AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235728	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED C 06/07/2022	
	OVIDER OR SUPPLIER	OF CHESTERFIELD TOWNSHIP	·	STREET ADDRESS, CITY, STATE, ZI 47901 SUGARBUSH RD CHESTERFIELD TOWNSHI,		
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F000		ENTS	F000			
	Township was s survey on 6/7/22	ns Home Of Chesterfield urveyed for an Abbreviated 2. 27040 and MI00128306).				
F600 SS=G	Exploitation The resident has neglect, misappi and exploitation includes but is n corporal punishr any physical or of treat the residen 483.12(a) The fa 483.12(a)(1) No physical abuse, involuntary sector This REQUIREN by: This citation per Based on obser- review the facilit resident abuse, (R901, R902, R9 for abuse, result	a)(1) a from Abuse, Neglect, and s the right to be free from abuse, ropriation of resident property, as defined in this subpart. This ot limited to freedom from nent, involuntary seclusion and chemical restraint not required to t's medical symptoms. acility must- t use verbal, mental, sexual, or corporal punishment, or	F600	 F600/G Element 1 Resident 901 was assessed provided medical treatment to reside in the home. The to monitor for signs of negrelated to the deficient prace of the deficient prace. Prior to the incident Reside to have agitated as evider seeking, pacing difficult to profanity language, combate engaged in a verbal disage Resident 901. Following the Residents room was channower stimuli, provided 1:1 continues to reside in the appears to have no signs outcomes related to the deficient provided to include person interventions that indicate agitation, and ways to proresident displays agitated by redirecting the agitated successfully or removing of his surroundings. Medical reviewed medications and appropriate changes. This continues to be followed by 	nt, and continues a home continues pative outcomes actice. lent 902 is noted nce by exit- redirect, ative and reement with he incident, nged to one with I supervision, and home; he of negative eficient practice. vas reviewed and centered signs of tect others when characteristics I resident other residents in Services has I made a resident	6/17/22

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

 Electronically Signed
 06/17/2022

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 the 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.

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.

							. 0938-03
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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	235728		B. WING		j	- 06/07/2	
NAME OF PR	OVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP COD	Ξ	
MICHIGAI	N VETERANS HOME	OME OF CHESTERFIELD TOWNSHIP 47901 SUGARBUSH RD CHESTERFIELD TOWNSHIP CHESTERFIELD TOWNSHI, MI 48047					
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F600	Continued From Resident #901 (F600		Behavioral Health contractor.		
	noted, "It was re resident physica in injury." On 6/7/22 at 12: the common are interviewed and was unable to re A review of R90 "Incident 4/25/20 After walking pa playing horsesh disagreement be redirected by nu was walking bac member (R902) with earlier when [R901] walker do stated member I [R901] fell. Vital assessed while to whimper and questions. Mem emesis; [R901] v this time. EMS (was contacted to hospital. Member requested [R907] wanted to talk to	acility's report incident allegation ported there was a resident-to- I abuse incident which resulted 03 PM, R901 was observed in a of the unit. R901 was asked about the incident but ecall the incident. 1's medical record noted, 022 19:28. Incident Note Text: st a member (R902) who was bes there was a verbal etween the two that was easily rsing staff. Shortly after [R901] sk to R901's room and past the who there was a disagreement in [R902] pushed [R901] and bwn. Staff was present and had hit [R901's] head when signs were taken and member laying on floor. [R901] continued cry but would not answer any ber then had an episode of was log rolled to [R901's] side at Emergency medical services) o transport member to the er's son was contacted and 1] be sent to [local hospital]. He 0[R901], so phone was given to 0011 talked with him and			Resident 903 was assessed by demonstrates no negative outcome related to the deficient practice continues to reside in the home resident continues to be followe homes Behavioral Health contromos Prior to the Resident 904 was in have period of agitation by evice yelling at other staffs, combative characteristics which includes in medication days prior to this inter- attempting to hit staff, and diffice redirect. Following the incident, 904 was assessed by an RN, p aid, was assessed by an RN, p aid, was assessed by the home Behavioral Health provider, and demonstrates no negative outco because of the deficient practice continues to reside in the facilite residents room was moved to of the nurses station for ease of p location checks and increased The residents care plan was re- revised to include person center agitation, interventions, and wa protect others when resident di agitated characteristics by redin- agitated resident successfully of other residents in his surroundir resident continues to be followed homes Behavioral Health control	omes , and e. This ed by the actor. hoted to lence by e refusal of cident, sult to Resident rovided first es domes e and y. The one closer to roviding monitoring. viewed and ered signs of ys to splays recting the or removing ngs. This ed by the	
	member and [RS answered quest arrived placed a transferred her t On 6/7/22 at 12: asked about the	001] talked with him and ions appropriately. Ambulance c-collar on the member and			Element 2 All members residing in the hor potential to be affected by the o practice. A quality review was	actor. ne have the leficient	

