centre		STREET ADDRESS, CITY, STATE, ZIP CODE 25300 Lahser Rd Southfield, MI 48034	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 2/7/22 at 3:27 PM, R445 was observed seated in a wheelchair near the 1 North nurses station. R445 was crying and yelling out stated, I'm tired. I got to get out of here. R445 continued to cry until 3:34 PM when a staff member approached the resident. R445 became angry, picked up a trash can and attempted to throw it at staff, then attempted to charge at staff with their wheelchair.</p> <p>On 2/8/22 at 8:00 AM, R445 was observed seated in a wheelchair in the doorway of their room and was pleasant and calm.</p> <p>Review of R445's clinical record revealed R445 was admitted into the facility on [DATE] with diagnoses that included: dementia with behavioral disturbance, type 2 DM, and schizophrenia.</p> <p>Review of R445's physicians orders revealed an active order with a start date of 2/2/22 for Depakote (Divalproex Sodium) Tablet Delayed Release 125 MG (milligrams) Give 1 tablet by mouth three times a day for mood d/o (disorder).</p> <p>Review of the MAR revealed R445 was not administered Depakote on 2/6/22 (9:00 PM dose), 2/7/22 (9:00 AM dose and 2:00 PM dose) as indicated by the lack of a nurse's signature for those administration times.</p> <p>Review of the progress notes revealed no documentation as to why the three doses of Depakote were not administered to R445.</p> <p>On 2/9/22 at approximately 3:40 PM, the DON was interviewed. When queried about the omission of Depakote on the MAR for R445 on 2/6/22 and 2/7/22, the DON reported if it was not documented it was considered not administered.</p> <p>Resident #446</p> <p>On 2/8/22 at 12:18 PM, R446 was observed lying on her back in bed with a breakfast tray nearby. R446 was soft spoken, pleasant, and engaged in conversation. When queried about medications, R446 did not know what type of medications they were prescribed.</p> <p>Review of R446's clinical record revealed R446 was admitted into the facility on [DATE] with diagnoses that included: atherosclerotic heart disease. R446 received hospice services.</p> <p>Review of a photocopied Individual Resident's Controlled Substance Record form for R446 revealed on 2/4/22, 124 capsules of Gabapentin 100 MG TID (three times a day) was received by a nurse at the facility. No doses were signed out on the controlled substance record. An observation of the medication cart with Nurse P revealed there was a bottle of gabapentin which contained 124 capsules.</p> <p>Review of R446's physician's orders revealed no orders for gabapentin.</p> <p>On 2/9/22 at approximately 3:40 PM, the DON was interviewed. When queried about the gabapentin in the medication cart prescribed to R446 and no physicians order in the clinical record, the DON reported the medication was brought from home and the nurse who accepted the medication should have contacted the physician to clarify and reconciled R446's medications that came from home.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235320	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/09/2022
NAME OF PROVIDER OR SUPPLIER Lahser Hills Care Centre		STREET ADDRESS, CITY, STATE, ZIP CODE 25300 Lahser Rd Southfield, MI 48034	
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41415</p> <p>Based on observation, interview, and record review the facility failed to implement effective interventions to prevent falls for one (R53) of two residents reviewed for accidents. Findings include:</p> <p>Review of the medical record revealed R53 was admitted to the facility on [DATE] with a readmitted [DATE] with diagnoses that included: Alzheimer's disease, dementia, restlessness and agitation, and history of falling. A Minimum Data Set (MDS) assessment dated [DATE] documented Severely impaired cognitive skills for daily decision making and requiring staff assistance for all Activities of Daily Living (ADLs).</p> <p>Review of a Nurses Note dated 5/15/21 at 12:00 PM, documented in part . Resident was in the dining area and slipped off the wheelchair. Nurse assisted resident back on wheelchair and assessed for pain and injuries .</p> <p>Review of an Incident report dated 5/15/21 at 11:47 AM documented in part . Incident Description . Resident was observed sliding off wheelchair. Nurse assisted resident back on the chair . Resident unable to give description . Immediate Action Taken . Nurse assisted resident back on wheelchair and assessed resident for pain and injuries .</p> <p>Review of a Falls assessment dated [DATE] at 11:47 AM, documented in part . IDT (Interdisciplinary team) met in regard to resident's recent fall . RCA (Root Cause Analysis): It was determined by the IDT team that resident's agitation and incontinence is a risk factor in fall. Interventions: Immediate interventions: Resident was taking back to her wheelchair, ADL's provided. Neuro assessment and range of motion done. No injury noted. It was recommended by IDT team resident will benefit from having a Dycem (non-slip mat) placed in wheelchair to prevent sliding while sitting up in wheelchair.</p> <p>Review of an Incident report dated 6/12/21 at 8:54 PM, documented in part . Incident Description . Resident slid from her wheelchair onto her bottom at 8:37 PM, while sitting in the dining room watching tv . Resident Description: I slid out my chair on my butt. Immediate Action Taken . Writer assisted resident back into chair . assessed for injury none noted, no s/s (signs/symptoms) of pain, or complaints at this time .</p> <p>Review of a Falls assessment dated [DATE] at 8:54 PM, documented in part .</p> <p>IDT team met in regard to resident's recent fall. RCA: It was determined by the IDT team that resident sitting in wheelchair without dycem and slid from wheelchair . Interventions: Immediate intervention: Resident was taking back to her chair, ADL's provided. Vitals obtained, pain assessment, physical and neurological assessment done. Dycem place into her wheelchair. Staff are reeducated to make sure dycem is in place before putting resident into the chair . Therapy to assess .</p> <p>The Dycem mat was implemented on the 5/15/21 fall, however staff did not place the mat into the resident's wheelchair prior to the fall on 6/12/21.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235320	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/09/2022
NAME OF PROVIDER OR SUPPLIER Lahser Hills Care Centre		STREET ADDRESS, CITY, STATE, ZIP CODE 25300 Lahser Rd Southfield, MI 48034	
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of an Incident report dated 8/18/21 at 6:06 AM, documented in part . Writer heard resident trying to get up, when on the way to the resident, resident fell forward, hitting her head slightly on the floor, then sitting on her buttocks . Resident Description: Resident stated she hit her head and that she had a headache, when asked what was she trying to do, she stated she was trying to go home .</p> <p>Review of a Falls assessment dated [DATE] at 6:06 AM, documented in part . Resident was trying to get up from the wheelchair without assistance. Root cause analysis: Resident cognitive impairment and lack of safety was the predisposing factors for fall. Intervention: Immediate intervention resident was assisted with ADL's, It was recommended by IDT team to Psych evaluation and antipsychotic medication adjustment . Therapy to reevaluate .</p> <p>Review of an Incident report date 8/20/21 at 8:45 AM, documented in part . At 0845 writer heard staff member say, oh no, when I look over in the lounge area resident was sitting on her buttock in front of her wheelchair. Staff member stated she seen resident slid from her chair while she was helping another resident stand up to get ready for breakfast. Staff member stated she did not hit her head . Resident Description: Resident stated I'm going crazy when asked what happened. Resident denied any pain when asked if she was hurting . Immediate Action Taken: Resident assisted back into her wheelchair, assessed for injury, none noted. Resident completed active ROM (Range of Motion), tolerated well . Writer spoke with (staff member) in regard to getting resident some [NAME] (sic) for her wheelchair . [NAME] is the same as Dycem (non-slip mat) intervention that was documented as an intervention for both the 5/15 and 6/12/21 falls.</p> <p>Review of a Falls assessment dated [DATE] at 8:45 AM, documented in part . IDT team met in regard to resident's recent fall. RCA: It was determined by the IDT team that resident's slid from her wheelchair. Interventions: Immediate intervention: Dycem placed into resident wheelchair. As per advice of primary physician, lab work and CT (Cat Scan) head ordered. Staff are redirected to make sure resident wheelchair has Dycem all the time. This is the second documented re-education or redirected documented to inform the staff to implement the Dycem mat to the residents wheelchair as implemented on 5/15/21.</p> <p>Review of an Incident Report dated 9/10/21 at 9:38 PM, documented in part . Incident Description . Nurse noted resident on buttocks next to wheelchair sitting in lounge area holding her sweater . Resident Description: Pt (patient) stated she does not know how she fell . Resident states her head hurts, but denies pain anywhere else . Immediate Action Taken . Nurse assessed pt. for injuries, none noted. Nurse assisted Pt back into wheelchair and initiated neuro checks .</p> <p>Review of a Falls assessment dated [DATE] at 9:38 AM, documented in part . IDT met for root cause and interventions: Root cause is: resident has poor balance and responding to toileting needs. Interventions: Assist to the bathroom at bedtime before offering and assisting to bed. Referred to therapy.</p> <p>Review of an Incident Report dated 10/4/21 at 9:30 PM, documented in part . Resident was found in room (room number redacted), with her back against the wall, wedged in between the dresser and the bed. Resident was sitting on her buttocks with wheelchair in front of her . Resident Description; When asked what happened resident stated she did not know . Immediate Action Taken . Resident was picked up off of the floor with the help of two staff members . no injury was noted upon assessment .</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235320	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/09/2022
NAME OF PROVIDER OR SUPPLIER Lahser Hills Care Centre		STREET ADDRESS, CITY, STATE, ZIP CODE 25300 Lahser Rd Southfield, MI 48034	
