

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 704050	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 1/5/2022
NAME OF PROVIDER OR SUPPLIER LAURELS OF HUDSONVILLE (THE)			STREET ADDRESS, CITY, STATE, ZIP CODE 3650 VAN BUREN HUDSONVILLE, MI 49426		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F0000 SS=	<p>INITIAL COMMENTS</p> <p>The Laurels of Hudsonville was surveyed for Abbreviated survey on 1/5/21.</p> <p>M100122436, M100122543, M100122960, M100123267, M100123437, M100124266, M100125065, M100125081, M100125306.</p> <p>Census=80</p>	F0000			
F0602 SS= D	<p>Free from Misappropriation/Exploitation §483.12 The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. This REQUIREMENT is not met as evidenced by:</p> <p>This citation pertains to intake M100125306.</p> <p>Based on interview and record review, the facility failed to maintain a system of security and accountability of Schedule II narcotic drugs ordered, labeled, and delivered for the use of pain relief for one resident (Resident #9 (R9), resulting in three identified incidents of misappropriation of the narcotic drugs rendering the medication unavailable for use by R9 if needed for pain relief and the potential for continued misappropriation and unavailability of pain medication for this Resident and all facility residents with pain treated with Scheduled medications.</p> <p>Findings:</p>	F0602	<p>F 602</p> <p>Resident #9 continues to reside in the facility. Residents receiving narcotics are at risk. Residents receiving narcotics were reviewed to ensure that they still needed the medication or if they needed it changed from Prn to scheduled etc. Orders were clarified by the nursing management team in conjunction with the physician group. The Narcotic count sheets were reviewed by the nurse management team to verify that the counts were accurate and signed out appropriately. Any issues or concerns were addressed at the time of the evaluation.</p> <p>The policies on Narcotic counts signing out narcotics were reviewed by the QA committee and was deemed appropriate. Upon hire each nurse is educated on the proper procedures for medication pass which includes narcotic count, signing out narcotics, documentation etc.</p> <p>The nurses received re-education by ADON/DON/UM on medication pass, especially narcotic counts and signing out and documentation of narcotics. Those not educated during initial re-education will receive education upon their reporting to work their next date.</p> <p>The Don /Designee will audit weekly x 4 and monthly x 3 that narcotic counts were done</p>		2/8/2022

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

02/03/2022

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 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: 704050		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 1/5/2022	
NAME OF PROVIDER OR SUPPLIER LAURELS OF HUDSONVILLE (THE)				STREET ADDRESS, CITY, STATE, ZIP CODE 3650 VAN BUREN HUDSONVILLE, MI 49426			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY)			(X5) COMPLETION DATE	
	<p>R9 was originally admitted to the facility 7/17/20 with diagnoses of: "Medically Complex Conditions" that included Heart Failure, Renal Insufficiency, and Diabetes Mellitus. Review of the Minimum Data Set (MDS) dated 11/26/21 reflected R9 was cognitively intact. Section J of the MDS reflected that R9 is treated for pain.</p> <p>On 12/15/21 the facility identified an allegation of possible diversion of Schedule II narcotic medication labeled for R9. The facility reported the allegation to the state agency and initiated an investigation. The facility reported the findings of this investigation to the state agency within five days. On 12/21/21 an unannounced, onsite, abbreviated survey was initiated to review the allegation.</p> <p>Review of the facility investigation reflected on 12/15/21 at 6:00 AM shift changes from the West Hall night nurse, Licensed Practical Nurse (LPN) "E", to the oncoming day shift West Hall nurse, LPN "D", was in progress. The facility investigation reflected during the shift change the two LPNs conducted a routine, off-going shift to on-coming shift count of the Scheduled medications contained in the West medication cart locked narcotics drawer. This count was conducted by comparing the count of pills in each medication blister card to the corresponding count sheet (pink sheet) in the West cart narcotic book. The facility investigation reflected that a pink count sheet for 15 doses of hydrocodone (a Scheduled II narcotic) for R9 was in the narcotic count book, but no corresponding medication blister card was in the narcotic drawer. The facility was unable to definitively conclude when the blister card of fifteen doses of narcotics labeled for the sole use by R9 had been removed from the locked narcotic drawer.</p> <p>Review of facility pharmacy Proof of Delivery</p>		<p>appropriately and all signatures are present. Any issues or concerns will be addressed immediately. The results will be reported to QA by the DON. The DON or designee will audit the delivery sheets of narcotics to verify that they are in the locked narcotic drawer and have a pink sheet assigned and are included in the total count weekly times 4 weeks then monthly times three. All findings will be reported to the QA committee. The Facility allegation of Compliance will be 2/8/22 as the DON is responsible for compliance</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 704050		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 1/5/2022	
