

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 235036	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/23/2020
NAME OF PROVIDER OF SUPPLIER MEDILODGE OF ROCHESTER HILLS, INC		STREET ADDRESS, CITY, STATE, ZIP 1480 WALTON BLVD ROCHESTER HILLS, MI 48309	
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 0677 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<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**</p> <p>This citation pertains to intake #MI 3. Based on interview and record review, the facility failed to ensure showers were provided for one resident, (R#508) of four residents reviewed for activities of daily living, resulting in a formal complaint to the state agency, and the potential for poor personal hygiene and embarrassment. Findings include: A complaint was filed with the State Agency that alleged the subject of the complaint did not receive their twice weekly scheduled showers between 5/27/20 and 6/3/20. On 7/21/20 during an abbreviated survey, a review of R508's clinical record was conducted. The review indicated R508 admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. R508's most recent Minimum Data Set assessment dated [DATE] indicated R508 was cognitively intact and required extensive assistance from one staff member for all activities of daily living. On 7/21/20 12:25 PM an interview with Certified Nursing Assistant (CNA) 'D' was conducted. During the interview, CNA 'D' indicated that when they gave a resident a bath or a shower they documented it on a paper form and in their CNA documentation in the electronic medical record. CNA 'D' also indicated that showers were scheduled twice a week by resident room numbers. On 7/21/20 at 1:25 PM, an interview with the facility's Director of Nursing (DON) was conducted regarding R508's showers. The DON indicated that R508 was scheduled for a shower on Wednesdays and Saturdays but often received them on Thursdays and Sundays because of R508's [MEDICAL TREATMENT] scheduled.</p> <p>The DON further indicated that R508 had refused a couple of showers, but was not care planned for it. At that time, the DON provided one paper shower sheet for R508 that was for a shower given in April 2020. The DON also provided the CNA electronic documentation for showers given to R508 during their admission to the facility. A review of the provided CNA documentation was conducted and it was discovered R508 received a shower on 5/27/20 and the next documented shower was on 6/3/20, seven days later. A review of a facility provided policy titled, Shower/Tub Bath revised 1/16/11 was reviewed, however; the policy did not address how often a resident was to receive a shower. A review of a second, undated, facility provided policy titled, Quality of Care was reviewed and read, .2. By providing rehabilitative nursing service, the staff will assist the resident with bathing, dressing, grooming, toileting and eating as needed . The facility was asked if they had any additional information to provide regarding the concern; none was provided by the end of the survey.</p>		

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.