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of a Falls assessment dated [DATE] at 9:30 PM, documented in part . IDT Resident reviewed for root cause analysis. Root cause determined to be resident's poor safety awareness was predisposing factor for her to slid from bed. Intervention: Resident will continue to be offer toileting before bedtime. Resident will also be offer HS (hour of sleep) snack and will be allowed to stay up and assisted to be when observed to be tired .</p> <p>Review of an Incident report date 11/14/21 at 11:29 AM, documented in part . Incident Description . Writer heard a noise in (room number redacted), writer entered and noted resident was laying on the floor on her left side between her bed and bed 2. Resident was fully dressed, shoes on, brief checked, brief dry. Call light in reach on the bed but not in use. 10 minutes prior to resident being observed on the floor resident had requested to lay down to rest related to a restless night . Resident Description: Writer asked resident what was she doing when she fell , resident stated I don't know. Writer asked resident is she hit her head, resident stated No . Immediate Action Taken . Writer assessed resident for injury none noted. Resident assisted into her wheelchair, tolerated well. Resident completed active ROM . resident do not recall falling . she (R53) stated her head was hurting. Resident given PRN (as needed) pain medication .</p> <p>Review of a Falls assessment dated [DATE] at 11:29 AM, documented in part . IDT discussed root cause analysis for resident being observed on the floor. Root cause determined to be restlessness. Intervention: Psych evaluation for restlessness and emotional wellbeing .</p> <p>Review of an Incident report dated 11/22/21 at 2:15 PM, documented in part . Writer was made aware that resident was being assisted to the restroom and resident was standing up to turn and sit on toilet when resident started to pass urine before completing sitting down then resident slid to the floor on the side of the toilet . Resident Description: Writer asked resident what happened, resident stated I don't know, I had to pee . Immediate Action Taken . Writer assisted staff with getting resident back on the toilet. Writer assessed resident for injury .</p> <p>Review of a Falls assessment dated [DATE] at 2:15 PM, documented in part . IDT discussed root cause analysis for the recent fall. Root cause determine to be resident has urinary urgency. Intervention: It was recommended by IDT team to do lab work including CBC (Complete Blood Count) and urine analysis and culture .</p> <p>Review of an Incident report dated 12/15/21 at 10:15 AM, documented in part . Incident Description . Resident observed on floor near bed on floor mat in sitting position . Resident Description . Resident states I was trying to get up and my legs got weak. Immediate Action Taken . Resident assessed at bedside . Resident assisted to w/chair (wheelchair) and placed in writers view .</p> <p>Review of a Falls assessment dated [DATE] at 10:15 AM, documented in part . IDT discuss root cause analysis. Root cause determine: Resident was trying to get from bed. Intervention: Physician therapy Staffs are redirected to keep resident in her wheelchair unless resident wants to go to bed .</p> <p>On 2/9/22 at 2:07 PM, the Director of Nursing (DON) was interviewed and asked how the IDT meets to discuss falls. The DON stated falls are reviewed every day at the morning meetings. When asked the about repetitive interventions implemented and the root cause analyses identified for a resident with Alzheimer's disease, dementia, restlessness, and agitation who has a history of falling, the DON contributed the interventions and root cause analysis not being effective due to the multiple changes in unit nurses and managers.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235320	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/09/2022
NAME OF PROVIDER OR SUPPLIER Lahser Hills Care Centre		STREET ADDRESS, CITY, STATE, ZIP CODE 25300 Lahser Rd Southfield, MI 48034	
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of a facility policy titled Falls Reduction Program revised 9/25/16 documented in part . Purpose: To provide a safe environment for residents, modify risk factors, and reduce risk of fall-related injury . Identify/analyze resident risk for fall . Implement and Indicate individualized interventions . Determine the need for ongoing assessments/interventions . Trends/patterns will be evaluated .</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235320	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/09/2022
NAME OF PROVIDER OR SUPPLIER Lahser Hills Care Centre		STREET ADDRESS, CITY, STATE, ZIP CODE 25300 Lahser Rd Southfield, MI 48034	
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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38271</p> <p>Based on observation, interview, and record review the facility failed to ensure appropriate care and monitoring for a suprapubic catheter was provided for one resident (R72) of two residents reviewed for catheter care, resulting in a localized infection. Findings include:</p> <p>On 2/07/22 at approximately 9:43 a.m., R72 was observed in their room lying in their bed. R72 indicated that nobody has cleaned their suprapubic catheter and that nobody has even looked at it. R72 further indicated that it hurts. R72 was then observed pressing the call light to get their nurses attention. Nurse D entered the room and was queried to access R72's suprapubic site. Nurse D indicated that it was not clean was reddened and had sero-purulent drainage and odor.</p> <p>On 2/7/22 the medical record for R72 was reviewed and revealed the following: R72 was last admitted to the facility on [DATE] and had diagnoses of Cerebral infarction, Type two diabetes mellitus and Age related physical disability. A review of R72's MDS (Minimum Data Set) with an ARD (Assessment Reference Date) of 1/13/22 revealed R72 needed extensive assistance from facility staff with most of their activities of daily living. Section H indicated that R72 had an indwelling catheter.</p> <p>Review of a Nursing progress note dated 2/7/22 revealed the following: SKIN: The resident's S/P (suprapubic) catheter insertion site is reddened with sero-purulent drainage, a slight odor was detected. The resident c/o (complained of) pain in the area. [Nurse Practitioner] was notified. Ordered to cleanse the area with NS (normal saline). Cover with Triple Antibiotic ointment and a dry gauze until she comes in to see the resident. Order noted and carried out.</p> <p>A Review of R72's comprehensive plan of care revealed no identified plan of care for R72's suprapubic catheter.</p> <p>A review of R72's Physicians orders did not reveal any orders on how to care for or monitor R72's suprapubic catheter.</p> <p>Review of a NP evaluation note dated 2/8/2022 revealed the following: NP acute visit .CC (chief complaint): f/u (follow up) on report of purulent drainage at SPC (suprapubic catheter) cath (catheter) site. HPI (history of presenting illness): Pt (patient) with PMHx (previous medical history) urinary retention/neurogenic bladder, . c/o (complaints of) burning itchiness to SPC site. TAO (triple antibiotic ointment) was ordered on yesterday . Skin: warm and dry, spc cath site with serous drainage, mild redness, no heat, or induration. A/P (Assessment/Plan): 1. SPC cath local infection- d/c (discontinue) bactroban, cont. (continue) TAO q (every) shift after NS (normal saline) sacleanse. encouraged tylenol for localized discomfort. Catheter changed by Urology last week .</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235320	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/09/2022
NAME OF PROVIDER OR SUPPLIER Lahser Hills Care Centre		STREET ADDRESS, CITY, STATE, ZIP CODE 25300 Lahser Rd Southfield, MI 48034	
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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 2/08/22 at approximately 2:43 p.m., Unit Manager E (UM E) was queried regarding how the Nurses know how to care for R72's suprapubic catheter. UM E indicated when R72 received the suprapubic catheter that new orders for monitoring and care should have been put into place in the medical record. UM E was queried if any orders were put in to place to care for the catheter and they indicated no orders had been provided and they had just placed orders in the record for care of the suprapubic catheter. UM E was queried why R72 had a new Physicians order for bactroban and they indicated it was for an infection of the suprapubic site.</p> <p>On 2/9/22 at approximately 11:49 a.m., during a conversation with the Director of Nursing (DON), the DON was queried how the Nursing staff are informed on how to care for residents with suprapubic catheters and they indicated that at the time R72 had the suprapubic inserted, new orders should have been obtained from the Physician for ongoing care and assessment of the catheter and documented when the care was completed.</p> <p>A review of a facility document titled Catheter Care (Indwelling Catheter and Suprapubic) was reviewed and revealed the following: PROCEDURE FOR SUPRAPUBLIC CATHETER:</p> <p>1. Explain procedure to the resident. 2. Assist resident to comfortable position allowing access to catheter insertion site and provide for privacy. 3. Wash hands and put on gloves. 4. Clean area around catheter with cleanser or warm soap and water, taking care not to pull on catheter or advance into bladder. 5. Rinse and dry area well. 6. Observe for and notify nurse of any adverse signs and /or symptoms of infection. 7. Take off gloves and wash hands. 8. Leave resident clean, dry and in a comfortable position with call light within reach as appropriate .</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235320	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/09/2022
NAME OF PROVIDER OR SUPPLIER Lahser Hills Care Centre		STREET ADDRESS, CITY, STATE, ZIP CODE 25300 Lahser Rd Southfield, MI 48034	
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 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32568</p> <p>Based on observation, interview, and record review, the facility failed to ensure medications were scheduled to accommodate dialysis, ensure physician orders for the care of a dialysis residents were implemented, and ensure the resident was monitored before and after dialysis for one (R444) of one resident reviewed for dialysis, resulting in R444 missing multiple medications prior to going to dialysis and the potential for complications related to dialysis. Findings include:</p> <p>On 2/7/22 at 9:55 AM, R444 was observed seated in a wheelchair eating breakfast. R444 reported she received dialysis outside of the facility on Mondays, Wednesdays, and Fridays and that she would be picked up soon on that day to go to dialysis.</p> <p>On 2/7/22 at 11:33 AM, review of R444's clinical record revealed R444 was admitted into the facility on [DATE] with diagnoses that included: end stage renal disease (ESRD), atrial fibrillation, congestive heart failure, gastroesophageal reflux disease, obstructive sleep apnea, and type 2 diabetes mellitus.</p> <p>On 2/7/22 at 11:33 AM, review of R444's physician's orders and Medication Administration Record (MAR) revealed no orders for dialysis, no orders for the care and monitoring of the dialysis access site, and some medications scheduled between 7:00 AM and 10:00 AM and others scheduled at 9:00 AM. There was no care plan for dialysis for R444.</p> <p>On 2/7/22 at 1:53 PM, the medication cart assigned to Nurse F on the 1 North Unit was unlocked. An observation of the top drawer revealed a white capsule loose in a plastic medication cup inside the drawer. Nurse F was queried about the loose pill and explained it was R444's 9:00 AM dose of gabapentin that needed to be wasted with another nurse. Nurse F explained she pulled R444's 9:00 AM medications, but the resident had already left for dialysis, so she was unable to administer them.</p> <p>Review of R444's February 2022 MAR revealed R444 did not get the following medications prior to going to dialysis on 2/7/22 according to physicians orders. Nurse F documented the medications were not given due to R446 being on a leave of absence, indicated by the abbreviation LA:</p> <p>Cholecalciferol Capsule 1000 unit by mouth one time a day for heartburn scheduled between 7:00 AM and 10:00 AM.</p> <p>Citalopram Hydrobromide Tablet 20 MG one time a day for depression scheduled between 7:00 AM and 10:00 AM.</p> <p>Clopidogrel Bisulfate Tablet 75 MG one time a day for cerebral infarction scheduled between 7:00 AM and 10:00 AM.</p> <p>Eliquis Tablet 5 MG (Apixaban) two times a day for blood clot prevention was not given at 8:00 AM (scheduled at 8:00 AM and 5:00 PM).</p> <p>Gabapentin Capsule 100 MG every 12 hours for neuropathy was not given at 9:00 AM (scheduled at 9:00 AM and 9:00 PM).</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235320	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/09/2022