NAME OF PROVIDER OR SUPPLIER LAURELS OF HUDSONVILLE (THE)				STREET ADDRESS, CITY, STATE, ZIP CODE 3650 VAN BUREN HUDSONVILLE, MI 49426			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE			
	<p>shipment summary sheets reflected the facility received for R9 a delivery of hydrocodone, 15 tablets on:</p> <p>Delivered on: 11/9/21 , received by LPN "D" on 11/10/21 at 3:04 AM.</p> <p>Delivered on 11/23/21, received by LPN "D" on 11/24/21 at 1:15 AM.</p> <p>Delivered on 12/7/21, received by LPN "X" on 12/8/21 at 3:17 AM.</p> <p>Review of the Medication Administration Records (MAR) for R9 for November and December 2021 reflected a current Doctor Orders for the Schedule II pain medication hydrocodone. The facility was not able to provide an accounting for any of these three deliveries of Schedule II narcotics meant for the use by R9.</p>						
F0607 SS= D	<p>Develop/Implement Abuse/Neglect Policies §483.12(b) The facility must develop and implement written policies and procedures that: §483.12(b)(1) Prohibit and prevent abuse, neglect, and exploitation of residents and misappropriation of resident property, §483.12(b)(2) Establish policies and procedures to investigate any such allegations, and §483.12(b)(3) Include training as required at paragraph §483.95, This REQUIREMENT is not met as evidenced by:</p> <p>This Citation pertains to intake M100125081</p> <p>Based on interview and record review, the facility failed to follow their policies and procedures to investigate an injury of unknown origin for 1 (Resident #7), resulting in a delay of the injury to</p>	F0607	<p>F 607</p> <p>Resident #7 continues to reside in the facility and remains free from abuse. Residents residing in the facility have the potential to be affected. Staff and Interviewable residents were queried regarding abuse, any concerns identified were addressed immediately.</p> <p>The Abuse Policy was reviewed by the QA committee and deemed appropriate. Staff were re-educated on the Abuse Prohibition, Investigation and Reporting Policy. Staff members who are on leave of absence or PRN will be re-educated on their next scheduled work day. Upon hire and annually, facility staff will be educated and/or re-educated on the Abuse Prohibition, Investigation and Reporting Policy. The Administrator was re-educated on Abuse Prohibition, Investigation and Reporting Policy</p>	2/8/2022			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 704050	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 1/5/2022
NAME OF PROVIDER OR SUPPLIER LAURELS OF HUDSONVILLE (THE)			STREET ADDRESS, CITY, STATE, ZIP CODE 3650 VAN BUREN HUDSONVILLE, MI 49426		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>be acknowledged, lack of a through investigation, and a delay in reporting to the State Agency.</p> <p>Findings include:</p> <p>Review of a Face Sheet revealed Resident #7 (R7) is a 76 year old female originally admitted to the facility on 9/12/18 with pertinent diagnoses of vascular dementia, chronic kidney disease and cerebral infarction (stroke).</p> <p>Review of the Minimum Data Set (MDS) dated 12/9/21 indicated R7 is moderately cognitively impaired and requires supervision with one person assist for transfers and extensive assistance for dressing.</p> <p>Review of a Facility Reported Incident (FRI) revealed on 2/12/21 the facility reported an injury of unknown origin for R7 to the State Agency. The facility reported R7 had an old fading bruise on her right breast and no witnesses. The Administrator (NHA) interviewed R7 who was unaware of having a bruise and not sure how she got it. The facility concluded no abuse occurred through their investigation. The facility did not provide information to constitute a through investigation including but not limited to: documented staff interviews, resident interviews, or family interviews, no documented skin assessments that reflected R7, and no other like residents were assessed for potential injuries of unknown origin. The facility concluded no abuse occurred and the bruising on her right breast is from R7 "noted to rock herself when standing and use of walker and at times uses her chest for stabilize herself when sit to stand occurs."