STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235396	A. BUILDING _____ B. WING _____	07/01/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
THE VILLA AT SILVERBELL ESTATES	1255 W SILVERBELL RD ORION, MI 48359

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	**Provide care and assistance to perform activities of daily living for any resident who is unable.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** This citation pertains to Intake #MI 007 Based on observation, interview and record review, the facility failed to provide consistent showers/baths, shaves and nail care for one (R#704)) of five sampled residents reviewed for activities of daily living (ADLs), resulting in poor grooming and hygiene, expressions of frustration and the potential for skin irritation embarrassment and low self-esteem. Findings include: A Complaint was filled with the State Agency alleging that R#704 was not receiving showers and shaves. On 6/29/20 at approximately 2:20 PM, R#704 was observed lying in bed. The Resident had an unshaved face and long finger nails on both hands. R#704 who was alert and talkative expressed concerns about care provided in the Facility and reported that if they complain about things they often get poor care and stated, I didn't get a shower or shave for about nine days in March/April . they are always threatening to send me out .sometimes people just barge in my room without knocking .look at my nails .they are getting better, but I need a shave and my finger nails cut. A review of R#704's clinical record documented that R#704 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. The minimum data set ((MDS) dated [DATE] noted that R#704 had a brief interview for mental status score of 15 (cognitively intact) and had limited range of motion requiring one to two person assist for all ADLs, including personal hygiene. R#704 was scheduled to receive showers on Wednesday and Saturdays during the day shift. A review of R#704's ADL/bathing sheets for the month of April 2020 reveled no signatures that indicated showers/bedbaths were provided on the following dates: 4/6, 4/7, 4/8, 4/10, 4/11, 4/12, 4/13, 4/14, 4/15 (not applicable (NO) noted), 4/16, 4/17, 4/18 (NO), 4/19, 4/20, 4/21, 4/23, 4/24, 4/25, 4/26, 4/27, 4/28, 4/29 (NO), 4/30. On 6/30/20 at approximately 3:00 PM an interview and record review was conducted with the Director of Nursing (DON). When queried as to the how often residents should receive showers/shaves, the DON indicated that it should be completed two times per week or as scheduled. When asked as to the lack of showers as indicated in R#704's April 2020 log, the DON stated that showers should be completed as scheduled and if not recorded it should be assumed it was not done. The facility was asked to provide a Policy pertaining to showers/ADL care. The Administrator indicated the facility did not have a Policy and nothing was provided by the end of the survey.
F 0684 **Level of harm** - Actual harm **Residents Affected** - Few	**Provide appropriate treatment and care according to orders, resident's preferences and goals.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** This citation pertains to intake: MI 958 Based on interview and record review the facility failed to accurately complete a medication reconciliation upon readmission into the facility, discontinued an insulin dependent resident's fast acting insulin and blood sugar (BS) checks against the hospital directive for one (R#702) of three residents reviewed for diabetic care, resulting in the insulin dependent resident to not receive their insulin coverage for breakfast, lunch, dinner and hour of sleep for multiple consecutive days, a change of condition, agonal breathing, with no pulse and was pronounced dead at the facility. Findings include: On [DATE] a complaint was submitted to the State Agency which documented in part, . (R#702 name redacted) was in distressed <sic> and needed his insulin but, (nurse name redacted) never went to check on (R#702's name redacted) or pull the med (medication) from back up box to give to (R#702's name redacted). (R#702's name redacted) was pronounce deceased . A review of the records revealed R#702 was admitted into the facility on [DATE] (with a readmission date of [DATE]) with [DIAGNOSES REDACTED]. R#702 was dependent on staff for all ADL's (Activities of Daily Living). A record review of the clinical record was conducted and revealed the following: Preadmission paperwork sent to the facility (dated [DATE] at 11:59 am) by the discharging hospital documented in part, . The patient is a (age redacted) gentleman with past medical history of [REDACTED]. on insulin - poor control . Blood sugar levels not well controlled . HGBA1C (measures average blood sugar levels over the past three months) 12.9 (High) . A review of [DATE] Medication Administration Record [REDACTED]. subcutaneously before meals and bedtime . Basaglar KwikPen 100 Unit/Ml Solution pen-injector (long acting insulin), Inject 35 units subcutaneously at bedtime . A Physician note dated [DATE] at 20:17 (8:17 pm), documented in part . Pt (patient) is non responsive and BS (blood sugars) are high despite of [MEDICATION NAME] injections . RN (Registered Nurse) called me around 1:15 PM, I ordered pt. to be sent to (hospital name redacted) for further evaluation and treatment . A Nurses note dated [DATE] at 15:59 (3:59 pm) documented in part, . Pt arrived to facility via stretcher accompanied by 2 EMT (Emergency Medical Technician) . Pt is post hemorrhagic stroke and Vena Cava filter placement. Right sided weakness present r/t (related to)[MEDICAL CONDITION](stroke) . Hospital discharge