NAME OF PROVIDER OR SUPPLIER Lahser Hills Care Centre		STREET ADDRESS, CITY, STATE, ZIP CODE 25300 Lahser Rd Southfield, MI 48034	
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 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Metoprolol Tartrate Tablet 50 MG every 12 hours for hypertension was not given at 9:00 AM (scheduled at 9:00 AM and 9:00 PM).</p> <p>Wellbutrin SR Tablet Extended Release 12 Hour 100 MG (bupropion HCl ER) two times a day for depression was not given at 8:00 AM (scheduled at 8:00 AM and 5:00 PM).</p> <p>Sevelamer Carbonate Tablet 800 MG three times a day for chronic kidney disease was not given at 9:00 AM and 2:00 PM (scheduled at 9:00 AM, 2:00 PM, and 9:00 PM).</p> <p>On 2/9/22 at 11:23 AM, an interview was conducted with the Director of Nursing (DON). When queried about what was required to be implemented on admission for residents who received dialysis services, the DON reported all dialysis orders were required to be written and implemented upon admission that included the resident's chair time, name of dialysis center, and care and monitoring of the dialysis access site. The DON further reported that medications should be scheduled to accommodate the resident's dialysis time to ensure the resident received physician ordered medications. When queried about whether missed medications were communicated to the dialysis center, the DON reported they would be via the dialysis communication sheets. At that time, all dialysis communication sheets for R444 were requested.</p> <p>On 2/9/22 at approximately 11:30 AM, R444's clinical record was further reviewed, and it revealed a physician's order dated 2/8/22 (11 days after R444's 1/28/22 admitted) that documented, [name of dialysis center redacted] .M (Monday)/W (Wednesday)/F(Friday) Chairtime 2:30pm .Pick up 9am. As of 2/9/22 there was no order for care and monitoring of R444's dialysis access site. A care plan initiated 2/8/22 (11 days after R444 was admitted into the facility on [DATE]) documented, Renal insufficiency: I have ESRD on Hemodialysis . Review of interventions initiated on 2/8/22 revealed, in part, the following: .Evaluate for thrill and bruit every shift. Notify dialysis if absent .Medication/Diet/Labs and Fluid restrictions as ordered .Notify physician if signs or symptoms of fluid imbalance such as neck vein distention, difficulty breathing, increase heart rate, edema, elevated blood pressure, or adventitious breath sounds .Observe for adverse medication effects due to decrease renal clearance .Transport to [name of dialysis center redacted] .on M/W/F at 10am (Note the physicians order documented pick up at 9:00 AM) .</p> <p>Review of R444's Dialysis Communication Forms revealed the first section (AB) was to be completed by the Centered Licensed Nurse prior to dialysis treatment and included current vital signs, date and time of last meal, medications given within 6 hours prior to sending to dialysis, any changes or additional information. The second section (B) was to be completed by the dialysis center. The third section (C) was to be completed by the facility nurse upon return to the facility for Post-Dialysis Assessment and included vital signs must be current upon return. Review of R444's dialysis communication forms revealed the following:</p> <p>On 1/31/22, section C documented vital signs from two days earlier on 1/29/22 at 12:40 AM.</p> <p>On 2/1/22, section C documented vital signs from 1/31/22. The form was signed on 2/2/22. Note R444 went to dialysis on Mondays, Wednesdays, and Fridays and 2/1/22 was a Tuesday.</p> <p>On 2/2/22, section C documented vital signs from 2/1/22.</p> <p>On 2/4/22, section C documented vital signs from 2/2/22.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235320	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/09/2022
NAME OF PROVIDER OR SUPPLIER Lahser Hills Care Centre		STREET ADDRESS, CITY, STATE, ZIP CODE 25300 Lahser Rd Southfield, MI 48034	
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 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 2/7/22, section (AB) and section C documented vital signs from 2/4/22 and 2/5/22. There were no vital signs for 2/7/22 documented on the form. N/A (not applicable) was documented in the section for medications given within 6 hours prior to sending to dialysis. Further review of the MAR revealed R444 did receive some medications prior to going to dialysis minus the ones that were not given as documented above.</p> <p>On 2/9/22, section C documented vital signs from 2/4/22 and 2/5/22, four and five days prior.</p> <p>When queried, the DON reported the vital signs were required to be current at the time of the assessment.</p> <p>Review of a facility policy titled, Dialysis, Hemodialysis revised on 9/23/19 revealed, in part, the following: PURPOSE: Proper assessment and care of residents receiving hemodialysis. PROCEDURE: 1. Complete Pre-Dialysis information and send Dialysis Communications Form with resident .3. Obtain vital signs upon return to center .ASSESSMENT OF DIALYSIS RESIDENT: 1. If Fistula Present - Assess daily for the thrill/bruit and monitor for s/s (signs and symptoms) of infection. Document .2. If Perma-Cath or other access device - Follow physician order for monitoring and assessment .update care plan and resident care guide as needed .</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235320	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/09/2022
NAME OF PROVIDER OR SUPPLIER Lahser Hills Care Centre		STREET ADDRESS, CITY, STATE, ZIP CODE 25300 Lahser Rd Southfield, MI 48034	
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41415</p> <p>Based on observation, interview and record review the facility failed to identify and remove expired medications from the medication carts and ensure that all medication/treatment carts were locked, and medication was properly secured for three of six medication carts reviewed for medication storage and labeling. Findings include:</p> <p>On 2/7/22 at 1:53 PM, the medication cart assigned to Nurse F on the 1 North unit was observed to be unlocked. A loose white capsule in a plastic medication cup was observed in the top drawer. Eyedrops (latanoprost) were observed on top of the medication cart. Nurse F was not within sight of the medication cart. Upon her return, Nurse F was interviewed. When queried about the loose capsule in the top drawer of the medication cart, Nurse F reported it was R444's gabapentin and that she had pulled the medication and resident had already left for dialysis.</p> <p>On 2/8/22 at 8:57 AM, a review of the 2 North medication cart with Licensed Practical Nurse (LPN) D revealed a Geri-Lanta regular strength antacid liquid bottle observed almost empty. The expiration date on the antacid liquid was noted as 1/2021. Further review of the medication cart revealed two Geri tussin DM (dextromethorphan) liquid bottles (one almost empty and the other about 3/4 full) both noted to have an expiration date of 11/2021. LPN D removed the expired Geri-Lanta and [NAME]-tussin bottles from the medication cart.</p> <p>On 2/8/22 at 9:21 AM, the 2 South medication cart was reviewed with LPN Q. A [NAME]-tussin DM liquid bottle was noted with an expiration date of 11/2021. LPN Q removed the bottle from the cart.</p> <p>Review of a facility policy titled Medication Administration dated 01/21 documented in part, . Medications are administered . in accordance with the manufacturers' specifications . check expiration date on package/container. No expired medication will be administered to a resident . Drugs dispensed in the manufacturer's original container will be labeled with the manufacturer's expiration date .</p> <p>32568</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235320	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/09/2022
NAME OF PROVIDER OR SUPPLIER Lahser Hills Care Centre		STREET ADDRESS, CITY, STATE, ZIP CODE 25300 Lahser Rd Southfield, MI 48034	
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 0770</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide timely, quality laboratory services/tests to meet the needs of residents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38271</p> <p>Based on interview and record review the facility failed to ensure Physician ordered laboratory diagnostic services were obtained and completed in a timely manner for one resident (R3) of one resident reviewed for laboratory services. Findings include:</p> <p>On 2/7/22 the medical record for R3 was reviewed and revealed the following: R3 was last admitted to the facility on [DATE] and had diagnoses including Hemiplegia and Hemiparesis following cerebral infarction affecting left non-dominant side and heart disease. A review of R3's MDS (Minimum Data Set) with an ARD (Assessment Reference Date) of 1/27/22 revealed R3 needed extensive assistance from facility staff with their activities of daily living. R3's BIMS score (brief interview of mental status) was 14 indicating intact cognition.</p> <p>A review of R3's Physician ordered diagnostic labs (laboratory services) revealed the following: 1/13/22-CBC (complete blood count), BMP (basic metabolic panel), Mag (magnesium), A1C (hemoglobin a1c) one time only for htn (Hypertension) for 3 Day .11/29/21-bmp, cbc one time only for htn for 1 Day.11/23/21-bmp one time only for 1 Day.</p> <p>A Physicians note dated 1/13/2022 revealed the following: Reason for the visit: E&M (evaluation and management) of IHD (heart disease), DM (Diabetes Mellitus), HTN, Seizures and for multiple other chronic medical conditions that require routine monitoring to prevent decline. Patient seen and examined . Labs ordered x 2 without results posted in [electronic medical record]. Will reorder .</p> <p>Further review of the medical record revealed no results for the diagnostic labs ordered on 1/13/22, 11/29/21 and 11/23/21.</p> <p>On 2/09/22 at approximately 9:20 a.m., R3's laboratory orders were reviewed with the Director of Nursing (DON). The DON reviewed R3's medical record and indicated that no results were available in the medical record. The DON was then observed reviewing the laboratory portal to see if the lab had the results and had not sent them to the facility. The DON indicated there was nothing for the three labs in the facility laboratory portal. The DON was then observed reviewed the facility laboratory binder at the nurses station to see if the laboratory staff had completed the labs in question. The DON indicated that only one lab requisition was available, and that the laboratory had not completed any of the labs. At that time the DON indicated they would look into the issue and would provide any documentation they could find.</p> <p>On 2/09/22 at approximately 11:49 a.m., The DON indicated that none of the Physician ordered lab requests for 1/13/22, 1/29/21 or 1/23/21 had been completed. The DON indicated the facility had been having problems with their contracted laboratory with ensuring lab orders were competed. The DON then indicated that other facilities in their organization had started to draw their own specimens, but their facility had not implemented that process.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235320	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/09/2022
NAME OF PROVIDER OR SUPPLIER Lahser Hills Care Centre		STREET ADDRESS, CITY, STATE, ZIP CODE 25300 Lahser Rd Southfield, MI 48034	
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)		
