

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>235596</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/24/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>SUPERIOR WOODS HEALTHCARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>8380 GEDDES RD YPSILANTI, MI 48198</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 0609  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</b> **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** This citation refers to Intake MI# 475: Based on interview and record review, the facility failed to ensure that an allegation of abuse for Resident (#8) was reported to the state agency, out of 6 Residents reviewed for abuse. This deficient practice resulted in the potential for lack of unreported and uninvestigated abuse allegations. Findings include: On 7/23/20 an anonymous complaint was received alleging that Certified Nurses Aide (CNA) P had tied a blanket around the chair of Resident #8, and that the incident was reported to Registered Nurse (RN) Q and the Director of Nursing (DON). A review of Resident #8's closed record revealed he admitted to the facility on [DATE] and discharged on [DATE] with [DIAGNOSES REDACTED]. A review of the 1/15/20 Minimum Data Set (MDS) assessment revealed he scored 00/15 on the Brief Interview of Mental Status (BIMS) assessment indicating severely impaired cognition. On 7/24/20 at 1:08 p.m., a phone interview was conducted with the Administrator who reported that an incident had occurred in December 2019 where RN Q had called the DON and reported that CNA P had tied Resident #8 to his wheelchair with a blanket. The Administrator was asked if the allegation of abuse had been reported to the state agency and the Administrator reported, No. Once I found out it wasn't true it was within 2 hours. On 7/24/20 at 1:21 p.m., the Administrator was asked to provide the investigation of the alleged incident and the facilities abuse policy. A review of the investigation revealed, On 12/2/19 at approximately 5am the DON . was notified by (RN Q) that (CNA P) had wrapped a blanket around (Resident #8's) waist to restrain him .On 12/2/19 at 7:30 am the DON interviewed (RN R) who stated that there were blankets around (Resident #8) and that they looked to be tied to the back of the wheelchair .Following an immediate facility investigation it was determined that the allegation of (Resident #8) having a blanket on him that was tied to his wheelchair was false and immediately unsubstantiated . A review of the facility policy titled, Abuse and Neglect Prohibition revised July 2018 revealed, .STATE REPORTING OBLIGATIONS: The facility will report all allegations and substantiated occurrences of abuse, neglect, exploitation, mistreatment including injuries of unknown origin, and misappropriation of property to the administrator, State Survey Agency, and law enforcement officials .		
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.