</p> <p>Review of documents titled "Skin & Wound-Total Body Skin Assessment" dated 12/4/21 and 12/11/21 for R7 revealed no findings. No skin assessment documented between these dates or on</p>		<p>specifically addressing the requirement to report timely and necessity of a thorough investigation. The nurse who observed the bruise initially received education on reporting injuries of unknown origin which includes bruises suspicious in nature. Facility Administrator and/or designee will query staff and inter-viewable residents regarding Abuse and audit weekly x 4 and monthly x3. Concerns will be addressed immediately and findings will be reported to the QAPI committee for further review and recommendations. Daily Monday through Friday the IDT will review the 24-hour report and incident and accident reports to verify that any injury of unknown origin or allegation of abuse etc was reported per the policy. Any issues will be addressed immediately. The Facility allegation of Compliance will be 2/8/22 as the Administrator is responsible for compliance</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 704050		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 1/5/2022	
NAME OF PROVIDER OR SUPPLIER LAURELS OF HUDSONVILLE (THE)				STREET ADDRESS, CITY, STATE, ZIP CODE 3650 VAN BUREN HUDSONVILLE, MI 49426			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE		
	<p>12/12/21.</p> <p>Review of a document titled "Skin Observation" dated 11/24/21 to 12/19/21 revealed R7 had no skin concerns.</p> <p>Review of a Nursing Progress Note dated 12/4/21 for R7 revealed: "Total Body Skin Assessment" ...Number of new skin conditions: 0. Comments: ...skin assessment complete, skin intact, will continue skin prep to bilateral ankles."</p> <p>Review of a Nursing Progress Note dated 12/6/21 for R7 revealed: "Greenish yellowish bruise noted on upper right breast and front of lower right thigh ..." No thorough skin assessment documented. Documented by Licensed Practical Nurse (LPN) "J" and no documentation indicating it was reported and the family and physician were notified.</p> <p>Review of a "Late Entry" Nursing Progress Note for R7 created 12/12/21 at 4:56 p.m., with an effective date of 12/11/21 revealed: "added noted from skin assessment resident has old faded bruise to right breast. Resident states she has no idea when it occurred but that no one has harmed her in any way."</p> <p>Review of a Nursing Progress Note dated 12/12/21 at 5:47 p.m. for R7 revealed: "large old fading dark/purple bruise noted to right breast. Resident denies pain. States she does not know how it happened but that no one harmed her in any way. Left message for daughter who has her loa and tiger texted provider ..."</p> <p>In an interview on 12/21/21 at 1:15 p.m., R7 reported she had bruising on her leg and was not sure how it happened. She denied any other bruises and reported she felt safe and had no concerns.</p>						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 704050	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 1/5/2022
NAME OF PROVIDER OR SUPPLIER LAURELS OF HUDSONVILLE (THE)			STREET ADDRESS, CITY, STATE, ZIP CODE 3650 VAN BUREN HUDSONVILLE, MI 49426		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>In an interview on 12/29/21 at 10:47 a.m., Licensed Practical Nurse (LPN) "G" reported when she saw that R7 had a bruise on her breast, she reported it to the doctor and the manager. LPN "G" reported the Certified Nursing Assistant (CNA) "H" told her about it and there was confusion if the bruise was reported or not, then said the NHA was already aware of the bruise. When questioned about the description of the bruise, LPN "G" reported it looked like an older bruise and did not document the size because it was older and reported that older bruises can move toward gravity and change in size. LPN "G" reiterated the NHA did know about the bruise.</p> <p>In an interview on 12/29/21 at 10:50 a.m. CNA "H" reported could not remember the details of when and how she saw the bruise on R7, but said she reported the bruise to the nurse, (not sure which nurse she told), who knew about the bruise already. CNA "H" reported she noticed a bruise (did not specify where) when R7 was being toileted. When queried if she noticed a bruise when R7 was showered that week, CNA "H" could not remember.</p> <p>In an interview on 1/5/22 at 10:43 a.m., the Director of Nursing (DON) reported if a nurse noticed a resident had a bruise, she would expect it to be reported right away to her or the Nursing Home Administrator (NHA). The DON reported the nurse should do a complete head to toe skin assessment, but if a bruise is noticed, a description should be documented but not necessarily formal measurements. The DON reported the resident did leave the facility to visit her daughter and suggested several ways R7 could have obtained a bruise on her breast. When queried about the bruise on her thigh and why it was not reported, the DON was unaware of the bruise on her thigh. When queried about concerns of bruising noted on R7s breast and thigh, the</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 704050	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 1/5/2022