F 0770 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>A review of the facility's agreement with their contracted laboratory was reviewed and revealed the following:</p> <p>1. Responsibilities of [Laboratory Name] (LN). a. [LN] will provide diagnostic laboratory testing services to Facility in accordance with the Facility's policies, accepted professional standards, and all applicable federal, state and local laws and regulations (Laboratory Services). All testing will be provided based only on the written order of a patient's attending physician or other authorized professional. b. Laboratory Services will be performed in one of (LN)'s laboratories which are accredited by the College of American Pathologists and/or CLIA, unless [LN] chooses to contract with another laboratory for the provision of those services. Common tests will be reported the same afternoon and most other tests will be reported within a 24-hour period. For those tests that cannot reasonably be reported in the time frames listed above, [LN] will report results as soon as possible and in a time consistent with industry leading standards. c. [LN] provides STAT (life threatening situation) service 24 hours per day, 365 days per year. Laboratory STAT testing will be reported within 5 hours. The menu of available STAT tests is attached. d. [LN] will provide at no charge those supplies necessary in the procurement of the laboratory specimens referred to [LN]. e. [LN] will provide an infection control report, quality assurance support, and other quality reporting metrics in relation to its clinical laboratory services, including a monthly and quarterly summary epidemiology report. Upon request and with appropriate lead time, an [LN] representative will attend any meetings quality assurance and laboratory services. f. [LN] will provide consultation for the setup of clinical laboratory related services free of charge. g. [LN] staff will follow all reasonable policies and procedures set by the facility upon receipt of the same. h. [LN] provides routine lab days Monday through Friday, excluding holidays. Lab days will be determined on area market influences and demand which change from time to time. Discuss options with your sales representative or account manager. i. [LN] will provide final reports through a mutually agreed upon method. Critical and STAT results will be phoned to the facility when they are available .</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235320	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/09/2022
NAME OF PROVIDER OR SUPPLIER Lahser Hills Care Centre		STREET ADDRESS, CITY, STATE, ZIP CODE 25300 Lahser Rd Southfield, MI 48034	
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 0865</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Have a plan that describes the process for conducting QAPI and QAA activities.</p> <p>41415</p> <p>Based on observation, interview, and record review the facility Quality Assurance and Quality Improvement (QAPI) program failed to identify issues with multiple areas of infection control and implement their QAPI plan to address these high-risk issues, potentially affecting all 96 residents residing in the facility health, safety, and quality of life. Findings include:</p> <p>During the survey, it was identified by the survey team that the facility had systemic issues regarding Infection Control.</p> <p>Multiple observations were made by the survey team of the facility staff improperly utilizing Personal Protective Equipment (PPE) for residents placed in Transmission Based Precaution (TBP) rooms for diagnoses of COVID 19, monitoring for new admissions and/or Infections such as C. diff (clostridium difficile colitis- a bacterium that causes severe diarrhea and inflammation of the colon).</p> <p>Observation and record reviews conducted by the survey team identified the facility failed to consistently implement transmission-based precautions (when required), ensure the monitoring for signs and symptoms for COVID 19 (for all residents), ensure the required COVID 19 testing of unvaccinated staff were completed weekly, consistently educated and provided the COVID 19 vaccination (R's 447 & 90), provided education and consent for the Influenza and Pneumococcal (R's 43, 44, 90, 447 & 494) and ensure an effective Antibiotic Stewardship program (R's 21 & 74).</p> <p>Interviews and record reviews revealed the facility failed to implement a program to track unvaccinated staff testing for COVID 19. Further record reviews and interviews with the Director of Infection Control (IC) N revealed the facility failed to implement a surveillance program to identify, monitor and track COVID 19 in the facility. After multiple attempts of the survey team requesting the COVID 19 surveillance documentation, IC N was asked how they were able to identify, monitor and track COVID 19 throughout the facility and if they had a surveillance plan for COVID 19 and IC N stated No. IC N stated moving forward they will implement a COVID 19 surveillance plan similar to their Infection Control Surveillance program.</p> <p>On 2/9/22 at 3:22 PM, during an interview with the Administrator regarding the facility's QAPI program the Administrator stated problems identified by the QAPI committee and the actions they QAPI implemented to resolve the identified issues. The Administrator did not state Infection Control or COVID 19 protocols/practices as one of the identified issues. At this time the Administrator was asked about the many observations, interviews and record reviews conducted by the survey team that identified multiple areas of Infection Control concerns resulting in the concern of a systemic failure in the area of Infection Control. The Administrator acknowledged the concerns and stated they would follow up on it.</p> <p>The observations, interviews and record reviews conducted by the survey team identified the facility QAPI committee did not identify the multiple deficient practices of Infection Control. The QAPI committee did not gather information systematically to identify, intervene and implement interventions to improve the Infection Control protocol and practices utilized throughout the facility.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235320	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/09/2022
NAME OF PROVIDER OR SUPPLIER Lahser Hills Care Centre		STREET ADDRESS, CITY, STATE, ZIP CODE 25300 Lahser Rd Southfield, MI 48034	
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 0865</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of a policy titled Quality Assurance and Improvement revised 4/15/13 documented in part, . In the interest of providing high quality resident care, the governing body of (facility corporation name redacted) and its Centers maintain an effective facility-wide quality assurance and quality improvement (QA/QI/QAPI) program. The professional and administrative staff monitors and evaluates the quality and appropriateness of resident care, clinical performance of the resident care staff and quality of life for residents. Concerns are identified, resolved, and reported to the administrator and governing body of the facility . The outcome of QA/QI/QAPI in our organization is the quality of care and the quality of life of our residents . QAPI focuses on systems and process . Through committee and consultant review, facility wide quality assurance and improvement monitoring also includes but is not limited to the following interdisciplinary process . Infection Prevention . Identify measurements of acceptable standards of care or services provided . Establish thresholds or levels of compliance for each monitor or indicator . If an improvement opportunity is determined by the committee to be high risk and/or high volume: The committee will create a Performance Improvement Project (PIP) charter to examine and improve care or services in the area that is identified .</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235320	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/09/2022
NAME OF PROVIDER OR SUPPLIER Lahser Hills Care Centre		STREET ADDRESS, CITY, STATE, ZIP CODE 25300 Lahser Rd Southfield, MI 48034	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32568</p> <p>This citation has three deficient practice statements.</p> <p>Deficient Practice #1</p> <p>Based on observation, interview, and record review, the facility failed to 1. ensure staff utilized personal protective equipment (PPE) in an appropriate manner for residents on transmission based precautions (TBP) for four (R446, R447, R448, and R494) of four residents reviewed for TBP related to COVID-19; 2. ensure PPE was accessible and ensure signage was posted outside of the resident's room to alert staff and visitors of isolation precautions for one (R43) of one resident reviewed for TBP related to infections other than COVID-19, resulting in the potential for spread of infection. Findings include:</p> <p>On 2/7/22 at 10:01 AM, Nurse F was observed on the 1 North hallway with a surgical mask worn below their nose. Nurse F then pulled a cloth face covering worn around the neck up over their nose, but the surgical mask remained below their nose.</p> <p>R447 and R448</p> <p>On 2/7/22 at 11:18 AM, Social Services Staff (SS G) was observed from the hallway standing directly next to R447's bed. R447 shared a room with R448. SS G was not wearing a gown or gloves and was wearing a KN95 mask and a face shield. Signage was posted on R447's door that noted to see the nurse prior to entering the room and that the resident was on contact and droplet precautions plus an N95 mask. Additional signage on the door noted instructions on how to don and doff PPE. A trash can located directly inside the residents' room was labeled with instructions to dispose isolation gowns in that receptacle. A small trash can located directly outside of the room was labeled with instructions to dispose N95 masks in that receptacle.</p> <p>On 2/7/22 at 11:20 AM, Nurse F was observed with a surgical mask worn below their nose.</p> <p>On 2/7/22 at 11:22 AM, SS G exited R447's room and did not change their mask. At that time, an interview was conducted with SS G. When queried about the facility's protocols when entering residents' rooms who were on TBP, specifically those on contact, droplet, plus N95 mask as noted on R447's door, SS G reported she was told to sanitize her hands and keep distance from the resident unless they were positive for COVID-19. When queried about who gave her those instructions, SS G reported it was the Director of Infection Control (IC N). When queried about whether she followed the instruction on the door to see the nurse prior to entering that room, SS G reported she did not.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235320	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/09/2022
