

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 235299	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/07/2020
NAME OF PROVIDER OF SUPPLIER LAURELS OF BEDFORD (THE)		STREET ADDRESS, CITY, STATE, ZIP 270 N BEDFORD RD BATTLE CREEK, MI 49017	
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 0637 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Assess the resident when there is a significant change in condition **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** This citation pertains to intake number MI 2980. Based on interview and record review the facility failed to perform a significant change Minimum Data Set (MDS) assessment for one out of seven residents (Resident #7 (R7)), resulting the potential for inaccurate care and care needs not to be met. Findings Included: Per the facility face sheet R7 was admitted to the facility on [DATE], and had [DIAGNOSES REDACTED]. R7 no longer resided at the facility at the time of the survey. Review of R7's pressure ulcer wound care/treatment notes, and timeline revealed that when she was admitted on [DATE] she had a pressure ulcer wound to her rectum, on 3/4/2020 she had a purple blister on her right foot, on 3/22/2020 she had an open area on her left buttocks, and on 3/26/2020 she had a wound on her right buttocks. The timeline also revealed R7 had a pressure injury to her left buttocks, and excoriation (skin breakdown) to her groin area on admission to the facility. Review of R7's wound care/treatment notes revealed a wound care note, dated 4/10/2020, that revealed R7 had right heel deep tissue injury (DTI (a purple area of discolored intact skin or blood-filled blister due to damage of underlying soft tissue)) pressure ulcer. Review of physician's Wound Care Progress Note, dated 4/10/2020, revealed R7 had a stage two pressure ulcer to her left buttocks. Review of another Physician's progress note, dated 5/8/2020, revealed R7 had a DTI pressure ulcer to her left heel, and a DTI pressure ulcer to her left lateral heel. Record review of a Treatment Administration Record (TAR) for the month of March 2020 revealed R7 had a urinary catheter that was discontinued per a physician's orders [REDACTED]. No significant change MDS assessment was found to have been performed for R7's change in her health status, in regards to her re-insertion of her urinary catheter and pressure ulcers that were identified after her admission to the facility. In an interview on 7/1/2020, at 11:00 AM, Registered Nurse (RN) H, who was the MDS nurse, stated it was on 3/22/2020 when R7's left buttocks was observed to have a pressure area. RN H stated that R7 had one new skin condition to her right heel documented on 3/4/2020. RN H stated R7 should she have had a significant change MDS assessment performed related to her new pressure ulcers after her admission, and the re-insertion of her urinary catheter. RN H stated she did not do the assessment, because the information related to R7's newly identified pressure ulcers and re-insertion of her urinary catheter was not relayed to her in any of the morning meetings that were held every day. RN H said the morning meetings was where she would have received the information regarding a resident's changes in status, and stated R7 should have had a significant change MDS assessment performed. .		
