

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 235582	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/22/2020
NAME OF PROVIDER OF SUPPLIER EVERGREEN HEALTH AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 19933 WEST THIRTEEN MILE ROAD SOUTHFIELD, MI 48076	
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 0689 Level of harm - Actual harm Residents Affected - Few	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>This citation pertains to Intake Number: 7 Based on interview and record review, the facility failed to ensure the safety of one sampled resident (R500) of two residents reviewed for falls, resulting in the resident falling and sustaining fractures to their hip, femur, and knee. Findings include: On 7/22/20 at 9:00 AM, an Incident/Accident report (IA) was reviewed regarding an incident involving R500 and indicated the following, Date of Incident: 3/16/2020 Time of Incident: 3:10 PM .location of Incident: Resident's room. (6). Statement by (staff .) Certified Nursing Assistant (CNA) A who observed: 'I was cleaning the patient up for the day. I told the patient to turn over they ended up falling on the floor.' 5. .effects of Accident/Incident .pain to left knee post fall. On 7/22/20 at 9:15 AM, progress notes located in R500's Electronic Health Record (EHR) were reviewed and revealed the following, 3/18/20 11:11 AM, Resident had a fall on 3/16/20 at 3:00 PM, and hit left knee. X-ray confirmed fractured left knee. Resident will be sent to (Hospital) for further evaluation .3/24/20 10:07 PM, Resident arrived at facility at approximately 8:00 PM .Resident presents with hip and femur fx (fracture). On 7/22/20 at 9:30 AM, a review of R500's Kardex (Summary of Patient's Care Plan) revealed that R500 required two person physical assistance for bed mobility and two person physical assistance for incontinence brief change and/or bed pan use. On 7/22/20 at 11:15 AM, R500 was met in their room for an interview. R500 was queried about the incident which occurred involving them on 3/16/20. R500 stated, I fell and fractured my hip. A girl was cleaning me up and I was on my side and rolled off the bed onto the floor. On 7/22/20 at 12:55 PM, CNA A was contacted by phone and queried about the incident involving R500. CNA A stated, No one would help R500, they were wet, I helped them, and they ended up slipping on me and falling on the floor. CNA A was queried on what level of assistance was required when assisting the resident with incontinence care. CNA A stated, I think she was a two person assist, but no one would help me. I feel terrible that R500 fell , I ended up getting fired. On 7/22/20 at 1:20 PM, a review of a document involving CNA A titled Employment Profile indicated the following, Status . Termination Date 03/17/2020 Termination Reason Misconduct. On 7/22/20 at 2:15 PM, the Director of Nursing (DON) was interviewed and queried about the incident involving R500 and the reason for CNA A being terminated. The DON stated, CNA A was terminated because they did not follow the requirement for two person assistance when providing incontinence care for R500. On 7/22/20 at 2:25 PM, R500's EHR revealed that R500 was admitted to the facility on [DATE] and readmitted on [DATE] with [DIAGNOSES REDACTED]. R500's most recent Minimum Data Set Assessment ((MDS) dated [DATE] indicated that the resident had an intact cognition and required extensive two person assistance for activities of daily living (ADLs).</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.