NAME OF PROVIDER OR SUPPLIER Lahser Hills Care Centre		STREET ADDRESS, CITY, STATE, ZIP CODE 25300 Lahser Rd Southfield, MI 48034	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>At that time, Nurse F who was standing at the medication cart outside of R447 and R448's room, was interviewed. When queried about the signage on the door and what R447 and R448 were on TBP for and what the procedures were when entering and exiting their room, Nurse F reported she did not know. Nurse F reported there were no active COVID-19 cases in the facility and therefore a surgical mask was all that was needed. When queried about the signage on the door that indicated R447 and R448 were on contact and droplet precautions with an N95 mask, Nurse F reported they did not know what was required. When queried about how PPE should be donned and doffed and if the mask should be changed upon exiting the residents' room, Nurse F reported she did not know. Nurse F explained she worked for a staffing agency and was contracted to work in the facility and that it was her first time in facility. When queried about how she was educated about facility protocols and procedures related to infection control, Nurse F reported she was handed a packet.</p> <p>On 2/7/22 at 1:32 PM, Certified Nursing Assistant (CNA) H was observed entering R447 and R448's room. CNA H donned a blue disposable isolation gown and did not tie it in the back and did not don gloves. CNA H wore a KN95 mask and a face shield. CNA H was observed from the hallway making contact with R448's environment. CNA H then doffed the isolation gown prior to exiting the room and brought R448 out into the hallway in a wheelchair and pushed the resident to the front door of the facility. CNA H did not change their mask upon exiting the resident's room. At that time, CNA H was interviewed. When queried about why R447 and R448 were on TBP and what PPE was required when entering their room, CNA H reported she did not know why they were on TBP and reported R447 and R448 were new residents and that they were not on TBP earlier that day. CNA H reported they did not know what PPE was required for that room and stated, I think they are just not vaccinated.</p> <p>On 2/7/22 at 1:37 PM, Central Supply Coordinator (Staff I) was observed wearing a blue isolation gown not tied in the back, gloves, goggles, and an N95 mask prior to entering R447 and R448's room. Staff I removed the gown and gloves prior to exiting the room but did not change their N95 mask. When queried about whether it was required to doff the N95 mask worn into the isolation room after exiting the room, Staff I reported she was supposed to change into a clean mask.</p> <p>On 2/7/22 at 1:39 PM, Maintenance Staff (Staff K) was observed wearing a surgical mask worn under their nose and a face shield.</p> <p>On 2/7/22 at 1:42 PM, Maintenance Staff (Staff J) brought a new mattress onto the 1 North hallway outside of R447 and R448's room. When alerted by other staff that PPE must be worn in that room, Staff J donned a gown without performing hand hygiene first, took off the surgical mask he was wearing and placed it on the clean mattress in the hallway, and donned an N95 mask worn incorrectly with the bottom strap hanging loose below the chin instead of behind the neck. At that time, Staff J dragged R448's old mattress out of the room out into the hallway without sanitizing it. Staff J exited the room wearing the isolation gown, walked down the hallway, then took off the gown, walked back to R448's room, and threw it out in the trash can located directly inside of the door. No hand hygiene was performed prior to exiting the room or after doffing the isolation gown. Staff J did not change the N95 mask into a clean mask after exiting the resident's room and continued to wear it incorrectly. At that time, a staff member was observed cleaning R448's old mattress in the hallway near the elevator in the presence of Staff K and Staff J. When queried about whether the mattress should have been removed from R448's room if the resident was on TBP, Staff K reported it should have been disinfected inside of the resident's room prior to bringing it out.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235320	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/09/2022
NAME OF PROVIDER OR SUPPLIER Lahser Hills Care Centre		STREET ADDRESS, CITY, STATE, ZIP CODE 25300 Lahser Rd Southfield, MI 48034	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 2/7/22 at approximately 1:45 AM, a CNA entered R447 and R448's room wearing a blue isolation gown that was not tied in the back and wore a KN95 mask. CNA L then entered R447 and R448's room wearing a surgical mask with a face shield and a blue isolation gown not tied in the back. CNA L exited R447 and R448's room after doffing the isolation gown but did not change their mask after exiting the room. When queried about PPE protocols for residents on TBP, specifically R447 and R448, CNA L reported she did not know the protocols and reported that room did not have TBP earlier that day. CNA L reported she thought the residents were unvaccinated.</p> <p>R494</p> <p>On 2/07/22 at 11:31 AM, Certified Nursing Assistant (CNA) L was observed entering R494's room wearing only a surgical mask and exiting without disposing the mask or washing their hands. At approximately 11:32 AM, Nurse T was observed entering R494's room wearing only a KN95 mask. Nurse T exited, did not dispose of the mask, and returned to the medicine cart. Signage was posted on R494's door that noted to see the nurse prior to entering the room and that the resident was on contact and droplet precautions plus an N95 mask. Additional signage on the door noted instructions on how to don and doff PPE. A trash can located directly inside the residents' room was labeled with instructions to dispose isolation gowns in that receptacle. A small trash can located directly outside of the room was labeled with instructions to dispose N95 masks in that receptacle. Both CNA L and Nurse T were asked as to the protocol for entering a room with instructions that a resident was on contact and droplet precautions. Both stated they were told they were instructed that unless they were having direct contact with the resident they did not need to wear all PPE noted on the door. Nurse T noted that she did not even see the documents posted on the door and noted they must have posted it there in the morning because R494 was unvaccinated.</p> <p>A review of R494's clinical record documented the resident was admitted to the facility on [DATE] with diagnoses that included: Myocardial Infarction, vascular dementia, COPD and communication deficit. An order dated 2/7/22 noted Transmission Based Precautions: Contact, Droplet, plus N95 -three times per day.</p> <p>On 2/8/22 at 7:39 AM, Wound Care Nurse (Nurse M) was observed wearing an N95 mask incorrectly with the bottom strap hanging loosely below their chin instead of secured behind their neck.</p> <p>On 2/8/22 at 8:48 AM, 8:56 AM, 9:01 AM, 9:14 AM, CNA L wore a surgical mask below their nose with a face shield. CNA L was observed to enter and exit multiple resident rooms on the 1 North hallway. At 12:38 PM, CNA L continued to wear a surgical mask below their nose with a face shield. When queried about the proper way to wear a surgical mask, CNA L reported it should be over their mouth and nose. When queried about why they wore the surgical mask below their nose, CNA L reported they did not know it was not covering their nose.</p> <p>On 2/8/22 at 8:49 AM, Nurse P donned a blue isolation gown prior to entering R447 and R448's room. Nurse P wore a KN95 mask with a surgical mask over it and a face shield. Nurse P assisted R448 while in the room and was observed from the hallway wiping something off of the floor. Nurse P doffed the isolation gown and performed hand hygiene prior to exiting the room and did not change their mask after exiting the room. When queried about the type of mask required when entering R447 and R448's room who were on TBP, Nurse P reported a N95 was required. When queried about the protocol upon exiting the TBP room, Nurse P reported they were supposed to take off the face shield and mask and replace them with a clean one.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235320	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/09/2022
NAME OF PROVIDER OR SUPPLIER Lahser Hills Care Centre		STREET ADDRESS, CITY, STATE, ZIP CODE 25300 Lahser Rd Southfield, MI 48034	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 2/8/22 at 11:00 AM, IC N was interviewed in the presence of Corporate Infection Control Nurse (IC O). When queried about why R447 and R448 were on TBP, IC N reported they were newly admitted residents from the hospital and were not vaccinated against COVID-19 and therefore were isolated with TBP for 10 days to monitor for signs and symptoms of COVID-19. When queried about PPE requirements for residents on observation/monitoring for COVID-19, IC N reported a gown, gloves, face shield or goggles, and an N95 mask was required prior to entering the resident's room. IC N reported all PPE was available in a tote located outside of the residents' rooms. When queried about the protocol for doffing PPE, IC N reported the gown and gloves were removed and discarded prior to exiting the room, hand hygiene was performed, and the N95 mask and face shield was removed right outside of the room, discarded in the labeled trash can, and a clean mask applied. IC N reported face shields and goggles should be decontaminated using 70 percent alcohol wipes. When queried about the facility's protocols for disinfecting equipment, specifically mattresses, that were removed from a TBP room, IC N reported they were to be disinfected prior to removing them from the room.</p> <p>IC N was further interviewed at that time. When queried about how staff were educated about COVID-19 protocols in the facility, including agency staff contracted to provide care for residents, IC N reported it was mostly word of mouth for agency staff and that he hoped it would be communicated from shift to shift. IC N further explained in-services were provided with facility staff whenever there were any changes to policies in the facility. When queried about how it was ensured the in-services and education were effectively communicated to the staff and that staff understood the policies, protocols, and procedures for COVID-19, IC N reported audits were done, but time didn't always allow for them to be completed.</p> <p>Review of R447's clinical record revealed R447 was admitted into the facility on [DATE] with diagnoses that included: end stage renal disease and congestive heart failure. Review of R447's physician's orders revealed an order dated 2/7/22 for Transmission Based Precautions: Contact, Droplet, plus N95.</p> <p>Review of R448's clinical record revealed R448 was admitted into the facility on [DATE] with diagnoses that included: end stage renal disease, chronic obstructive pulmonary disease, and type 1 diabetes. Review of R448's physician's orders revealed an order dated 2/7/22 for Transmission Based Precautions: Contact, Droplet, plus N95.</p> <p>R446</p> <p>On 2/8/22 at 12:30 PM, CNA H was observed to don a blue isolation gown untied in the back and gloves prior to entering the room of R446 who was on contact, droplet, plus N95 mask according to the signage posted on the door. CNA H wore a surgical mask with a face shield. CNA H assisted R446 with drinking some water, picked up R446's meal tray and proceeded toward the door of the room. CNA H set the tray down, doffed the isolation gown and gloves, then picked the meal tray up without performing hand hygiene. CNA H left R446's room with the meal tray and did not change their mask. CNA H took the meal tray to the pantry across from the nurses station and left the tray in that room. When queried about the type of mask required when going into R446's room, CNA H reported she did not know and that she thought the resident was just unvaccinated and came from the hospital. When queried about the protocol when removing meals trays from resident rooms who was on TBP, CNA H reported she was supposed to place the tray in a bag before bringing it into the hallway but did not have anywhere to put it, so she did not bag it.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235320	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/09/2022
