

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>235488</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/23/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>WEST BLOOMFIELD HEALTH AND REHABILITATION CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>6445 W MAPLE WEST BLOOMFIELD, MI 48322</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	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0607  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> This citation refers to Intake Number: MI 203 Based on interview and record review, the facility failed to develop and operationalize an Abuse Prohibition policy to reflect current regulatory standards and reporting requirements, resulting in an allegation of physical abuse not being reported within required timeframe for one (R602) of three residents reviewed for abuse. Findings include: R602's clinical record was reviewed and revealed the following: R602 was admitted into the facility on [DATE] with [DIAGNOSES REDACTED]. A Minimum Data Set (MDS) assessment dated [DATE] documented R602 had moderately impaired cognition. On 6/22/20 at 2:00 PM, the Administrator reported there was one allegation of abuse for R602 that was reported to the State Agency from January 2020. A request for the I&A and investigation for that incident was requested at that time. On 6/23/20 at 7:30 AM, the investigation for R602 provided by the Administrator was reviewed. The investigation revealed the Administrator became aware of an allegation made by R602 that a staff member hit them on the evening of 1/13/20. Interviews were conducted by the Administrator and other staff members on 1/13/20 at 6:45 PM and 8:00 PM, as well as the police. On 6/23/20 at 9:32 AM, an interview was conducted with the Administrator (who was also identified as the facility's Abuse Coordinator) via the telephone. When queried about when R602's allegation of physical abuse by a staff member was reported to the State Agency, the Administrator reported the next day (1/14/20). When asked if it was reported within the required two hour timeframe, the Administrator reported it was not reported within two hours and stated, There was no injury and no intentional harm done. A review of a facility policy titled, Abuse Program: Elder Justice Act (Abuse, Neglect, Mistreatment, Misappropriation, Suspicion of Crime, Investigation, and Reporting) with an issue date of 3/24/18 was conducted. The policy documented the following: .Reporting/Response .The facility shall immediately report (within 2 hours) to the (State Agency name redacted) all abuse resulting in serious bodily harm .All other alleged violations must be reported within 24 hours of the incident . The facility policy did not include the revised regulatory language or reporting timeframe to include, Effective 11/28/17: 483.12 (c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or no later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services were state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures.		
F 0609  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> This citation refers to Intake Number: MI 9203 Based on interview and record review, the facility failed to report an allegation of physical abuse to the State Agency within the required timeframe for one (R602) of three residents reviewed for abuse, resulting in the potential for unidentified or continued abuse. Findings include: A complaint was received by the State Agency that alleged R602 was hit by an employee at the facility and the facility did not report the allegation to the State Agency. R602's clinical record was reviewed and revealed the following: R602 was admitted into the facility on [DATE] with [DIAGNOSES REDACTED]. A Minimum Data Set (MDS) assessment dated [DATE] documented R602 had moderately impaired cognition. On 6/22/20 at 12:19 PM, incident and accident reports (I&As) and investigations for R602 were requested from the Administrator. On 6/22/20 at 2:00 PM, the Administrator reported there was one allegation of abuse for R602 that was reported to the State Agency from January 2020. A request for the I&A and investigation for that incident was requested at that time. On 6/23/20 at 7:30 AM, the investigation for R602 provided by the Administrator was reviewed and revealed the following: A copy of an email from the State Agency's web-based reporting system documented the incident was reported to the State Agency on 1/14/20 6:08 PM. A document titled, (Facility name redacted) - Investigation documented an occurrence date of 1/13/20. It was documented the investigation was for Possible abuse .Resident stated she was hit by a staff member. The investigation documented the Administrator was notified on the evening of 1/13/20 by a staff nurse that a resident had a concern about care earlier in the day. It was documented the Administrator and the afternoon nurse supervisor interviewed R602 at 6:45 PM and R602 reported they were hit in the back by an unknown staff member with an open hand during morning care. A second interview occurred on 1/13/20 at approximately 8:00 AM with R602's daughter present at which time R602 reported staff were rough turning her in bed. A third interview was conducted with R602 by the Director of Nursing (DON) and a nurse at which time R602 reported they were hit on the left arm by staff. A fourth interview on 1/14/20 was conducted by the Administrator and a nurse and R602 reported they were hit on the arm but could not identify who hit them. On 6/23/20 at 9:32 AM, an interview was conducted with the Administrator (who was also identified as the facility's Abuse Coordinator) via the telephone. When queried about when R602's allegation of physical abuse by a staff member was reported to the State Agency, the Administrator reported the next day (1/14/20). When asked if it was reported within the required two hour timeframe, the Administrator reported it was not reported within two hours and stated, There was no injury and no intentional harm done. A review of a facility policy titled, Abuse Program: Elder Justice Act (Abuse, Neglect, Mistreatment, Misappropriation, Suspicion of Crime, Investigation, and Reporting) with an issue date of 3/24/18 was conducted. The policy documented the following: .Reporting/Response .The facility shall immediately report (within 2 hours) to the (State Agency name redacted) all abuse resulting in serious bodily harm .All other alleged violations must be reported within 24 hours of the incident . (Regulatory requirement 483.12 (c)(1) requires all allegations to be reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury .to the administrator of the facility and to other officials - including to the State Survey Agency .)		
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.