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CENTER	S FOR MEDICARE	E & MEDICAID SERVICES			-	APPROVED 0. 0938-0391
STATEMENT OF	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI	IULTIPLE CONSTRUCTION LDING	(X3) DATE SURV COMPLETE C	/EY D
		235728			06/07/	2022
NAME OF PROVIDER OR SUPPLIER MICHIGAN VETERANS HOME OF CHESTERFIELD TOWNSHIP				STREET ADDRESS, CITY, STATE, ZIP CO 47901 SUGARBUSH RD CHESTERFIELD TOWNSHI, MI		
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F600	about the incider stated, "I was tak changing when I and the reaction. and R902 had a pushing R901, b them away from that after the ver R902, later that of room and pointer jumped up and b them stupid. Nur right before the p [R901] to [their] r further explained floor, [R901] said [their] head, then sounded like the language. On 6/7/22 at 1:40 the incident and end of the shift, I charting. When I down." CNA "B" hard to redirect t CNA "C" written "C"] was coming trash away I saw toss [R901] and the w [their] head very [R901] started to while [R901] laid CNA "B" written 3	2 PM Nurse "A" was asked at with R901 and R902 and king my garbage out, shift was came back, I heard the noise " Nurse "A" explained that R901 verbal incident prior to R902 ut they had intervened and kept each other. Nurse "A" explained bal incident with R901 and day R902 yelled from across the d at R901 and said stupid. R901 became upset that R902 called se "A" further explained that bush that they had just took room around 7:00 pm. Nurse "A" I that when R901 was on the d my pain my pain and grab at a started to throw up and y were praying in a different 0 PM, CNA "B" was asked about stated, "It was getting close to was pulling trash and doing walked back [R901] was going explained that R902 was very hat day. statement, "At 6:45pm I [CNA from putting soiled linen and r [R902] one of the members her member to the floor. [R902]] walker and proceeded to push valker. [R901] fell back and hit hard and after 2 or 3 minutes romit. [R902] hovered around on the floor."	F600	by the Director of Nursing or ensure that all residents with dementia with behavioral dist those who are known to dem physically aggressive behavi others have detailed care pla interventions regarding the n supervision and intervention member is agitated towards of detailed care planned interver regarding the need for super intervention when the member and ways to protect others sh resident display agitation. Pe interventions will include way individual signs of agitation a and include how to protect of during these times. Element 3 The home has reviewed the Abuse & Neglect Prevention: Prevention Program and deta adequate. All staff have bee by the homes Staff Educator on the components of the ho Prevention Program with em recognizing signs of agitation seeking, pumping fists in the profanity, etc.) and protecting and others when signs of inc agitation are noted, by interve situation escalates beyond ca Appropriate interventions inc to an area of lesser stimulatio other residents away from re present with agitated behavior medication administration an activities. Element 4	a diagnosis of turbance and onstrate ors towards inned eed for when the others have ontions vision and er is agitated hould the rson centered s to recognize nd distress her residents policy titled Abuse ermined to be n re-educated or Designee mes Abuse ohasis on (pacing, exit air, use of the resident reased ening before a ontrol. lude relocation on or removing sident(s) that ors, PRN	
LABORATORY	URECIOR'S UR PROVI	DER/SUPPLIER REPRESENTATIVE'S SIGNA	IUKE			

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		235728	D. W	/ING		06/07/	2022
NAME OF PROVIDER OR SUPPLIER MICHIGAN VETERANS HOME OF CHESTERFIELD TOWNSHIP					STREET ADDRESS, CITY, STATE, ZIP COD 47901 SUGARBUSH RD CHESTERFIELD TOWNSHI, MI 48		
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F600	heard (staff mem immediately we l situation. As we air falling and [R hands and at tha sure [R901] was directed by the n happening it was supervisor attent seeking as well a aggressive towal redirecting him n and calm [R902] CNA "D" written my shift at 6:45p and another male noticed [R901] w when [R902] gra around then proo hard and then th Nurse "A" writter 15:45 member (F to any doors. Arc for a walk, we sto was shoving writ returning to a un horseshoes with While [R902] wa [their] room, [R90 to [R901] about i member get into [them], [R901] sh son, shortly [R90 area, meeting [R made a commen [R901] member of [they] was workin [R902] member get	page 3 aff member) and suddenly I ber) scream "[R902] No" and both began running over to the were running, [R901] was mid 902] had [R901] walker in [their] it point we were trying to make ok and stable. I was then urse to get security. Prior to this brought to the house ion that [R902] has been exit as being VERY agitated and rds staff members. We tried nultiple times, play horseshoes down nothing was working." statement, "Upon my arrival to m I walked on the unit [R902] e resident was talking then I valking up to them then that's bbed her walker and slung her ceeded to push [R901] really rew her to the floor." n statement, " During pm shift, at R902) was pacing, getting close bund 16:25 writer took member opped at Activity room, [R902] er [their] projects. After it [R902] had dinner, played writer and another member. s playing, [R901] walked to 02] made a comment addressed nterruption their game. [R901] the [their] room, writer followed nowed writer picture of there 01] was coming back to common 902] again. Once again, [R902] it, using inappropriate "F" word. came back to the table, where ng on puzzle, from the distance, point to [R901] and called DER/SUPPLIER REPRESENTATIVE'S SIGNA	F600		The Director of Nursing or Des randomly conduct quality revie x4 then biweekly x 2 months to residents who have demonstra aggressive behaviors towards provided person centered inter assist them with agitation and to resident is harmed. The finding quality reviews will be reported facility Quality Assurance Perfor Improvement Committee month committee determines substant compliance has been met. Alleged Date of Compliance: Ju 2022	ws weekly ensure ted others are ventions to that no other gs of the to the prmance hly until the tial	