NAME OF PROVIDER OR SUPPLIER Lahser Hills Care Centre		STREET ADDRESS, CITY, STATE, ZIP CODE 25300 Lahser Rd Southfield, MI 48034	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 2/8/22 at 12:45 PM, IC N was interviewed about the facility's protocols when meal trays were removed from a resident room that was on TBP, IC N reported the trays were to be bagged prior to bringing them out of the resident's room.</p> <p>Review of R446's clinical record revealed R446 was admitted into the facility on [DATE] and received hospice services with diagnoses that included: atherosclerotic heart disease and chronic kidney disease. Review of R446's physician's orders revealed an order dated 2/7/22 for Transmission Based Precautions: Contact, Droplet, plus N95.</p> <p>R448, R447 and R79</p> <p>On 2/9/22 at approximately 9:34 AM, CNA W was observed exiting out of R448 and R449's room wearing a blue disposable gown and a surgical mask, CNA W walked down the hallway and entered R79's room wearing the same PPE and exited the room wearing the same gown and mask and walked down the hall and entered R448 and R449's room for a second time and exited again with the same gown and mask. It should be noted that signage was posted on the resident doors that noted to see the nurse prior to entering the room and that the resident was on contact and droplet precautions plus an N95 mask. Additional signage on the door noted instructions on how to don and doff PPE. When asked if she was following the documentation on the resident's doors with instructions pertaining to proper PPE and disposable, CNA W answered No and indicated that they should have.</p> <p>According to a Centers for Disease Prevention and Control (CDC) publication titled, Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes updated 2/2/22, .Empiric use of Transmission-Based Precautions (quarantine) is recommended for residents who are newly admitted to the facility and for residents who have had close contact with someone with SARS-CoV-2 infection if they are not up to date with all recommended COVID-19 vaccine doses .HCP (Health Care Personnel) caring for them should use full PPE (gowns, gloves, eye protection, and N95 or higher-level respirator) .</p> <p>R43</p> <p>R43 was admitted to the facility on [DATE] with a readmitted [DATE] and diagnoses that included: Dementia and Alzheimer's disease. A MDS assessment dated [DATE] documented a BIMS score of 9 (indicating moderately impaired cognition) and requiring staff assistance for all ADLs.</p> <p>On 2/7/22 at 10:23 AM, a yellow PPE holder hanging from the outside of the resident's room door contained a blood pressure cuff and stethoscope. No signage was observed on the door. At 10:26 AM, LPN R was observed going into R43's room with gloves on and returned back into the hallway shortly after. LPN R was asked what PPE was required for a visitor to don on before entering into the room and LPN R replied just gloves. LPN R was then asked what precautions the resident was on, as there is no signage on the door and LPN R stated Contact precautions for C-diff (clostridium difficile colitis- a bacterium that causes severe diarrhea and inflammation of the colon).</p> <p>Review of a C Diff laboratory test with a report date of 1/27/22, revealed a positive result.</p> <p>Review of a Physician's Note dated 1/28/22 at 4:55 PM, documented in part . C. diff: pt. (patient) with diarrhea for the last few days. Stool culture and questran ordered. Stool +c. diff. oral vanco (antibiotic) 125 mg (milligram) . ordered. Maintain isolation precautions per protocol .</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235320	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/09/2022
NAME OF PROVIDER OR SUPPLIER Lahser Hills Care Centre		STREET ADDRESS, CITY, STATE, ZIP CODE 25300 Lahser Rd Southfield, MI 48034	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Review of the physician orders revealed no order for Contact precautions.</p> <p>On 2/7/22 at 2:18 PM, the yellow PPE holder hanging on the door of R43's room was observed again and still did not contain gown or gloves to don on to enter into the room. At 2:20 PM LPN R was asked to provide a gown and gloves for the surveyor to enter into the room. R43 was observed sitting in their wheelchair facing the window, an interview was conducted with the resident at that time.</p> <p>On 2/8/22 at 9:03 AM, LPN Q was observed to enter into R43's room with no gown or gloves donned on (the nurse was observed with a mask and shield on.) The PPE holder on the door was observed with no gowns or gloves inside for staff to utilize.</p> <p>Initial review of the care plans revealed no care plan for the resident's C-Diff diagnosis. On 2/7/22 a care plan was initiated.</p> <p>On 2/8/22 at 11:21 AM, IC N was interviewed and asked if the facility currently had any residents on TBP for reasons other than COVID 19. IC N stated (R43) has c-diff and was currently on contact precautions. When asked what the facility considered contact precautions, IC N stated a yellow apron is put on the resident's door with gloves, gowns, and disposable patient care equipment (if possible) and a signage is put on the resident's door. When asked about the signage not being on the door and the proper PPE not being utilized or stocked on the PPE caddy on the resident's door, IC N stated they will get on to this right away and do additional education with the facility staff.</p> <p>Review of the facility's contact precaution policy was reviewed and did not contain updated guidance for contact precautions.</p> <p>Deficient Practice #2</p> <p>Based on observation, interview, and record review, the facility failed to implement transmission based precautions (TBP) in a timely manner and consistently monitor for signs and symptoms of COVID-19 for four (R446, R447, R448, and R494) of four residents reviewed for TBP related to COVID-19. Findings include:</p> <p>On 2/7/22 at 11:18 AM, during an observation of the 1 North unit, signage posted on R447 and R448's door that noted to see the nurse prior to entering the room and that the resident was on contact and droplet precautions plus an N95 mask.</p> <p>On 2/7/22 at 11:22 AM, Social Services Staff (SS G) was interviewed regarding what personal protective equipment (PPE) was required when entering their room. SS G reported they did not know, and that IC N educated staff to sanitize their hands and distance themselves from the residents when in their room. At that time, Nurse F was interviewed about what PPE was required when entering their room. Nurse F reported she did not know, but that there were no active COVID-19 cases in the facility.</p> <p>On 2/7/22 at 1:32 PM, Certified Nursing Assistant (CNA) H was observed entering R447 and R448's room. When queried about what PPE was required when entering their room, CNA H reported R447 and R448 were new residents and that they were not on TBP earlier that day. CNA H reported they did not know what PPE was required for that room and stated, I think they are just not vaccinated.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235320	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/09/2022
NAME OF PROVIDER OR SUPPLIER Lahser Hills Care Centre		STREET ADDRESS, CITY, STATE, ZIP CODE 25300 Lahser Rd Southfield, MI 48034	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 2/7/22 at approximately 1:45 PM, a CNA L and another CNA entered R447 and R448's room When queried about PPE protocols for residents on TBP, specifically R447 and R448, CNA L reported she did not know the protocols and reported that room was not on TBP earlier that day. CNA L reported she thought the residents were unvaccinated.</p> <p>On 2/8/22 at 11:00 AM, the Director of Infection Control (IC N) was interviewed regarding COVID-19 protocols in the facility. When queried about how the facility determined which residents required TBC for COVID-19, IC N reported that all residents who were not vaccinated against COVID-19 who were newly admitted into the facility or readmitted into the facility were placed on TBP that included contact, droplet, and an N95 mask for 10 days. IC N reported that the doors of residents on TBP were clearly marked, and PPE totes were located directly outside of the isolation rooms. IC N reported physician's orders for monitoring for signs and symptoms of COVID-19 were implemented upon admission, as well as an order for TBP. IC N further explained that residents who were on observation for COVID-19 were required to have a respiratory assessment and an assessment for signs and symptoms of COVID-19 every shift, three times a day and those assessments would be signed off on the Medication Administration Record (MAR) when completed.</p> <p>On 2/8/22 at 11:00 AM, IC N was interviewed in the presence of Corporate Infection Control Nurse (IC O). When queried about why R447 and R448 were on TBP, IC N reported they were newly admitted residents from the hospital and were not vaccinated against COVID-19 and therefore were isolated with TBP for 10 days to monitor for signs and symptoms of COVID-19.</p> <p>On 2/8/22 at 12:30 PM, CNA H was observed to enter R446's room which the door indicated the resident was on contact and droplet precautions plus an N95 mask. CNA H was observed to wear a surgical mask inside of R446's room. When queried about the type of mask required when going into R446's room and why the resident was on TBP, CNA H reported she did not know and that she thought the resident was just unvaccinated and came from the hospital.</p> <p>Review of R447's clinical record revealed R447 was admitted into the facility on [DATE] with diagnoses that included: end stage renal disease and congestive heart failure.</p> <p>Review of R447's active physician's orders revealed the following orders dated 2/7/22 (three days after R447 was admitted into the facility):</p> <p>Transmission Based Precautions: Contact, Droplet, plus N95 .three times a day</p> <p>Resident was actively assessed for symptoms of COVID-19 (fever, shortness of breath, cough, sore throat, chills/shaking, loss of tastes/smell, muscle aches, headaches confusion, nausea, vomiting and diarrhea). The patient did not display any of these symptoms during my shift. Document in a nurse's note if the patient experienced any of these signs of symptoms of COVID .three times a day.</p> <p>Respiratory status assessment including: respiratory rate, effort, function, oxygen saturation, mucous membranes, skin, lips and fingernail color, lung sounds, and mental status three time a day. Report abnormalities to MD (physician).</p> <p>Review of R447's documented vital signs revealed the following:</p> <p>R447's oxygen saturation (O2 Sats) were taken on 2/6/22 at 10:25 AM.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235320	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/09/2022
NAME OF PROVIDER OR SUPPLIER Lahser Hills Care Centre		STREET ADDRESS, CITY, STATE, ZIP CODE 25300 Lahser Rd Southfield, MI 48034	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>R447's respiratory rate was taken on 2/6/22 at 10:25 AM and 2/8/22 at 9:53 AM.</p> <p>R447's temperature was taken on 2/6/22 at 10:25 AM and 2/8/22 at 9:53 AM.</p> <p>Review of R447's MAR on 2/8/22 at 4:23 PM, revealed a discontinued order to assess for symptoms of COVID-19, was implemented on 2/5/22 and discontinued on 2/7/22 documented as completed two times a day on 2/5/22 and 2/6/22. The updated order started on 2/7/22, did not transfer to the MAR. There was no additional documentation that indicated R447 was assessed for signs and symptoms of COVID-19 other than on 2/5/22 and 2/6/22. The order for respiratory status assessment started on 2/7/22 was not documented on the MAR. There was no documentation that indicated the respiratory status assessment was completed after the physicians order was written on 2/7/22.</p> <p>Review of R448's clinical record revealed R448 was admitted into the facility on [DATE] with diagnoses that included: end stage renal disease, chronic obstructive pulmonary disease, and type 1 diabetes.</p> <p>Review of R448's active physician's orders revealed the following orders dated 2/7/22 (three days after R447 was admitted into the facility):</p> <p>Transmission Based Precautions: Contact, Droplet, plus N95 .three times a day</p> <p>Resident was actively assessed for symptoms of COVID-19 (fever, shortness of breath, cough, sore throat, chills/shaking, loss of tastes/smell, muscle aches, headaches confusion, nausea, vomiting and diarrhea). The patient did not display any of these symptoms during my shift. Document in a nurse's note if the patient experienced any of these signs of symptoms of COVID .three times a day.</p> <p>Respiratory status assessment including: respiratory rate, effort, function, oxygen saturation, mucous membranes, skin, lips and fingernail color, lung sounds, and mental status three time a day. Report abnormalities to MD (physician).</p> <p>Review of R448's documented vital signs revealed the following:</p> <p>As of 2/8/22 at 4:20 PM, there was no documented evidence that R448's O2 Sats were monitored.</p> <p>R448's respiratory rate was taken on 2/4/22 at 11:46 PM, six times on 2/6/22, 2/7/22 at 12:24 PM, and 2/8/22 at 12:15 PM, but was not completed three times a day according to physicians orders.</p> <p>R448's temperature was taken on 2/4/22 at 11:45 PM. There was no additional documentation that indicated R448's temperature was monitored three times a day as ordered by the physician and explained by IC N.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235320	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/09/2022
