

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>235035</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/10/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>SPECTRUM HEALTH REHAB AND NURSING CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>4118 KALAMAZOO AVE S E GRAND RAPIDS, MI 49508</b>	
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 <b>F 0552</b>	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
<p><b>Level of harm - Minimal harm or potential for actual harm</b></p> <p><b>Residents Affected - Few</b></p>	<p><b>Ensure that residents are fully informed and understand their health status, care and treatments.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>This citation pertains to intake number MI 363 and MI 719. Based on interview and record review, the facility failed to properly notify the Guardian/Responsible Party for 2 residents (Resident #100 and #101), of 3 residents reviewed for notification of a change in health condition, resulting in Resident #100's Guardian/Responsible Party being unaware of a skin infection, the risks versus benefits of a medication, as well as the right to refuse proposed treatments and what alternatives were available, and Resident #101's Guardian/Responsible Party being unaware of a new skin wound, leading to the potential for miscommunication and avoidable negative outcomes. Findings include: Review of a facility policy Resident and Patient Rights dated 9/13/19 revealed, . Rights, Privacy and Quality of Care. Privacy and quality of care will be provided to patients, residents, and authorized representatives, including but not limited to the following: .Information will be provided in advance to treatment by the practitioner of medical conditions, proposed course of treatment, the risks and benefits of proposed treatment, treatment options and alternatives, and prospects for recovery .The resident, patient or designated representative may choose the alternative or preferred option . Residents, patients and/or designated representatives must be informed of the consequences of any refusal of care . A nursing home must consult with the patient immediately and notify the patient's physician and, if known, the patient's legal representative or interested family member when there is .(b) a significant change in the patient's physical, mental or psychosocial status; (c) a need to alter treatment significantly . Review of a facility policy, Notification of Clinicians dated 11/12/19 revealed, .Licensed staff will notify the resident's/patient's physician or designee, the resident/legal representative and/or emergency contact based on clinical judgement . 6. Skin (for example: changes in temperature, characteristics (moist/dry, intact, consistent with ethnicity), wounds, pressure injuries dressing changes). Resident #100 Review of a Face Sheet revealed Resident #100 was a [AGE] year-old female, originally admitted to the facility on [DATE], with pertinent [DIAGNOSES REDACTED]. Review of a Minimum Data Set (MDS) assessment for Resident #100, with a reference date of 6/9/20 revealed a Staff Assessment for Mental Status, which indicated Resident #100 was severely cognitively impaired. Review of a Face Sheet revealed, Guardian/Responsible Party (GRP) U was listed under responsible parties as guardian. Review of Intake Information for Resident #100 received 4/14/20 revealed, 4/10 (April 10th) was informed by a nurse that (Resident #100) was being treated for [REDACTED].) (Resident #100) had [MEDICAL CONDITION] in a very large bedsores she has on her lower back a few months ago .(sic) the phone asking why I was not notified of this sooner I really got no answer .long story short after calling the nurses yesterday and expressing my concern and frustration I got a call from (facility staff) it (sic) says they started treating her from (sic)[MEDICAL CONDITION] on April 5th . During an interview on 7/10/20 at 12:26 P.M., Director of Nursing (DON) B reported that during a routine virtual wound visit on 3/31/20 there was new drainage noted on Resident #100's coccyx wound, and a culture was ordered to rule out infection. Regarding the new findings DON B stated, .that would not indicate notifying (Resident #100's guardian). DON B reported that the culture results were received on 4/4/20 and [MEDICATION NAME] (antibiotic) was started on 4/5/20. DON B reported that typically when culture results are received, a nursing note is made indicating that the resident's guardian has been notified, and stated, .I don't see a note . that the guardian was notified. During an interview on 7/10/20 at 12:26 P.M., Nurse Manager (NM) G reported that she contacted Resident #100's guardian on 4/13/20 at his request, to provide clarification for why Resident #100 was being treated with an antibiotic. Review of Resident #100's Clinical Note with an entered date of 4/6/20 at 5:45 A.M. and an effective date of 4/3/20 at 5:42 A.M. revealed, Writer evaluated recent PUSH (a scale to measure healing of a pressure ulcer) scores which remained unchanged. Patient is followed by the wound clinic and has a follow up scheduled on April 28, 2020. Clinical note from (hospital) wound clinic available in patient's chart. Culture obtained from coccyx area and antibiotics started [MEDICAL CONDITION] ([MEDICAL CONDITION]-resistant Staphylococcus aureus) (a difficult to treat bacterial infection). Will continue to monitor. Review of Resident #100's Physicians Note dated 4/4/20 revealed, .sacroccygeal wound culture [MEDICAL CONDITION] add Doxy ([MEDICATION NAME]) 100mg . Review of Resident #100's Clinical Note with an entered date of 04/15/2020 16:25 (4:25 P.M.) and an effective date of 04/13/2020 14:30 (2:30 P.M.) revealed, Clinical update provided to guardian regarding recent antibiotics related [MEDICAL CONDITION] in her sacral wound . Resident #101 Review of a Face Sheet revealed Resident #101 was a [AGE] year-old female, originally admitted to the facility on [DATE], with pertinent [DIAGNOSES REDACTED]. Review of a Minimum Data Set (MDS) assessment for Resident #101, with a reference date of 1/31/20 revealed a Staff Assessment for Mental Status, which indicated Resident #101 was severely cognitively impaired. Review of Face Sheet revealed, GRP T was listed under responsible parties as guardian. During an interview on 7/10/20 at 11:32 A.M., Licensed Practical Nurse (LPN) E reported that it was identified in the facility on 1/17/20 that Resident #101 had a skin issue on her right gluteal fold. LPN E reported that LPN E, RN F and LPN N assessed an open area on Resident #101's right gluteal fold and suspected that it was a .ruptured boil . LPN E reported that she did not notify Resident #101's Guardian (GRP T) of the open area that had been identified on Resident #101's right gluteal fold. LPN E reported that typically the resident's guardian .is supposed to be notified about any changes or new orders by the nurse assigned to that resident. During an interview on 7/10/20 at 1:17 P.M., RN F reported that on 1/17/20, the physician was informed of Resident #101's open area on the right gluteal fold, and stated that the physician .gave verbal orders for treatment . RN F reported that it was expected that the nurse assigned to Resident #101 on 1/17/20 would have notified the resident's guardian, but that there was no documentation to support that. During an interview on 7/9/20 at 2:30 P.M., LPN N reported that he was training with LPN E on 1/17/20 when it was identified that Resident #101 had a new wound. LPN N reported that he did not notify GRP T of Resident #101's new wound. Review of Resident #101's Progress Note dated 1/17/20 at 13:41 (1:41 P.M.) revealed, Resident has small open area to right gluteal fold that appears to be a ruptured boil. Area measures about 2.0 x 1.5, has light amount of purulent drainage that is foul smelling. No apparent signs of infection and resident denies pain at this time. Treatment in place . Resident encouraged to turn from side to side to assist with healing. Will continue to monitor and follow up as needed. Review of Resident #101's Skin assessment dated [DATE] at 12:54 P.M. revealed, .Right gluteal fold . Length 2.0 cm Width 1.5 cm .ruptured boil .new wound .appears resident had boil to right gluteal fold that has ruptured and has light purulent foul drainage. Review of Resident #101's Treatment Administration Record start date 1/17/20 revealed, Open area to right gluteal fold. Cleanse with normal saline pat dry and cover with [MEDICATION NAME] (foam bandage). Change every three days and PRN as needed until healed.</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.