F 0686 Level of harm - Actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** This citation pertains to intake number MI 2980. Based on interview and record review the facility failed to ensure the necessary treatment was provided for one out of seven residents (Resident #7 (R7)) resulting in worsening of pressure ulcers, and formation of new pressure ulcers. Findings Included: Per the facility face sheet R7 was admitted to the facility on [DATE], and had [DIAGNOSES REDACTED]. R7 no longer resided at the facility at the time of the survey. Review of a wound progress note from the wound clinic, dated 2/19/2020, revealed R7 had a pressure ulcer to her sacrum that measured 1 x 2.4 x 2.4 centimeters (cm) in size. Record review of Physician G's Initial History and Physical (H&P), dated 2/28/2020, revealed no documented pressure ulcers. Record review of a Braden Scale For Predicting Pressure Sore Risk assessment, dated 2/28/2020, which is an assessment of R7's ability to respond meaningfully to pressure related discomfort, the degree her skin was exposed to moisture, her degree of physical activity, ability to change and control her body position, her nutritional food intake, and risk of friction and shear to her skin, revealed she was at a low risk for developing pressure ulcers. Another Braden Scale For Predicting Pressure Sore Risk assessment, dated 3/12/2020, revealed R7 had a moderate risk of developing pressure ulcers, and on 3/19/2020 R7 was assessed to be at a high risk for developing pressure ulcers. Review of a Skin and Wound Total Body Skin Assessment, dated 3/18/2020 revealed R7 had no new wounds, and an assessment, dated 3/22/2020, revealed R7 had one new wound, and another assessment, dated 3/29/2020, revealed R7 had no new wounds. Review of R7's pressure ulcer wound care/treatment notes, and timeline revealed that when she was admitted on [DATE] she had a pressure ulcer wound to her rectum, on 3/4/2020 she had a purple blister on her right foot, on 3/22/2020 she had an open area on her left buttocks, and on 3/26/2020 she had a wound on her right buttocks. The timeline also revealed R7 had a pressure injury to her left buttocks, and excoriation (skin breakdown) to her groin area on admission to the facility. The timeline further noted that R7 was unable to turn and/or reposition herself in bed, and required staff assistance for turning while in bed every two hours. Review of R7's wound care/treatment notes revealed a wound care note, dated 4/10/2020, that addressed R7's right heel deep tissue injury (DTI (a purple area of discolored intact skin or blood-filled blister due to damage of underlying soft tissue)) pressure ulcer, but no wound care/treatment notes were found or received for the date of 4/10/2020 that addressed R7's pressure ulcer wound to her rectum, and left and right buttocks. Review of physician's Wound Care Progress Note, dated 3/20/2020, revealed no documentation of any pressure ulcers. A physician's progress note, dated 4/10/2020, revealed R7 had a stage two pressure ulcer to her left buttocks, and a DTI to her right heel. A physician's progress note, dated 4/24/2020, only revealed R7 had a history of [REDACTED]. Further review of Physician's progress notes, dated 5/1/2020, revealed R7 was assessed to have a stage two pressure ulcer to her left buttocks, a DTI to her right heel which measured 0.5 x 0.8 x 0.0 centimeters (cm), a stage two pressure ulcer to her right buttocks, a DTI to her left, and lateral (the side) left heel. Review of a wound care/treatment note, dated 5/1/2020, revealed R7's right heel DTI measured 0.28 x 0.46 x 0.77 cm. Review of another Physician's progress note, dated 5/8/2020, revealed R7 had an ulcer to her left buttocks, but did not reveal documentation of the stage of the ulcer, a DTI to her left heel, a sacral pressure ulcer, which was noted to not have been documented by Physician G in his previous progress notes, a DTI to her left lateral heel, and a pressure ulcer to her right buttocks, but the stage of her right buttocks pressure ulcer was not documented. The note also revealed that R7 had debridement (surgical removal of unhealthy tissue from a wound) of her left buttocks, sacral, and right buttocks pressure ulcer wounds. The note did not reveal any documentation of R7's right heel DTI. Review of the Physician's progress notes revealed that on 5/8/2020 R7's sacral pressure ulcer wound was documented to have measured 2.1 x 0.7 x 0.1 cm, on 5/15/2020 her sacral pressure ulcer wound was documented to measure 1.2 x 2.2 x 0.1 cm, and on 5/29/2020 her sacral pressure ulcer wound was documented to measure at 3 x 3.0 x 0.1 cm. Review of