NAME OF PROVIDER OR SUPPLIER Lahser Hills Care Centre		STREET ADDRESS, CITY, STATE, ZIP CODE 25300 Lahser Rd Southfield, MI 48034	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Review of R448's MAR on 2/8/22 at 4:23 PM, revealed a discontinued order to assess for symptoms of COVID-19 was implemented on 2/5/22 and discontinued on 2/7/22. It was documented as completed two times a day on 2/5/22 and 2/6/22 and one time on 2/7/22. The updated order started on 2/7/22, did not transfer to the MAR. There was no additional documentation that indicated R448 was assessed for signs and symptoms of COVID-19 other than twice a day on 2/5/22 and 2/6/22 and once on 2/7/22. The order for respiratory status assessment started on 2/7/22 was not documented on the MAR. There was no documentation that indicated the respiratory status assessment was completed after the physicians order was written on 2/7/22.</p> <p>Review of R446's clinical record revealed R446 was admitted into the facility on [DATE] and received hospice services with diagnoses that included: atherosclerotic heart disease and chronic kidney disease.</p> <p>Review of R446's active physician's orders revealed the following orders dated 2/7/22:</p> <p>Transmission Based Precautions: Contact, Droplet, plus N95 .three times a day This order was originally written on 2/7/22, discontinued and rewritten on 2/8/22.</p> <p>Resident was actively assessed for symptoms of COVID-19 (fever, shortness of breath, cough, sore throat, chills/shaking, loss of tastes/smell, muscle aches, headaches confusion, nausea, vomiting and diarrhea). The patient did not display any of these symptoms during my shift. Document in a nurse's note if the patient experienced any of these signs of symptoms of COVID .three times a day.</p> <p>Respiratory status assessment including: respiratory rate, effort, function, oxygen saturation, mucous membranes, skin, lips and fingernail color, lung sounds, and mental status three time a day. Report abnormalities to MD (physician).</p> <p>Review of R446's documented vital signs revealed the following:</p> <p>As of 2/8/22 at 4:20 PM, there was no documented evidence that R448's O2 Sats were monitored.</p> <p>R446's respiratory rate was taken on 2/4/22 at 11:09 PM. There was no evidence R446's respiratory rate was monitored any other time after that.</p> <p>R446's temperature was taken on 2/4/22 at 11:08 PM. There was no additional documentation that indicated R446's temperature was monitored three times a day as ordered by the physician and explained by IC N.</p> <p>Review of R446's MAR on 2/8/22 at 4:23 PM, revealed a discontinued order to assess for symptoms of COVID-19 was implemented on 2/5/22 and discontinued on 2/7/22. It was documented as completed two times a day on 2/5/22 and 2/6/22. The updated order started on 2/7/22, did not transfer to the MAR. There was no additional documentation that indicated R448 was assessed for signs and symptoms of COVID-19 other than twice a day on 2/5/22 and 2/6/22 and once on 2/7/22. The order for respiratory status assessment started on 2/7/22 was not documented on the MAR. There was no documentation that indicated the respiratory status assessment was completed after the physicians order was written on 2/7/22.</p> <p>R494</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235320	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/09/2022
NAME OF PROVIDER OR SUPPLIER Lahser Hills Care Centre		STREET ADDRESS, CITY, STATE, ZIP CODE 25300 Lahser Rd Southfield, MI 48034	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 2/7/22 at approximately 11:31 AM, R494 was noted to have signage on their door that indicated they were on contact and droplet precautions. Nurse T reported that the resident was unvaccinated against COVID-19 and that was the reason they were on precautions.</p> <p>A review of R494's clinical record documented the resident was admitted to the facility on [DATE] with diagnoses that included: Myocardial Infarction, vascular dementia, COPD and communication deficit. An order dated 2/7/22 noted Transmission Based Precautions: Contact, Droplet, plus N95 -three times per day. It should be noted the resident was admitted on [DATE] and noted that they had not received any of the COVID-19 vaccines.</p> <p>A review of R494's Medication Administration Record (MAR) noted a start date order (2/7/22) that documented vital signs q shift x 14 days every shift for new admit until 2/20/22). It should be noted the resident was admitted to the facility on [DATE].</p> <p>On 2/9/22 at 10:45 AM, IC N was interviewed. When queried about when TBP, respiratory status assessments, and COVID monitoring should have been implemented for newly admitted residents who were not fully vaccinated against COVID-19, IC N reported on their day of admission into the facility (2/4/22).</p> <p>On 2/9/22 at 11:35 AM, the Director of Nursing (DON) was interviewed. When queried about who was responsible to ensure physicians orders were written and implemented for COVID-19 monitoring, respiratory assessments, and TBP, the DON reported the unit managers reviewed orders for newly admitted residents and readmission the following day, but they should be put into place upon admission.</p> <p>The facility was asked to provide all policies and procedures related to their infection control program during the entrance conference on 2/7/22. No policies were provided regarding implementation of TBP for COVID-19 or monitoring for respiratory status and signs and symptoms of COVID-19.</p> <p>According to a Centers for Disease Prevention and Control (CDC) publication titled, Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes updated 2/2/22, .Empiric use of Transmission-Based Precautions (quarantine) is recommended for residents who are newly admitted to the facility and for residents who have had close contact with someone with SARS-CoV-2 infection if they are not up to date with all recommended COVID-19 vaccine doses .New Admissions and Residents who Leave the Facility Create a Plan for [NAME] [TRUNCATED]</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235320	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/09/2022
NAME OF PROVIDER OR SUPPLIER Lahser Hills Care Centre		STREET ADDRESS, CITY, STATE, ZIP CODE 25300 Lahser Rd Southfield, MI 48034	
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 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement a program that monitors antibiotic use.</p> <p>32568</p> <p>Based on interview and record review the facility failed to implement an antibiotic stewardship program which consistently ensured appropriate clinical indication for use of antibiotic medications for two (R21 and R74) of six residents reviewed for antibiotic stewardship. Findings include:</p> <p>On 2/9/22 at 12:45 PM, an interview was conducted with the Director of Infection Control (IC N) regarding the facility's antibiotic stewardship program. IC N reported he reviewed residents prescribed antibiotic medications each morning, added them to the line listing, found out why the antibiotic was prescribed, and ensured the residents met criteria for the diagnosed infection according to McGeer's Criteria for Infection.</p> <p>At that time, review of Infection Control surveillance <sic> audit forms (line listing) from October 2021 through February 2022 revealed no signs and symptoms or date of onset were included. IC N reported signs and symptoms were documented in the electronic clinical record using an infection control program and the handwritten line listing was filled out first and then entered into the electronic software. The handwritten line listings were reviewed and that time and revealed the following:</p> <p>The line listing for October 2021 documented, in part, the following, for R21: .Antibiotic/Date ordered . Methenamine 10/12-11/1 (2021) .Lab ordered .UA/CS (Urinalysis/Culture and Sensitivity) .Lab results .UTI (Urinary Tract Infection) .FA (facility acquired) . The line listing did not include any signs and symptoms, date of onset, or whether R21 met infection criteria for the use of antibiotic medications.</p> <p>The line listing for October 2021 documented, in part, the following for R74: .Antibiotic/Date ordered .Keflex 10/14-10/21 .UA/CS .UTI E.coli .FA . The line listing did not include any signs and symptoms, date of onset, or whether R74 met infection criteria for the use of antibiotic medications.</p> <p>At that time, IC N was asked if R21 and R74 met McGeer's Criteria for Infection for UTI. IC N reported he would look into it.</p> <p>On 2/9/22 at approximately 3:00 PM, IC N provided the following information:</p> <p>A printed document from the electronic infection control software that indicated R21 had functional decline, urinary complaints, and altered mental status. No organism was documented, and the infection type noted, unknown. It was documented the onset date of signs and symptoms was 10/22/21, however, according to the handwritten line listing, antibiotics were started on 10/12/21. When queried about whether R21 had a urinary catheter specimen culture with (greater than or equal to) (100,000) cfu/ml (colony forming unit per milliliter) as required according to McGeer's criteria in order to meet criteria for a UTI with indwelling catheter, IC N reported he did not have laboratory results (UA/CS) to provide. IC N reported R21 did not meet criteria for antibiotic use. When queried about whether the physician was contacted regarding R21 not having met criteria for antibiotic use, IC N reported he did not speak with the physician.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235320	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/09/2022
NAME OF PROVIDER OR SUPPLIER Lahser Hills Care Centre		STREET ADDRESS, CITY, STATE, ZIP CODE 25300 Lahser Rd Southfield, MI 48034	
