

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 235580	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/12/2020
NAME OF PROVIDER OF SUPPLIER HEARTLAND HEALTH CARE CENTER-ANN ARBOR		STREET ADDRESS, CITY, STATE, ZIP 4701 E. HURON RIVER DR ANN ARBOR, MI 48105	
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 0559 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Honor the resident's right to share a room with spouse or roommate of choice and receive written notice before a change is made.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>This citation pertains to MI 519 Based on interview and record review, the facility failed to provide written notice of a room change for one (Resident #4) of one reviewed for a room change, resulting in Resident #4's responsible party not being notified of a room change. Findings include: Review of the Admission Record revealed Resident #4 (R4) admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. The Minimum (MDS) data set [DATE] revealed R4 scored 13 out of 15 (cognitively intact) on the Brief Interview for Mental Status. In an interview on [DATE] at 11:55 AM, Family Member N reported she was R4's legal guardian. Family Member N reported she was never notified of R4's room change prior to him moving to a different room. Family Member N reported she found out when she showed up to the facility to visit and R4 was not in his previous room. Review of the Notification of Room/Roommate Change dated 1/2/20 revealed n/a was marked for Name of Resident/Resident's Representative Notified and the area for Date written notification provided was blank. In an interview on [DATE] at 2:05 PM, Care Coordinator (CC) D reported responsible party notification should be documented on the Notification of Room/Roommate Change.</p>		
F 0578 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>This citation pertains to MI 519 Based on interview and record review, the facility failed to ensure updated and accurate guardian/responsible party information was in place for one (Resident #4) of one residents reviewed for advanced directives (legal documents that allow a person to identify decisions about end-of-life care ahead of time), resulting in the potential for Resident #4, who was deemed incompetent to make his own medical decisions, to make medical decisions that were not in his best interest. Findings include: Review of the Admission Record revealed Resident #4 (R4) admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. The Minimum (MDS) data set [DATE] revealed R4 scored 13 out of 15 (cognitively intact) on the Brief Interview for Mental Status. In an interview on [DATE] at 11:55 AM, Family Member N reported she was R4's legal guardian and reported she was not always made aware of changes with R4. R4's Admission Record revealed R4 was his own responsible party. Review of R4's OBRA evaluation dated 11/27/19 revealed Dear (Family Member N),since you are his (R4's)guardian you are to receive a copy of this documentation. Review of R4's entire medical record failed to reveal any guardianship paperwork or documentation to obtain such paperwork. In an interview on [DATE] at approximately 1:30 PM, Social Worker (SW) F reported she was not sure who made medical decisions for R4 and reported she would have to look in his paper chart. SW F reviewed R4's paper chart and was unable to find any guardianship paperwork, but reported the OBRA evaluation indicated R4 had a guardian.</p>		
F 0657 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>This citation pertains to MI 519 Based on observation, interview, and record review, the facility failed to revise care plans for one (Resident #4) of one reviewed for care plans, resulting in the physician's orders [REDACTED]. Findings include: Review of the Admission Record revealed Resident #4 (R4) admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. The Minimum (MDS) data set [DATE] revealed R4 scored 13 out of 15 (cognitively intact) on the Brief Interview for Mental Status. Review of the Physical Medicine and Rehabilitation Consult Note dated 1/20/20 revealed Recommend bilateral resting hand splints to preserve hand ROM (range of motion). Review of the physician's orders [REDACTED]. Review of R4's At Risk for Alteration in Skin Integrity care plan dated 11/29/19 revealed an intervention of L wrist splint to be worn in the am and off in the pm. The intervention was initiated 1/7/20. There was no intervention related to bilateral hand splints. Review of the Visual/Bedside Kardex Report (CNA care guide) dated [DATE] revealed L wrist splint to be worn in the am and off in the pm. On [DATE] at 2:17 PM, R4 was observed in bed with the head of the bed elevated. R4 had a black splint in his left hand. R4 was difficult to understand. In an interview on [DATE] at 12:48 PM, Certified Nursing Assistant (CNA) M reported she was taking care of R4 that day and has worked in the facility for approximately 5 months. CNA M reported R4 had a left hand splint, but she thinks he recently received one for his right hand also. CNA M reported the splint instructions/information would be in the Kardex. When asked about the Kardex only mentioning a right hand splint and not a left, CNA M stated yeah I think the right one is in there (his room) just in case. When asked if R4 wore the right hand splint every day, CNA M stated No because he is still able to open and close that hand. He wears the left one because it's completely constricted. CNA M reported R4 was not on any specific restorative/exercise/range of motion program and reported we just do what we do with care. On [DATE] at 2:21 PM, R4 was observed in bed and now had bilateral beige colored hand splints. This was a different splint than what was observed earlier in the day.</p>		