a Physician's progress note, dated 5/15/2020, revealed R7 continued to have a DTI to her left heel, left buttock, a sacral pressure ulcer, a DTI to her left lateral heel, right buttocks, which also did not have documentation of the stage of this ulcer. The note did not reveal any documentation regarding R7's right heel DTI. Review of a Physician's progress note, dated 5/22/2020, revealed the only documentation regarding R7's pressure ulcers was that she had a history of [REDACTED]. R7's pressure ulcer wounds to her left heel were not documented on this Physician's progress note, and her right heel pressure ulcer was documented as a history of a DTI injury. Review of a Physician's progress note, dated 5/29/2020, revealed R7's continued to have pressure ulcers to her left heel documented as a DTI, right buttocks ulcer that was not staged, sacral ulcer that was also not staged, and her right heel pressure ulcer that now measured 5.1 x 5.5 cm. Review of R7's wound care/treatment notes revealed a wound care note, dated 4/10/2020, that		

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

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 235299	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/07/2020
NAME OF PROVIDER OF SUPPLIER LAURELS OF BEDFORD (THE)		STREET ADDRESS, CITY, STATE, ZIP 270 N BEDFORD RD BATTLE CREEK, MI 49017	
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 0686 Level of harm - Actual harm Residents Affected - Few	<p>(continued... from page 1)</p> <p>addressed R7's right heel DTI pressure ulcer that was documented to measure 4.09 x 2.68 x 2.2 cm. No wound care/treatment notes were found or received for the date of 4/10/2020 that addressed any other pressure ulcer wounds R7 had on 4/10/2020. Further review of R7's wound care/treatment notes, revealed the date of 4/10/2020 was the first wound care/treatment note that was documented for R7's pressure ulcer wounds. In an interview on 7/1/2020, at 11:00 AM, Registered Nurse (RN) H stated it was on 3/22/2020 when R7's left buttocks was observed to have a pressure area, and said it appeared that her left buttocks was an open wound on 3/22/2020, but stated that it was actually present on R7's admission to the facility, and said the pressure ulcer wound should have been documented as such on R7's admission. RN H said R7's left buttocks pressure ulcer wound was not documented right away that it was a pressure ulcer, and stated that she was aware of the omission of this documentation. RN H stated that R7 had one new skin condition to her right heel documented on 3/4/2020. RN H was requested to provide wound care/treatment notes for the months of February and March 2020. Per an email, dated 7/1/2020, at 2:14 PM, Administrator A, was asked to provide R7's wound care/treatment notes for February and March 2020, and an email response was received on 7/1/2020, at 2:43 PM, from Administrator A that stated the facility did not have any wound care/treatment notes for February and March 2020 in regards to R7's pressure ulcer wounds. In an interview on 7/1/2020, at 3:40 PM, Director of Nursing (DON) B stated that she was not able to locate the complete documentation of R7's pressure ulcer wounds. Review of the facility's policy and procedure titled, Skin Management, dated 10/2019, revealed under, Practice Guidelines, #4 Guest/residents admitted with any skin impairment will have wound location, measurements and characteristics documented., and under #13, Guests/residents with pressure injury and lower extremity ulcers with be evaluated, measured, and staged weekly. In an interview on 7/1/2020, at 3:20 PM, Physician G stated that he saw R7 on 4/10/2020 for the first time related to her pressure ulcer wounds, when he examined her wounds. Physician G said in, regards to documentation of a pressure ulcer wound R7 had documented on 3/4/2020 of a purple blanchable area on her right heel, he was not able to locate any progress notes he had dictated for R7's pressure ulcer wounds on her right nor left heels. Physician G again stated that he saw R7 on 4/10/2020, and could not say if he was notified or made aware of R7's pressure ulcer wounds prior to 4/10/2020. Physician G also stated that R7 was not able to ambulate or move herself around. Review of a hospital note revealed R7 was admitted to the hospital on [DATE] for shortness of breath and fever. Further review of R7's hospital notes revealed that on 6/17/2020 R7's discharge from the hospital was canceled due to the state of her pressure ulcers on her coccyx and heel. The hospital notes further revealed that on 6/19/2020 R7 had a debridement of her pressure ulcer, but did not reveal