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 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A printed document from the electronic infection control software did not include data for R74 from October 2021. IC N provided a copy of a Lab Results Report which indicated R74 had >100,000 cfu/ml of Escherichia coli in their urine culture. When queried about the signs and symptoms R74 exhibited, IC 'N reported he did not know. When queried about whether R74 met McGeer's Criteria for a UTI, IC N reported R74 had an indwelling catheter and reported she did not meet criteria for infection based on laboratory results only. When queried about whether the physician was contacted regarding R74 not having met criteria for antibiotic use, IC N reported he did not speak with the physician.</p> <p>When queried about how it was ensured that antibiotics were being prescribed appropriately, IC N reported it was difficult using the electronic software and had difficulty tracking antibiotic use that way.</p> <p>Review of a facility policy titled, Infection Prevention and Control Program revised 11/21/17 revealed, in part, the following: .Antibiotic Stewardship Policy .Protocols to review clinical signs and symptoms and laboratory reports to determine if the antibiotic is indicated or if adjustments to therapy should be made. The facility may determine to utilize McGreer's (sic) criteria of Loeb Minimum Criteria for initiation of Antibiotics .A system for the provision of feedback reports on antibiotic use, antibiotic resistance patterns based on laboratory data, and prescribing practices for the prescribing practitioner .</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235320	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/09/2022
NAME OF PROVIDER OR SUPPLIER Lahser Hills Care Centre		STREET ADDRESS, CITY, STATE, ZIP CODE 25300 Lahser Rd Southfield, MI 48034	
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 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32568</p> <p>Based on interview and record review, the facility failed to obtain consent and offer influenza and/or pneumococcal immunizations to four (R447, R44, R494, and R90) of five residents reviewed for influenza and pneumococcal immunizations. Findings include:</p> <p>Review of a facility policy titled, Influenza, Prevention and Control of Seasonal revised on 11/12/18, revealed, in part, the following: .The Infection Preventionist will promote and administer seasonal influenza vaccine. a. Unless contraindicated, all residents and staff will be offered the vaccine .</p> <p>Review of a facility provided document titled, Influenza Adult Immunization Guide 2019-2020 revealed, in part, the following: .CDC (Centers for Disease Prevention and Control) .Pneumococcal Recommendations & Schedule .Two types of vaccinations against bacterial pneumonia are available. ACIP (Advisory Committee on Immunization Practices) expects administration of both PCV13 (Prevnar) and PPSV23 (Pneumovax) will provide optimal protection against pneumococcal infections. The recommendations for adults aged <[AGE] years are different than for adults aged >[AGE] years so they should be vaccinated based on the ACIP recommendations for their age group. If pneumococcal administration is unknown or incomplete, PCV13 and PPSV23 should be administered according to the below schedule .Pneumonia Vaccine Naive Patients AND Patients with Unknown Immunization History .Prevnar (PCV13) Administer as soon as possible (before Pneumovax) .Pneumovax (PPSV23) Administer at least 1 year after Prevnar .Patients who Have Already Received Prevnar .Pneumovax (PPSV23) Administer at least 1 year after Prevnar .Patients who Have Already Received Pneumovax .Prevnar .Administer at least 1 year after Pneumovax .Pneumovax .Do not administer more than 1 dose to IMMUNOCOMPETENT patients > [AGE] years .</p> <p>On 2/8/22 at 11:00 AM, an interview was conducted with the Director of Infection Control (IC N). When queried about the facility's protocol for offering, educating, obtaining consent, and administering influenza and pneumococcal immunizations to residents, IC N reported he tried to offer the vaccines as soon as possible after admission. IC N further explained that if the resident was their own responsible party they get their consent directly and if they had a guardian they contacted them by telephone and had them complete a consent form. IC N reported he tried to offer vaccines every morning, but it did not always occur. IC N further explained that when a resident was admitted into the facility he investigated whether they received the influenza or pneumococcal vaccines and offered them if they were eligible. When queried about whether immunizations were discussed during the admission process, IC N reported they were not and he was responsible to offer vaccines to residents. IC N reported he used a matrix to determine which pneumococcal vaccine each resident was eligible for based on history of the vaccine, age, and clinical conditions.</p> <p>On 2/9/22 at 8:10 AM, education, documented consent or refusal, and proof of administration of the influenza and pneumococcal vaccines was requested from IC N for the following residents: R447, R44, R494 , and R90.</p> <p>On 2/9/22 at approximately 3:00 PM. The information provided was reviewed with IC N and an interview was conducted.</p> <p>R447</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235320	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/09/2022
NAME OF PROVIDER OR SUPPLIER Lahser Hills Care Centre		STREET ADDRESS, CITY, STATE, ZIP CODE 25300 Lahser Rd Southfield, MI 48034	
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 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>No consent, education, proof of administration or documentation of refusal of the influenza and pneumococcal vaccine was provided for R447. When queried about whether education was provided and influenza and pneumococcal vaccines were offered to R447, if eligible, IC N reported he had not yet offered the immunizations to the resident.</p> <p>Review of R447's clinical record revealed R447 was admitted into the facility on [DATE] with diagnoses that included: congestive heart failure (CHF) and end stage renal disease.</p> <p>R44</p> <p>Review of Immunization History printed from MCIR (Michigan Care Improvement Registry) for R44 revealed the resident was due to receive the influenza vaccine and pneumococcal vaccine. When queried, IC N reported R44 was due for both vaccines, but he had not had time to give the vaccines</p> <p>Review of R44's clinical record revealed R44 was admitted into the facility on [DATE] with diagnoses that included: respiratory failure. Review of R44's immunizations revealed R44 last received the influenza vaccine on 11/2/20, during the previous influenza season. It was documented R44 received Pneumovax Dose 1 (pneumococcal polysaccharide vaccine - PPSV23) on 12/27/19.</p> <p>R494</p> <p>No consent, education, proof of administration or documentation of refusal of the influenza and pneumococcal vaccine was provided for R494. When queried about whether education was provided and influenza and pneumococcal vaccines were offered to R494, if eligible, IC N reported he had not yet offered the immunizations to the resident.</p> <p>Review of R494's clinical record revealed R494 was admitted into the facility on [DATE] with diagnoses that included: myocardial infarction, vascular dementia, chronic obstructive pulmonary disease and cognitive communication deficit. Review of R494's immunizations in the clinical record documented consent required for the influenza and pneumococcal vaccines.</p> <p>R90</p> <p>No consent forms or proof of administration of influenza or pneumococcal vaccines was provided for R90.</p> <p>Review of R90's clinical record revealed R90 was admitted into the facility on [DATE] with diagnoses that included: type 2 diabetes mellitus. Review of R90's immunization revealed R90 last received the influenza vaccine on 9/15/20, during the previous influenza season and received Pneumovax dose 1 on 2/19/15. IC N reported he had not yet offered the influenza vaccine and did not look into whether R90 was eligible to receive any of the pneumococcal vaccines.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235320	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/09/2022
NAME OF PROVIDER OR SUPPLIER Lahser Hills Care Centre		STREET ADDRESS, CITY, STATE, ZIP CODE 25300 Lahser Rd Southfield, MI 48034	
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 0886</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Perform COVID19 testing on residents and staff.</p> <p>34275</p> <p>Based on interview and record review, the facility failed to conduct COVID-19 testing per Centers for Medicare & Medicaid Services (CMS) guidelines for three facility staff employees (Staff V, Nurse T and Staff Y) out of five staff reviewed for Covid-19 testing. Findings include:</p> <p>A Centers for Medicare & Medicaid Services (CMS) Memorandum- Ref: QSO-20-38-NH (revised 9/10/21) documented in part, . Routine testing of unvaccinated staff should be based on the extent of the virus in the community . Facilities should use their community transmission level . High (red) . Minimum testing frequency of unvaccinated staff . twice a week . This Memorandum further states that in response to an outbreak, if the Testing Trigger: Newly identified COVID 19 positive staff or resident in a facility that can identify close contacts Test all staff, vaccinated and unvaccinated, that had a higher-risk exposure with a COVID-19 positive individual. Or if the Testing Trigger: Newly identified COVID19 positive staff or resident in a facility that is unable to identify close contacts Test all staff, vaccinated and unvaccinated, facility-wide or at a group level if staff are assigned to a specific location where the new case occurred (e.g., unit, floor, or other specific area(s) of the facility) .</p> <p>On 2/7/22 following an entrance conference, documentation was requested as to both facility staff and residents with COVID-19 over the past four weeks. The documentation provided noted that the last COVID 19 positive staff member was 2/2/2022. Further documentation provided revealed County Data- Case Rate Dates marked as High for the entire month of December 2021 and January 2022. The document noted twice a week testing of unvaccinated staff is required.</p> <p>On 2/8/22 at approximately 10:47 AM, an interview was conducted with Infection Control Specialist N regarding COVID-19 policies and protocol. ICS N reported that in addition to the County Data noted as High all staff regardless of vaccination status was tested during the facility outbreak that they indicated started in December 2021.</p> <p>On 2/9/22 at approximately 10:42 AM, a request for six staff member COVID-19 test records be provided from October 1, 2021, through February 9, 2022. It should be noted one of the six staff members was removed from the request. ICS N COVID-19 was then asked to highlight specific staff only for the months of December 2021 through February 9, 2022, that had received COVID-19 tests as a large number of documents containing several other staff members names were provided. The documents were completed after 3:15 PM following a second request.</p> <p>A review of COVID-19 staff titled (name redacted) COVID-19 Ag Card Internal Controls and Patient Record Patient Record documents highlighted by the facility from December 2021 through February 9, 2022, were conducted. The following tests documented as follows:</p> <p>Staff 'V (unvaccinated) had been tested on the following dates: 12/21/21 (neg), 12/28/21 (neg), 1/7/21 (neg) and 1/14/21 (positive).</p> <p>Staff Y (unvaccinated) had been tested on the following dates: 12/7/21(neg), 12/10/21(neg), 12/23/21(neg), 1/7/21 (neg).</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235320	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/09/2022
NAME OF PROVIDER OR SUPPLIER Lahser Hills Care Centre		STREET ADDRESS, CITY, STATE, ZIP CODE 25300 Lahser Rd Southfield, MI 48034	

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 0886</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Nurse T (vaccinated) had been tested on the following dates: 12/22/21(neg) and 2/4/22 (neg).</p> <p>On 2/9/22 at approximately an interview was conducted with ICS N regarding how the facility was able to determine if twice per week testing was completed according to CMS requirements. ICS N stated that there were no record/documents completed that would determine if testing was completed.</p>