

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>235541</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/12/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>THE LODGE AT TAYLOR</b>		STREET ADDRESS, CITY, STATE, ZIP <b>22950 NORTHLINE RD TAYLOR, MI 48180</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 0677  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Provide care and assistance to perform activities of daily living for any resident who is unable.</b> **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** This citation pertains to Intake number MI 082, MI 9 Based on observation, interview and record review the facility failed to consistently document bath/shower sheets and provided proper grooming for one sampled resident (R#104) of four sampled residents reviewed for activities of daily living (ADL's) resulting in poor grooming, hygiene and body odor. Findings include: Complaint reported to State Agency that residents were not being provided showers regularly. On 8/11/20 at 1:30 PM, R#104 was observed sitting on the edge of the bed eating lunch foods. The linen on the bed and the floor had reminisce of food debris. Food debris was observed on the resident's shirt. R#104's hair appeared greasy, and disheveled. R#104 was asked when the last time she had received a shower or bed bath to which she responded, I can't remember. Record review revealed that R#104 was admitted into the facility on [DATE] and readmitted on [DATE] with [DIAGNOSES REDACTED]. The Quarterly Minimum Data Set Assessment ((MDS) dated [DATE] indicated the residents cognition was intact and required extensive staff assistance for bathing and hygiene. Review of the shower task sheets since readmission on 7/30/20 (13 days prior to survey) revealed that R#104 had not received a shower in those 13 days. Review of the Activities of Daily Living care plan dated 6/9/18 had an intervention of; Bathing-requires extensive assistance of one staff with bathing/showering 2 x a week and as needed. Reproach through out the shift to give showers. On 8/12/20 at 12:30 p.m., during an interview with the facility's Director of Nursing (DON) she was made aware of the poor hygiene observed for R#104 and stated, We will get her showered right now. The DON said that she will be re-educating the staff on bathing residents and documenting shower/bathing on the task sheet in the electronic medical record as well as when a resident refuses a shower/bath. Review of the facility's policy titled, Shower/Tub bath Schedules dated 8/9/17 documented, Residents will be offered a shower or bath two (2) times per week and AM/PM care on days showers are not scheduled or a bed bath per resident request. Additional showers and baths are available per resident preference.		
F 0761  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</b> **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** This citation pertains to Intake number MI 729. Based on observation, interview and record review the facility failed to properly secure narcotic medications ([MEDICATION NAME] with [MEDICATION NAME]-a scheduled III controlled substance) for one of one medication carts on the D nursing hallway resulting in the potential for drug diversion. Findings include: On 8/12/20 at 1:30 PM, during a tour of the D hallway a medication blister pack containing ten (10) [MEDICATION NAME] with [MEDICATION NAME] capsules was observed sitting on top of the D wing medication cart. The medication cart was unlocked and unattended by the nursing staff. Observation at that time revealed three (3) residents sitting in wheelchairs and two (2) unauthorized staff members near the unsecured narcotic and unlocked medications cart. At 1:40 PM, Nurse A verified that she was D hallway nurse and stated, I was outside having a cigarette. At 1:45 PM, during an interview with the facility's Director of Nursing (DON) she said that she would be inservicing the nursing staff about properly securing controlled substances. Review of the facility's policy titled Controlled Substances dated 9/2015 documented, 1. Only authorized licensed nursing and/or pharmacy personnel shall have access to controlled drugs maintained on premises .6. Controlled substances must be stored under double lock .		
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.