which one, although dated 6/21/2020 revealed her sacral pressure ulcer was a stage four ulcer. Review of a Certified Nurse Aid (CNA) Nursing Care Card, dated 2/26/2020, revealed R7 was dependent on staff for bed mobility and skin care. The card revealed R7 was to be turned while bed every two hours. Record review of the CNA Activities of Daily Living (ADL) March 2020 documentation revealed the CNAs were to initial every shift, or three times a day, that they provided, routine standard care which includes evaluating skin daily and reporting changes, and turning and repositioning. The March ADL record revealed that for the dated of 3/1, 3/8, 3/9, 3/10, 3/11, 3/12, 3/13, 3/14, 3/16, 3/20, 3/21, 3/22, 3/24, 3/26, and 3/29/2020, 17 shifts were not initialed that the ADL activities were provided for R7. Review of the CNA ADL record for the month of April 2020 revealed that on 4/4, 4/7, 4/12, 4/15, 4/16, 4/17, 4/18, 4/19, 4/20, 4/21, 4/23, 4/25, and 4/29/2020, 15 shifts were not initial that the ADL activities of routine standard care which includes evaluation skin daily and reporting changes, and turning and repositioning, were provided for R7. Review of the CNA ADL record for the month of May 2020 revealed that on 5/9, 5/10, and 5/13/2020, 3 shifts were not initialed that the ADL activities of routine standard care which includes evaluation skin daily and reporting changes, and turning and repositioning, were provided for R7. Review of the CNA ADL record for the month of June 2020 revealed that on 6/7 and 6/8/2020, 2 shifts were not initialed that the ADL activities of routine standard care which includes evaluation skin daily and reporting changes, and turning and repositioning, were provided for R7. Review of a Treatment Administration Record (TAR) for the month of March 2020 revealed R7 had a treatment to float her heels (keep off the mattress or pressure areas) every shift, and wear Prevalon boots (protective boots for the skin) at all times, which had a start date of 3/4/2020, revealed that on 3/16 and 3/29/2020 for the night shift no nursing initials that indicated the treatments were in place. Further review of R7's March TAR revealed she had an air mattress on her bed that was to be initialed two times per day that her air mattress was in place. On 3/16/2020 for the night shift there were no nursing initials to indicate R7's air mattress was in place. Review of a TAR for the month of April 2020 revealed R7 had a treatment to float her heels every shift, and wear Prevalon boots at all times, with a start date of 3/4/2020, revealed that on 4/5/2020 the evening and night shift had no nursing initials that indicated the treatment was in place, on 4/8/2020 the night shift had no nursing initials, on 4/17/2020 the evening shift had no initials, and on 4/23/2020 the night shift had no nursing initials. Further review of R7's March TAR revealed she had an air mattress on her bed that was to be initialed two times per day that her air mattress was in place. On 4/5, 4/8, and 4/23/2020 for the night shift there were no nursing initials to indicate R7's air mattress was in place. The TAR also revealed R7 had a treatment that was ordered on [DATE] to apply a skin prep (protective barrier) to both of her heels twice a day, but on 4/5/2020 no nursing initials were documented that the prep was applied. Review of a TAR for the month of May 2020 revealed R7 had the continued treatment to float her heels every shift, and wear Prevalon boots at all times. The TAR revealed that on 5/18 for the day shift, 5/21 for the evening shift, 5/22 for the evening shift, 5/26 for the night shift, and 5/31/2020 for the evening shift there were no nursing initials that indicated the treatments were in place. The TAR also revealed that on 5/18 for the day shift, and 5/26/2020 for the night shift there were no nursing initials that indicated R7's skin prep was applied to both of her heels. Record review of a June 2020 TAR revealed R7 had an ordered treatment in place to apply [MEDICATION NAME] Wound/Burn Dressing Gel (Wound Dressings), and cleanse her wounds with normal saline then cover with a foam dressing. The treatment was ordered to be applied to both sides of her buttock and sacrum every day shift for wound healing, and was ordered to begin on 5/09/2020. The TAR revealed that on 6/4 and 6/9/2020 no nursing initials were documented on the TAR that indicated the treatment was completed for R7. The June 2020 TAR also revealed R7 was to continue with her skin prep and Prevalon boot treatment, and revealed that on 6/2, 6/3, and 6/4/2020 for the night shift no nursing initials that indicated the treatments were provided.</p>		