F 0688 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>This citation pertains to MI 519 Based on observation, interview, and record review, the facility failed to provide range of motion/restorative services and use splints as ordered for one (Resident #4) of one reviewed for range of motion, resulting in the potential for a decrease in range of motion and worsening contractures. Findings include: Review of the Admission Record revealed Resident #4 (R4) admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. The Minimum (MDS) data set [DATE] revealed R4 scored 13 out of 15 (cognitively intact) on the Brief Interview for Mental Status. Review of the (name of rehabilitation consult group) Notes dated 1/6/20 and 1/20/20 revealed R4 was assigned a restorative program.Recommend ongoing restorative program to preserve function and prevent complications.Quadruparesis/bilateral finger flexion contractures: Recommend bilateral resting hand splints to preserve hand ROM (range of motion).Recommend working on bilateral shoulder ROM as part of a restorative program.Recommend range of motion and stretching exercises in restorative</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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 235580	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/12/2020
NAME OF PROVIDER OF SUPPLIER HEARTLAND HEALTH CARE CENTER-ANN ARBOR		STREET ADDRESS, CITY, STATE, ZIP 4701 E. HURON RIVER DR ANN ARBOR, MI 48105	
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 0688 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>(continued... from page 1)</p> <p>program. dated 1/20/20 revealed Recommend bilateral resting hand splints to preserve hand ROM, discussed with rehabilitation director today.Recommend working on bilateral shoulder ROM as part of a restorative program.Recommend range of motion and stretching exercises in restorative program. Review of R4's medical record revealed no mention of range of motion or stretching exercises as part of a restorative program. Review of the physician's orders [REDACTED]. Review of R4's At Risk for Alteration in Skin Integrity care plan dated 11/29/19 revealed an intervention of L wrist splint to be worn in the am and off in the pm. Review of the Visual/Bedside Kardex Report (CNA care guide) dated [DATE] revealed L wrist splint to be worn in the am and off in the pm. On [DATE] at 2:17 PM, R4 was observed in bed with the head of the bed elevated. R4 had a black splint in his left hand. R4 was difficult to understand. In an interview on [DATE] at 12:48 PM, Certified Nursing Assistant (CNA) M reported she was taking care of R4 that day and has worked in the facility for approximately 5 months. CNA M reported R4 had a left hand splint, but she thinks he recently received one for his right hand also. CNA M reported the splint instructions/information would be in the kardex. When asked about the Kardex only mentioning a right hand splint and not a left, CNA M stated yeah I think the right one is in there (his room) just in case. When asked if R4 wore the right hand splint every day, CNA M stated No because he is still able to open and close that hand. He wears the left one because it's completely constricted. CNA M reported R4 was not on any specific restorative/exercise/range of motion program and reported we just do what we do with care. On [DATE] at 2:21 PM, R4 was observed in bed and now had bilateral beige colored hand splints. This was a different splint than what was observed earlier in the day. In an interview on [DATE] at 2:27 PM, Director of Rehab K reported any restorative program would be in R4's chart and would not be in the therapy notes. Director of Rehab K reported when R4 discharged from therapy on 1/1/20, he only had a right hand splint. Director or Rehab K reported the Physical Medicine and Rehabilitation physician ordered a second splint last month. When asked what the splints looked like, Director of Rehab K reported originally R4 used a hand cock splint that was black, but now he should be wearing beige splints. Director of Rehab K reported she was not aware of any recommendations for restorative services and reported anything would go through therapy. In a telephone interview on [DATE] at 3:09 PM, Medical Director (MD) E reported if the primary physician chose not to follow the (name of rehabilitation consult group) recommendations, they usually document a reason. MD E reported she was not aware of any residents that were formally on a restorative program. When asked if she could think of any reason R4 was not on a restorative program, MD E reported she could not and stated the only thing is I think it was an oversight that we thought they (the facility staff) were doing. In an interview on [DATE] at 2:45 PM, Director of Nursing (DON) B reported the facility did range of motion with all residents as part of ADL care. DON B reported if there was a specific restorative program/plan, it would be given to the managers and then would be placed on the care plan and kardex. DON B reported she was not aware of the (name of rehabilitation consult group) recommendations. DON B reported R4 did not have any orders for restorative services.</p>		