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 235728			. ,	IULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED C	
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	OVIDER OR SUPPLIER	E OF CHESTERFIELD TOWNSHIP		STREET ADDRESS, CITY, STATE, ZIP C 47901 SUGARBUSH RD CHESTERFIELD TOWNSHI, MI		
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F600	[R901] stood up moved forward t stopped [R901] s Shortly, while wr room, writer hea the unit, [R901] was on floor, eye "4/27/2022 11:00 Writer spoke wit reported that [R9 (Urinary tract inf Rocephin and ha Further review of Hospital dischar For: [R901] Disc dementia; Assau hematoma; UTI Discharge Wour remove dressing R901 was admit Dementia with b traumatic stress communication of disorder. Minimu noted a severe of Resident #902 (I R902 was admitt diagnoses of Alz Post-traumatic s communication of disorder. MDS a cognitive impairr summary R902's being high risk fo having inapprop	R901] reacted back right away, , raised both hands/fists and o [R901's] opponent. Writer and calmed [them] down. riter was taking trash out to Soil and a voice, when writer entered was on the floor, face up, head es were closed." 0. Nurses Progress Note Text: h nurse at [local hospital], nurse 201] is being treated for a UTI ection) with IV (Intravenous) as a subdural hematoma" of R901's medical record noted, ge document, "Visit Summary sharge Diagnosis: Advanced ult; Fall; Leukocytosis; Subdural symptoms. Comment: nd Care Instructions: May g in 24 hours" ted on 1/04/22 with diagnoses of ehavioral disturbance, Post- disorder, cognitive deficit, and major depressive um Data Set (MDS) assessment cognitive impairment.	F600			

