

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 235527	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/10/2020
NAME OF PROVIDER OF SUPPLIER ST JAMES NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP 15063 GRATIOT AVE DETROIT, MI 48205	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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F 0558 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Reasonably accommodate the needs and preferences of each resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure a homelike environment for one Resident (#125), and supply adequate amounts of soap, toilet tissue, and paper towels in seven out of ten bathrooms to meet the needs of twelve Residents, resulting in discomfort, unmet care needs, and voiced frustration. Findings include: On 3/8/20 at 8:20 a.m., during the initial pool process, Resident #27 was observed walking down the north hallway of unit two with a washcloth in her hand. R#27 stated, I need some soap because I don't have any soap to wash my hand in my bathroom. Housekeeper E was observing R#27 in the hallway complaining of not having any soap in the bathroom. Resident #27 was interviewed. R#27 was asked, what was her room number? R#27 stated, Here, this room (While pointing to room [ROOM NUMBER]). Observed R#27's bathroom with no toilet tissue, no soap in the soap dispenser, and no paper towels. R#27 stated, I don't ever have any soap in here to wash my hands, and I need soap after I use the bathroom. On 3/8/20 at 8:35 a.m., interviewed R#27's roommate (R#126) after she voluntarily stated, This is why I keep me some hand sanitizer because they don't ever keep soap in the bathrooms. R#126 went into her nightstand drawer and held up two small bottles of hand sanitizers. R#126 was asked, was not having soap in the bathroom an ongoing problem? R#126 stated, Yes, all the time. On 3/8/20 at 8:40 a.m., housekeeper E entered R#27's room to refill the soap dispenser. Housekeeper E was asked, who's responsible for refilling the soap dispensers, putting toilet paper and paper towels in the resident's bathroom? Housekeeper E stated, I am. Housekeeper E was asked, how often does she check to ensure the residents have soap, toilet paper and paper towels. Housekeeper E stated, I try to check every day, but sometimes the resident takes it out. R#27 was observed washing her hands independently with soap, after housekeeper E refilled the soap dispenser. On 3/8/20 at 9:23 a.m., Certified Nursing Assistance (CENA) F was interviewed. CENA F was asked, what was she using to wash her hand after resident's care. CENA F stated, I just use this Shampoo and Bed Wash most of the time when there is no soap in the bathrooms. On 3/8/20 at 8:55 a.m., an observation of ten bathrooms on the 2nd floor north hall was completed with seven bathrooms with no soap in the dispensers. The 2nd floor unit rooms were occupied with one, or up to four residents' in each room. On 3/9/20 at 9:40 a.m., review of the Resident's clinical record documented R#27 was admitted into the facility 9/13/19 with [DIAGNOSES REDACTED]. According to the quarterly Minimum Data Set (MDS) assessment dated [DATE], R#27 was severely impaired cognitively, and independent with all Activity Daily Living (ADLs). Resident #27's complaint of not having any soap in her bathroom was observed to be valid. Review of R#27's ADLs care plan dated 3/1/20 documented, Requires staff assistance and intervention for completion of ADL needs. On 3/10/20 at 12:14 p.m., R#27 bathroom was observed with soap, toilet paper and paper towels. R#27 said, thank you, we got soap now. On 3/10/20 at 1:45 p.m., review of the facility's Quality of Life-Accommodation of needs policy revised date August 2009 documented, .4) In order to accommodate individual needs and preferences, staff attitudes and behaviors must be directed towards assisting the residents in maintaining independence, dignity and well-being to the extent possible and in accordance with the resident's wishes .B) Staff shall arrange toiletries and personal items so that they are in easy reach of the residents.