medication reconciliation paperwork dated [DATE] documented in part, . insulin [MEDICATION NAME] ([MEDICATION NAME]) 100 unit/mL injection (long acting insulin), inject 35 units under the skin at bedtime - Today (last administration) Insulin [MEDICATION NAME] (Humalog) 100 unit/mL injection (fast acting insulin), Inject ,[DATE] Units under the skin 4 (four) times a day (before meals and nightly- Today (last administration) A Discontinue Order (completed by Nurse C) dated [DATE] at 2:04 am, documented in part . Order Summary: Admelog [MEDICATION NAME] 100 UNIT/ML Solution pen-injector (fast acting insulin), inject as per sliding scale: if ,[DATE] = 2 units; ,[DATE] = 4 units; 251 - 300 = 6 units; 301 - 350 = 8 units contact MD (medical doctor) if greater than 350 or less than 60, subcutaneously before meals and at bedtime for ANTIDIABETICS . Communication Method: Phone . Reason for Discontinue: re-admit . A review of [DATE] Medication Administration Record [REDACTED]. On [DATE] at 1:12 pm, a telephone interview was conducted with the Nurse C that discontinued R#702's Ademelog [MEDICATION NAME] Solution pen-injector, blood sugar checks and sliding scale. When asked why they discontinued the order upon the resident's readmission on [DATE], Nurse C replied in part . I don't recall . I was assisting another nurse who didn't complete the admission like she was supposed to. When the discontinue order was reviewed with Nurse C and asked why an order for [REDACTED]. A telephone interview was conducted ([DATE] at 1:32 pm) with the Doctor B whose name was on the discontinued insulin order upon the resident's readmission to the facility. When asked why they discontinued the resident's Admelog [MEDICATION NAME] Solution pen-injector, blood sugar monitoring and sliding scale, Doctor B stated in part . I never said to discontinue the order, I said to continue the orders from the hospital . A Nurses note dated [DATE] at 20:46 (8:46 pm), documented Resident's blood sugar was 531. It is normally in the 100's. He has no short acting insulin. I called (doctor name redacted) and he ordered a sliding scale, but insulin is only to be given while he is receiving tube feeding, which he is the majority of the time. Further review of [DATE] MAR indicated [REDACTED]. On [DATE] at 2:04 pm, Nurse A was queried on why they called the physician for the insulin and sliding scale order on [DATE] but never administered it to the resident and stated in part . I really don't remember . In total the resident went without their fast-acting insulin (per sliding scale) and blood sugar checks for the following dates: [DATE]- 5 pm and 9 pm, ,[DATE], ,[DATE], ,[DATE] and ,[DATE]. A Nurses note dated [DATE] at 4:51 am, documented Walked in resident room

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 0684 **Level of harm -** Actual harm **Residents Affected -** Few	(continued... from page 1) approximately 0305 and found to have agonal breathing and no pulse. CPR was initiated and 911 was called. EMTs arrived . CPR for approximately 1 hour. Despite all efforts resident's cardiac rhythm remained in Asystole . pronounced time of death at 0353 . Spouse will call back to advise of funeral home arrangements. On [DATE] at 2:44 pm, the Director of Nursing (DON) was queried on why R#702's short acting insulin was discontinued and why the Nurse A obtained the order (on [DATE] for the short acting insulin, blood sugar checks and sliding scale) but did not administer a dose to the resident (whose BS at that time was 531). The DON responded in part . We weren't aware until you started interviewing the staff . When asked if the facility investigated and reviewed the events that led up to the R#702's death the DON stated in part . We reviewed the notes and that the BS was high and that the nurse put in the orders for the insulin to start on the next day . When asked to provide the education and training that was provided to the staff to prevent any repeated errors in the future, the DON stated that none was provided thus far being that the facility was just made aware of it today ([DATE]- 23 days after the resident's death). At that time the DON was requested to provide the documentation of the code called on R#702 on [DATE], the EMT's documentation, the facilities investigation into the death, any education/training provided to the staff and any other documentation surrounding the pertained to this event. On [DATE] at 4:43 pm, the Administrator stated the DON had no further information to provide. No additional information was provided by the end of survey. A facility policy titled Diabetes Management (Effective Date [DATE]) documented in part, . Blood glucose (BS) monitoring . Results . > 400 indicate . [MEDICAL CONDITION] require immediate follow up . Evaluate signs and symptoms of diabetes complications: . [MEDICAL CONDITION] and stroke, Vital sign changes . question individual about changes in bladder function or urine output . questions/ monitor individual about constipation, urine retention (frequent voiding), palpitations . Notify the physician of any findings which suggest worsening of hypo or [MEDICAL CONDITION] symptoms, infection or any other complication of diabetes and / or comorbidities . Medication management . Blood glucose monitoring including use of glucometer, reportable parameters, Administration of insulin including sliding scale as ordered, Administration schedule (Including what to do if a dose is missed), Hypo & Hyper-glycemia treatment and reporting . Provide instruction on reportable symptoms of instability or complications: Sweating, Anxiety, restlessness, Confusion, Light-headedness, Lethargy and [MEDICAL CONDITION] .