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PREFX IEACH DEFICIENCY MUST BE PRECEDED BY FULL PREVX IEACH CORRECTIVE ACTION SHOULD BE COMPLETE T60 Continued From page 5 physical aggression/agilation, having impaired cognitive function due to Athelmer's. F600 F600 F700 Continued From page 5 physical aggression/agilation, having impaired cognitive function due to Athelmer's. F600 orgonitive function due to Athelmer's. Communication deficit due to hearing loss, use of psychotropic metaletal to depression, axizity and PTSD (Post Traumatic Stress Disorder). Some interventions for R902 include a wander guard for safety, frequent intentional rounding, redirection and distraction with food, offering activities of [R902] liking, and walks. Resident #903 (R903) On 6/7/22 at 12:10 PM, the unit Nurses reported that there was a unwitnessed incident with R904 came into their (R903) room and grabbed their arm and they scratched R904's hand. On 6/7/22 at 12:10 PM, R903 was asked about the incident with R904 and stated, '1 was on break they gave me report and told me what happened." A review of R903's medical record revealed, '5/31/22 17:15 Nurses Progress Note Text. Writer noted that member came out of room with increased agilation and pairs. Wence was a man in her room that did not belong. Upon assessment member was calmed and assured her that her was and member denied pain. Member stated that ther man came in her room and grabbed at her hand" Keree was and the there was a sured her than came.			OF CHESTERFIELD TOWNSHIP			47901 SUGARBUSH RD		
physical aggression ⁷ /agitation, having impaired cognitive function due to Alzheimer's, communication deficit due to hearing loss, use of psychotropic medications, and having mood problems related to depression, anxiety and PTSD (Post Traumatic Stress Disorder). Some interventions for R902 include a wander guard for safety, frequent intentional rounding, redirection and distraction with food, offering activities of [R902] liking, and walks. Resident #903 (R903) On 6/7/22 at 12:10 PM, the unit Nurses reported that there was a unvitnessed incident with R903 and R904. The Nurse explained that R904 came into their (R903) room and grabbed their arm and they socratched R904's hand. On 6/7/22 at 12:10 PM, R903 was asked about the incident with R904 and was unable to be interviewed due to cognitive impairment. On 6/7/22 at 1:2:10 PM, CNA "B" was asked about the incident with R904 and was unable to be interviewed due to cognitive impairment. On 6/7/22 at 1:2:10 PM, CNA "B" was asked about the incident with R903 and R904 and stated, "I was on break they gave me report and told me what happened." A review of R903's medical record revealed, "5/31/22 17:15 Nurses Progress Note Text. Writer noted that member came out of room with increased agitation and pacing. Member verbally stated that she was angry and that there was a man in her room that did not belong. Upon assessment member was calimed and assured her that she was asfe. There were no noted injurises and member denied pain. Member stated that the man came in her room and grabbed at her hand"	PRÉFIX	(EACH DEFICIEN	ICY MUST BE PRECEDED BY FULL	PREF	IX	(EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP	OULD BE	COMPLETE
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		physical aggress cognitive function communication of problems related PTSD (Post Trac interventions for for safety, freque redirection and of activities of [R90 Resident #903 (I On 6/7/22 at 12: that there was a and R904. The N into their (R903) and they scratch On 6/7/22 at 12: the incident with interviewed due On 6/7/22 at 1:40 the incident with interviewed due On 6/7/22 at 1:40 the incident with was on break the what happened." A review of R903 "5/31/22 17:15 N Writer noted that increased agitati stated that she was injuries and men stated that the m grabbed at her h R904	 sion/agitation, having impaired n due to Alzheimer's, deficit due to hearing loss, use medications, and having mood to depression, anxiety and umatic Stress Disorder). Some R902 include a wander guard ent intentional rounding, listraction with food, offering 2] liking, and walks. R903) 10 PM, the unit Nurses reported unwitnessed incident with R903 Nurse explained that R904 came room and grabbed their arm ed R904's hand. 10 PM, R903 was asked about R904 and was unable to be to cognitive impairment. 0 PM, CNA "B" was asked about R903 and R904 and stated, "I ey gave me report and told me " 3's medical record revealed, lurses Progress Note Text. a member came out of room with on and pacing. Member verbally vas angry and that there was a that did not belong. Upon mber was calmed and assured safe. There were no noted her denied pain. Member han came in her room and and" 		D			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235728 NAME OF PROVIDER OR SUPPLIER MICHIGAN VETERANS HOME OF CHESTERFIELD TOWNSHIP		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING STREET ADDRESS, CITY, STATE, ZIP CODE 47901 SUGARBUSH RD (X3) DATE SURY COMPLETE C 06/07/			TED	
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F600	and asked about unable explain it A review of R904 "Altercation form nurses' station, v hallway reporting ambulated towar from hand. Sat a cleaned, steri-str noted" Progress note re Note Text: Memily yelling at staff, re to use walker wh refusing after ed walker are impor	18 PM, R904 was interviewed t the injury to their hand and was due to cognitive impairment. 4's medical record revealed, 1: Date 5/31/22 Writer sitting at when CNA came from back g a hand injury. Member rds nurse with blood dripping at table in common area. Wound ripped and bandage. No anxiety evealed, "5/30/22 22:37 Behavior ber has been very agitated, efusing medication, and refusing nen reminded. Member still ucated on why medication and rtant."		DEFICIENCY)	
	intervened nurse member and offe member refused On 6/7/22 at 1:0 and Nursing Hor interviewed abou details from the was provided to was asked abou R904 and explai room, R904's roo room was chang A review of the f "Abuse & Negled Program" dated members have t	CNA in her face. Other staff e notified. Attempted to redirect er a snack and activities, ." 8 PM, the Director of Nursing me Administrator (NHA) was ut the incident and confirmed the witnesses, and that education staff after the incident. The NHA t the incident with R903 and ned, therapy had just left R904's om was next to R903 and the jed after the incident. acility's policy revealed, titled, ct Prevention: Abuse Prevention 4/16/21 noted, "POLICY: Our he right to be free from abuse, ropriation of property, and				

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OMB NO. 0938-0391

CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING С B. WING 06/07/2022 235728 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 47901 SUGARBUSH RD MICHIGAN VETERANS HOME OF CHESTERFIELD TOWNSHIP **CHESTERFIELD TOWNSHI, MI 48047** SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX (X5) PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG TAG DEFICIENCY) F600 Continued From page 7 F600 exploitation. This includes but is not limited to freedom from corporal punishment, involuntary seclusion, verbal, mental, sexual, or physical abuse, and physical or chemical restraint not required to treat the member's symptoms. **GUIDELINES** Policy Explanation and Compliance Guidelines: As part of the member abuse prevention program, the home's administration will: 1. Protect our members from abuse by anyone including, but not necessarily limited to staff, other members, consultants, volunteers, staff from other agencies, family members, legal representatives, friends, visitors, or any other individual ... "

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

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