</p> <p>Environment On 3/8/20 at 8:30 AM, observed R#125's head of the bed elevated to approximately 45 degrees. Both the residents feet were observed pushed into the foot board. When queried, the resident stated he was 6'4 tall and his feet push into the foot board, making him uncomfortable. Looking around the resident's room observation was made of no pictures, decorations, television, radio or reading material that would individualize or stimulate the residents in his living environment. The activities calendar was hanging across the room which was to far away for the resident to read. The bed was positioned so the resident could look out the window, but the blinds were broken and stuck in the closed position. R#125 said, This place feels like a prison. I would love looking out the window. They took the pictures down when they painted and never put any back up. I've been asking for a TV (the new cable required a high definition TV), but I never got one At 12:20 PM, 1:39 PM, and 2:40 PM the resident remain in his bed with the window blinds closed. On 3/09/20 at 10:34 AM, 1:50 PM and 3:26 PM, the residents blinds remain closed and stuck in closed position, resident was unable to look out the window. During an interview R#125 said, I'm bored in here, I have nothing to look at. I like to watch Jeopardy. This bed is too short, my feet hit the foot board when I slide down. At this time the resident's feet were observed pushed up against the footboard of the bed. On 3/10/20 at 9:38 AM, observed the resident's feet pushed into foot board. The head of the bed was up with his breakfast on table in front of him. At this time the Unit Manager, Nurse A was asked about the room for R#125 and stated, Yeah its not very homelike in here. We replaced the blinds yesterday and they open now. At 9:55 am, during an interview with the Maintenance Director he said, I see his feet hit the foot board. I'll look into seeing what else we can get for the resident. At 10:05 am during an interview with the Psychiatric Nurse Practitioner she stated I saw him(R#125)2 weeks ago and he said he wanted a TV, I pass that information along to the social worker. Record review revealed that R#125 was originally admitted into the facility on [DATE] and re-admitted on [DATE] with [DIAGNOSES REDACTED]. The Quarterly Minimum Data Set Assessment ((MDS) dated [DATE] indicated the resident's cognition was intact and was totally dependent on staff for all activities of daily living. Review of the facility's policy titled, Quality of Life-Accommodation of Needs policy dated 8/2009 documented, In order to accommodate individual needs and preferences, staff attitudes and behaviors must be directed towards assisting he residents in maintaining independence, dignity and will-being to he extent possible and in accordance with the resident's wishes.</p>		
F 0640 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Encode each resident's assessment data and transmit these data to the State within 7 days of assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to transmit MDS (Minimum Data Set) assessments to the Centers for Medicare and Medicaid (CMS) within 14 days after completion for three sampled resident's (#s 1, 2, and 3) from a total sample of 28, resulting in the potential for inaccurate tracking of resident assessment, admission and discharges. Findings include: FACILITY Resident Assessment R#1; Quarterly MDS assessment completed 12/29/19, transmitted to CMS 3/10/20 (3 months later). R#2; Annual MDS assessment completed 1/19/20, transmitted to CMS 3/10/20 (3 months later). R#3; Annual MDS assessment completed 1/24/20, transmitted to CMS 3/9/20 (3 months later). On 3/10/20 at 9:25 AM, during an interview with the MDS Nurse (D) she said the MDS assessments for R's #1, #2, #3 were not submitted until yesterday, They were just never submitted. Review of the facility's policy titled, Electronic Transmission of the MDS dated .[DATE] documented, All staff members responsible for completion of the MDS receive training on the assessment, data entry, and transmission process, in accordance with the MDS Resident Assessment Instrument (RAI) Instruction Manual . Review of the CMS 's RAI Version 3.0 Manual dated 10/19 documented, For all non-Admission OBRA and PPS assessments, the MDS Completion Date must be no later than 14 days after the Assessment Reference Date (ARD).</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.

