

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>03/04/2020</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 0684  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p><b>Provide appropriate treatment and care according to orders, resident's preferences and goals.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>This citation pertains to Intake number MI 39. Based on interview and record review, the facility failed administer medication in a timely manner and follow physicians orders for one (Resident #805) of three residents reviewed for medication administration, resulting in the potential for less than therapeutic effect of the prescribed medication when medications were not taken properly and uncontrolled pain, blood pressure and glucose levels. Findings include: Resident #805 It was reported to the state agency that Resident #805's medications were not administered timely. In an interview on 3/4/20 at 9:18 a.m., Unable to interview Resident #805. Resident #805 was transferred to hospital. Nurse G reported Resident #805 was sent to the hospital this morning due to a high blood pressure. Review of a progress note for Resident #805 at 12:29 p.m. revealed, on 3/4/20 patient sent to hospital . bp @0745 (at 7:45 am) 245/119 . scheduled [MEDICATION NAME] given . Review of a Admission Record revealed, Resident #805 admitted to the facility on [DATE] and with pertinent [DIAGNOSES REDACTED]. Review of a Minimum Data Set (MDS) assessment, with a reference date of [DATE], revealed Resident #805 had no cognitive impairment with a Brief interview for Mental Status (BIMS) score of 14, out of a total possible score of 15. In an interview on 3/4/20 at 1:15 p.m., Unit Manager B reported Resident #805 had concerns with medication and a recent care conference was held with daughter present. Review of a Medication Admin Audit Report with a date range of 2/19/20 -3/4/20 revealed, On 2/19/20 medications scheduled to be given at 9:00 a.m. for Resident #805 were administered late by Nurse D. The medications included: -[MEDICATION NAME] 0.2mg give 1 tablet by mouth three times a day for hypertension given at 10:24 a.m. -[MEDICATION NAME] 7.5-325mg Give 1 tablet by mouth three times a day for pain given at 10:24 a.m. -Insulin [MEDICATION NAME] Inject 25 unit subcutaneously two times a day given at 10:23 a.m. -Insulin [MEDICATION NAME] inject as per sliding scale subcutaneously three times a day given at 10:24 a.m. -[MEDICATION NAME] 10mg give 1 tablet by mouth one time a day for hypertension given at 10:24 p.m. On 2/19/20 medications scheduled to be given at 5:00 p.m. for Resident #805 were administered late by Nurse D. The medications included: -[MEDICATION NAME] 0.2mg give 1 tablet by mouth three times a day for hypertension given at 8:30 p.m. -Insulin [MEDICATION NAME] inject as per sliding scale subcutaneously three times a day given at 8:30 p.m. On 2/20/20 medications scheduled to be given at 9:00 a.m. for Resident #805 were administered late by Nurse D. The medications included: -[MEDICATION NAME] 0.2mg give 1 tablet by mouth three times a day for hypertension given at 10:48 a.m. -Insulin [MEDICATION NAME] Inject 25 unit subcutaneously two times a day given at 10:47 a.m. -[MEDICATION NAME] 10mg give 1 tablet by mouth one time a day for hypertension given at 10:50 a.m. -Insulin [MEDICATION NAME] inject as per sliding scale subcutaneously three times a day given at 10:48 a.m. On 2/20/20 medications scheduled to be given at 5:00 p.m. for Resident #805 were administered late by Nurse D. The medications included: -[MEDICATION NAME] 0.2mg give 1 tablet by mouth three times a day for hypertension given at 6:32 p.m. -Insulin [MEDICATION NAME] inject as per sliding scale subcutaneously three times a day given at 6:33 p.m. On 2/22/20 medications scheduled to be given at 9:00 a.m. for Resident #805 were administered late by Nurse E. The medications included: -[MEDICATION NAME] 0.2mg give 1 tablet by mouth three times a day for hypertension given at 10:54 a.m. -Insulin [MEDICATION NAME] Inject 25 unit subcutaneously two times a day given at 10:51 a.m. -Insulin [MEDICATION NAME] inject as per sliding scale subcutaneously three times a day given at 11:09 a.m. -[MEDICATION NAME] 10mg give 1 tablet by mouth one time a day for hypertension given at 10:52 a.m. On 2/22/20 medications scheduled to be given at 5:00 p.m. for Resident #805 were administered late by Nurse D. The medications included: -[MEDICATION NAME] 0.2mg give 1 tablet by mouth three times a day for hypertension given at 6:32 p.m. -Insulin [MEDICATION NAME] inject as per sliding scale subcutaneously three times a day given at 6:33 p.m. On 2/28/20 medications scheduled to be given at 1:00 p.m. and 2:00 p.m. for Resident #805 were administered late by Nurse E. The medications included: -[MEDICATION NAME] 7.5-325mg Give 1 tablet by mouth three times a day for pain given at 5:47 p.m. -Insulin [MEDICATION NAME] inject as per sliding scale subcutaneously three times a day given at 5:47 p.m. On 2/28/20 medications scheduled to be given at 5:00 p.m. for Resident #805 were administered late by Nurse E. The medications included: -[MEDICATION NAME] 0.2mg give 1 tablet by mouth three times a day for hypertension given at 6:35 p.m. -Insulin [MEDICATION NAME] inject as per sliding scale subcutaneously three times a day given at 6:52 p.m. On 2/29/20 medications scheduled to be given at 9:00 a.m. for Resident #805 were administered late by Nurse D. The medications included: -[MEDICATION NAME] 0.2mg give 1 tablet by mouth three times a day for hypertension given at 10:34 a.m. -Insulin [MEDICATION NAME] Inject 25 unit subcutaneously two times a day given at 10:34 a.m. -[MEDICATION NAME] 10mg give 1 tablet by mouth one time a day for hypertension given at 10:34 a.m. On 3/2/20 medications scheduled to be given at 9:00 a.m. for Resident #805 were administered late by Nurse E. The medications included: -[MEDICATION NAME] 0.2mg give 1 tablet by mouth three times a day for hypertension given at 11:20 a.m. -Insulin [MEDICATION NAME] Inject 25 unit subcutaneously two times a day given at 11:19 a.m. -Insulin [MEDICATION NAME] inject as per sliding scale subcutaneously three times a day given at 11:19 a.m. -[MEDICATION NAME] give 1 tablet by mouth one time a day for hypertension given at 11:20 a.m. On 3/2/20 medications scheduled to be given at 1:00 p.m. and 2:00 p.m. for Resident #805 were administered late by Nurse E. The medications included: -Insulin [MEDICATION NAME] inject as per sliding scale subcutaneously three times a day given at 3:22 p.m. -[MEDICATION NAME] 7.5-325mg Give 1 tablet by mouth three times a day for pain given at 3:22 p.m. In an interview on 3/4/20 at 3:53 p.m., the Director of Nursing (DON) reported medications can be given an hour before or hour after the scheduled time. The DON confirmed Resident #85's medications were given late by Nurse D and Nurse E. The DON then reported if medications are not administered when scheduled the nurse should call the doctor. In an interview on 3/4/20 at 4:29 p.m., Nurse C reported medication can be given one hour before or one hour after scheduled time. Review of a Administering Medications policy with a revised date of 5/2018 revealed, . Medication shall be administered in a safe and timely manner, and as prescribed . 8. Medications may not be prepared in advance and must be administered within one (1) hour of their prescribed time, unless otherwise specified (for example, before and after meal orders) .</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.