| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 235521 | A. BUILDING _____ B. WING _____ | 07/16/2020 |

| NAME OF PROVIDER OF SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP |
|---|---|
| ADVANTAGE LIVING CENTER - WAYNE | 4427 VENOY RD WAYNE, MI 48184 |

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 0558<br><br>**Level of harm -** Minimal harm or potential for actual harm<br><br>**Residents Affected -** Few | **Reasonably accommodate the needs and preferences of each resident.**<br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**<br>This citation pertains to intake MI 724 Based on observation, interviews and record review, the facility failed to respond to a resident's call light in a timely manner for one resident (Residents #605) out of four residents reviewed for call light response times, from a total sample of seven residents, resulting in the potential for resident frustration and unmet care needs. Findings include: In an interview during the initial tour on 7/16/20 at 9:57 a.m., Nurse B reported call lights cannot be turned off unless you enter the room and physically press the button to turn it off. In an interview on 7/16/20 at 10:05 a.m., Wound Nurse A reported everyone is responsible for answering call lights. Resident #605 In an observation on 7/16/20 at 10:09 a.m., an unknown staff member sat near the beginning of the hall and looked at a cell phone. Resident #605's call light was on(yellow steady light above the room door). In an observation on 7/16/20 at 10:10 a.m., an unknown staff member stood near Resident #605's room and did not enter the room to assist resident or turn off call light. In an observation on 7/16/20 at 10:13 a.m., there were no staff visible on Resident #605's unit. Resident #605's call light remained in the on position. In an observation on 7/16/20 at 10:16 a.m., there were no staff visible on Resident #605's unit. Resident #605's call light remained in the on position. A bell ringing sound was heard from Resident #605's room. In an observation on 7/16/20 at 10:19 a.m., there were no staff visible on Resident #605's unit. Resident #605's call light remained in the on position. In an observation on 7/16/20 at 10:21 a.m., there were no staff visible on Resident #605's unit. Resident #605's call light remained in the on position. A bell ringing sound was heard from Resident #605's room. In an observation on 7/16/20 at 10:24 a.m., there were no staff visible on Resident #605's unit. Resident #605's call light remained in the on position. In an interview and observation on 7/16/20 at 10:24 a.m., Resident #605 reported the call light was pushed. Resident #605 then stated, I don't know who my aide is . I need to get cleaned up . I started to ring this bell. A silver bell sat on Resident's #605's bedside table. In an observation and interview on 7/16/20 at 10:25 a.m., Nurse Tech C entered Resident #605's room to answer the call light. Nurse Tech C reported the call light in Resident #605's room is broken, when asked how long a resident should wait for their call light to be answered. Resident #605 reported to Nurse Tech C the bag ([MEDICAL CONDITION]) had to be emptied. Nurse Tech C then reported any staff member can answer a call light. In an observation on 7/16/20 at 10:29 a.m., Resident #605's call light was in the off position. Review of an Electronic Heath Record (EHR) revealed, Resident #605 originally admitted to facility on 5/28/20 with pertinent [DIAGNOSES REDACTED]. Review of a Minimum Data Set (MDS) assessment, with a reference date of , revealed Resident #605 had no cognitive impairment with a Brief interview for Mental Status (BIMS) score of 15, out of a total possible score of 15. Resident #605 required extensive assistance with ADL (Activities of Daily Living) care. Review of a Care Plan on 7/16/20 at 12:17 p.m. revealed, focus with an initiated date of 5/29/20 I can self-consume meals after tray delivery-setup assist but I require extensive to total help to meet all other aspects of my ADL's safely d/y (due to) [MEDICAL CONDITION], impaired/decreased mobility . Interventions included . Encourage me to use my call light for assistance. Keep it within my reach. Review of a Call Light Policy with a revised date of 2/17/20 revealed, Policy It is the policy of this facility to answer call lights as promptly as possible. Procedure 1. Call lights should be answered by available staff as promptly as possible . In an interview on 7/16/20 at 2:50 p.m., the Director of Nursing (DON) reported call lights should be answered as soon as possible. The DON then reported all staff and departments can answer a call light. The DON reported an acceptable timeframe to answer a call light is based on the individual resident. In an interview on 7/16/20 at 3:25 p.m., the Administrator reported call lights should be answered as quickly as possible. The Administrator then reported the average wait time is about 15 mins. Any staff member can answer a call light but may not be able to do what the resident needs. |

| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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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.