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F 0640 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few F 0684 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>(continued... from page 1)</p> <p>Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to provide skin treatment according to treatment orders for one (R10) of one resident reviewed for quality of care, potentially resulting in an infection developing and further unmet skin treatment needs. Findings include: On 3/8/20 at 1:37 p.m., during the initial pool process, R10 was observed sitting in a wheelchair outside of his room. While interviewing the Resident, the Resident was observed to have a bandage on his left forearm and left thumb. Both bandages were dirty, dingy, stained with a yellow substance, and tattered. Both bandages also had the date of 3/6/20 written on them. The Resident was asked how often the bandages are supposed to be changed. The Resident stated they are to be changed every day. On 3/10/20 at 11:22 a.m., review of R10's clinical record documented the Resident was initially admitted into the facility on [DATE] with [DIAGNOSES REDACTED]. According to the quarterly Minimum Data Set (MDS) assessment dated [DATE], the resident had moderately impaired cognition, able to understand and be understood, and required supervision with most activities of daily living. Further record review documented on an Incident/Accident Report dated on 2/18/20, the Resident fell and observed with a left arm skin tear. According to the following physician's orders [REDACTED]. 2/25/20: New Treatment Order: Cleanse left arm abrasion, (proximal), with NS pat dry. Apply Xeroform, gauze and [MEDICATION NAME] qo (every other) day and prn (as needed). Cleanse left arm abrasion, (distal) with NS, pat dry. Apply Xeroform, gauze, and [MEDICATION NAME] qo (every other) day and prn (as needed). 3/1/20: New Treatment Order: Cleanse left thumb abrasion, (Distal) with NS, pat dry. Apply TAO and dry dressing q (every) day until healed. According to the Treatment Administration Record (TAR) for the month of 3/1/20-3/30/20: Cleanse left arm abrasion (proximal) with NS, pat dry. Apply gauze and [MEDICATION NAME] Qoday and prn (Xeroform): 7am-7pm, prn: 3/1 - initiated as administered, 3/2- X'd out, 3/3- Appt (out for an appointment), 3/4 X'd out, 3/5 initiated as administered, 3/6- X'd out, 3/7 initiated as administered, 3/8- X'd out. Cleanse left arm abrasion (distal) with NS, pat dry. Apply Xeroform, gauze, and [MEDICATION NAME] Qoday and prn: 7am-7pm, prn (treatment administered as above). Cleanse left thumb abrasion with NS, pat dry. Apply TAO, and dry dressing q day until healed. (Distal): 7am-7pm, prn: 3/1- initiated as administered, 3/2- initiated as administered, 3/3- Appt (out for an appointment), 3/4 - initiated as administered, 3/5- initiated as administered, 3/6- initiated as administered, 3/7- initiated as administered (date on bandages dated for 3/6, observed on 3/8 at 1:37p.m), 3/8- initialed as administered. On 3/10/20 at 10:09 a.m., the Wound Care Nurse G was interviewed and asked who provides wound care. The Wound Care Nurse stated she performs treatments Monday through Friday and the floor nurses are responsible for skin treatments on the weekends. The Wound Care Nurse was asked why didn't R10 receive treatment as per the physician's orders [REDACTED]. Wound Care Nurse G stated she will in-service the nursing staff immediately on weekend skin treatments. Wound Care Nurse G stated the Resident was only to receive treatment to the left forearm every other day and as needed. Nurse G was asked if soiled and tattered bandages would be an as needed treatment to prevent infection. Nurse G stated that would be a reason to have them changed. Review of the facility's policy titled Medication and Treatment Orders, revised July 2016 documented: Orders for medications and treatments will be consistent with principles of safe and effective order writing. Medications shall be administered only upon the written order.</p>		
F 0732 Level of harm - Potential for minimal harm Residents Affected - Many	<p>Post nurse staffing information every day. Based on observation, interview and record review, the facility failed to post the total number of daily nursing staff and actual working hours information, resulting in a lack of information made available to residents, their family/representatives and to visitors regarding the number of nursing personnel providing daily care and services to meet the needs of the residents, affecting the total resident census of 127. Findings include: FACILITY Sufficient and Competent Nurse Staffing On 3/08/20 at 10:32 AM, observation of a document titled, Nursing Staff Directly Responsible for Resident Care posting dated 3/6/20 (2 days prior to the start of the survey) was noted posted at the entrance of the nursing unit. At 2:46 PM, the facility's Administrator was asked about the facility's procedure regarding daily posting of direct care staff to which is was to be displayed clearly and in a visible place she responded, a staff member does the posting Monday through Friday and we use the nursing schedule on the weekends, its kept in a binder at the nurses station. Review of the nursing schedules revealed staff sign in sheets which failed to have the daily census actual hours worked by the staff. The Administrator said, They are supposed to fill the census in daily. There was no guidance for family/representatives and visitors to assist them where to look for the up-to-date and current information regarding daily posting of direct care staff on the weekends. Review of the facility's policy titled, Posting Direct Care Daily Staffing Numbers dated 7/2016 documented, Our facility will post, on a daily basis for each shift, the number of nursing personnel responsible for providing direct care to residents.</p>		
F 0883 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Develop and implement policies and procedures for flu and pneumonia vaccinations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to ensure pneumonia vaccines were provided to three of five sampled residents (R#'s 19, 94 and 125) from a total sample of 28 resulting in the potential for immune compromised residents to not have pneumonia vaccinations, putting them at risk for pneumonia. Findings include: FACILITY Infection Control On 3/10/20 at 1:08 PM, a review of the facility's Immunization Program with the facility's Director of Nursing (DON) was performed. The DON said that resident Pneumonia vaccine consents are obtained on admission and offered every 5 years to residents under the age of 65. Resident review: R#19 Record review revealed that the resident was admitted into the facility on [DATE] with [DIAGNOSES REDACTED]. The facesheet indicated the resident was his own responsible party (RP). Review of the Pneumococcal Immunization consent form dated 4/18/19 indicated the resident marked Accept (indicating wanting to receive the immunization). Review of the Resident Vaccine Record indicated that the resident had not yet received the immunization. R#94 Record review revealed that the resident was admitted into the facility on [DATE] with [DIAGNOSES REDACTED]. The facesheet indicated the resident had a guardianship company whom was legally responsible for his care. Review of the Pneumococcal Immunization consent form dated 7/15/19 and signed by the Legal Guardian (LG) on 10/10/19 (3 months later) indicated the LG marked Accept (indicating wanting to receive the immunization). Review of the Resident Vaccine Record indicated that the resident had not yet received the immunization. R#125 Record review revealed that the resident was admitted into the facility on [DATE] and re-admitted on [DATE] with [DIAGNOSES REDACTED]. The facesheet indicated the resident had a guardianship company whom was legally responsible for his care. Review of the Pneumococcal Immunization consent form dated 7/17/19 and signed by the Legal Guardian (LG) on 10/10/19 (3 months later) indicated the LG marked Accept (indicating wanting to receive the immunization). Review of the Resident Vaccine Record indicated that the resident had not yet received the immunization. At 1:19 PM, the DON said, we just got the vaccine last week, but was unable to explain why vaccines had still not been given. Review of the facility's policy titled, Influenza and Pneumococcal Immunizations dated 2/2020 documented, If the resident is eligible for immunization the nurse will discuss the benefits and risks with the resident/responsible party. Notify the physician to obtain the order, place on the MAR (Medication Administration Record), and immunization record after administration.</p>		
F 0921 Level of harm - Minimal harm or potential for actual harm Residents Affected - Many	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** This citation pertains to Intake number MI 08. Based on observation and interview the facility failed to maintain the physical facility and equipment in good repair, resulting in an unpleasant, non-homelike environment. This deficient practice affects all 127 residents in the facility. Findings include: During the environmental tour of the facility on 03/09/20 at 10:08 AM the following was observed: 1. A diagonal crack, extending from the top right corner to the bottom left corner, in the window of the first-floor day room [ROOM NUMBER]. Hot water faucet leaking water into pink wash basin containing approximately 1 inch of water under sink in room [ROOM NUMBER] bathroom. When queried, Maintenance worker B advised he was unaware the water faucet was leaking. Maintenance worker B also advised staff notify maintenance of any issues via the maintenance log on each floor. 3. A large opening, exposing drainpipes, underneath the sink in the</p>		

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<p>F 0921</p> <p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>(continued... from page 2)</p> <p>first-floor nourishment room. When queried, Maintenance worker B advised work was done underneath the sink in the past. 4. Plastic bag covering the toilet tank and laying inside the toilet bowl in room [ROOM NUMBER] bathroom. When queried, maintenance worker advised it looks like the toilet is clogged that's why this bag is on here. 5. Hot water faucet in third floor shower room not working. 6. Toilet leaking and no soap in soap dispenser in room [ROOM NUMBER] bathroom. 7. Hot water faucet not working and no paper towel in the paper towel dispenser in room [ROOM NUMBER] bathroom. 8. Hanger holding the closet door closed. When queried, maintenance worker B advised we are in the process of remodeling these rooms. 9. Hot water faucet not working and two lights out in the first-floor shower room.</p>		