NAME OF PROVIDER OR SUPPLIER LAURELS OF HUDSONVILLE (THE)			STREET ADDRESS, CITY, STATE, ZIP CODE 3650 VAN BUREN HUDSONVILLE, MI 49426		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>DON reported that could be scary and potentially be an indicator for sexual abuse. The DON reported she did not do a full skin assessment on R7 and suggested the Unit Manager would have done the skin assessments.</p> <p>In an interview on 1/5/22 at 11:30 a.m., the NHA described the process of how she does her investigations for injuries of unknown origin and reported for R7 she interviewed the resident, the staff, the roommate, and other residents. The NHA was not able to provide statements from staff or residents and did not do a skin sweep of like residents who could potentially have an injury of unknown origin. When queried about the bruising documented on 12/6/21, the NHA reported she did not investigate it or report it to the state agency. The NHA reported the nurse did do a full head to toe skin assessment on 12/12/21 and documented it. The NHA reported for this investigation she utilized an auditing tool dated 12/8/21, which was before the incident was reported to the State Agency is how she did rounds with staff and residents to ask general questions about abuse but not able to tell the specific questions asked. The police were not notified, and the potential root cause was not identified. No education provided to staff to prevent injuries of unknown to be documented and thoroughly investigated.</p> <p>Review of a policy titled "Skin Management" last reviewed 7/2021 revealed: "Bruises: 1. An Incident and Accident report is to be completed. 2. The licensed nurse is responsible for documenting bruise upon occurrence and monitoring until healed. 3. Notify the attending physician and responsible party of the occurrence, document the notification in the medical record and initiate an order, as needed."</p> <p>Review of a policy titled "Abuse Prohibition,</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 704050	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 1/5/2022
NAME OF PROVIDER OR SUPPLIER LAURELS OF HUDSONVILLE (THE)			STREET ADDRESS, CITY, STATE, ZIP CODE 3650 VAN BUREN HUDSONVILLE, MI 49426		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F0609 SS= D	<p>Investigation, and Reporting" revealed: "It is the policy of this facility to prohibit mistreatment, neglect, and abuse of guests/residents and /or misappropriation of guest/resident property or resources. ... all facility personnel will promptly report any incident or suspected incident of guest mistreatment, injuries of unknown source or misappropriation of property/resources. Reports of alleged abuse and/or misappropriation will be immediately reported to the Administrator and thoroughly investigated. ..."</p> <p>Reporting of Alleged Violations §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures. §483.12(c) (4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as</p>	F0609	<p>F609 Resident #7 continues to reside in the facility and remains free from abuse.</p> <p>Residents residing in the facility have the potential to be affected. Incidents for the last 60 days were reviewed to ensure that reporting requirements were met. No additional concerns were noted. The nurse who observed the bruise initially received education on reporting injuries of unknown origin which includes bruises suspicious in nature. The Abuse Policy was reviewed by the QA committee and deemed appropriate. On 1/28/22 the Administrator was reeducated by the Regional Clinical Coordinator on the Abuse Policy, specifically addressing the requirement of timely reporting of alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property to be reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if events that cause the allegation do not involve abuse and do not result in serious bodily injury.</p>		2/8/2022

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 704050		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 1/5/2022	
NAME OF PROVIDER OR SUPPLIER LAURELS OF HUDSONVILLE (THE)				STREET ADDRESS, CITY, STATE, ZIP CODE 3650 VAN BUREN HUDSONVILLE, MI 49426			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE		
	<p>evidenced by:</p> <p>This Citation pertains to intake M100125081</p> <p>Based on interview and record review, the facility failed to acknowledge, timely report an injury of unknown and reeducate staff for 1 (Resident #7), resulting in an injury of unknown origin not investigated timely, potential for abuse to continue, and delayed reporting to the State Agency.</p> <p>Findings include:</p> <p>Review of a Face Sheet revealed Resident #7 (R7) is a 76 year old female originally admitted to the facility on 9/12/18 with pertinent diagnoses of vascular dementia, chronic kidney disease and cerebral infarction (stroke).</p> <p>Review of the Minimum Data Set (MDS) dated 12/9/21 indicated R7 is moderately cognitively impaired and requires supervision with one person assist for transfers and extensive assistance for dressing.</p> <p>Review of a Facility Reported Incident (FRI) revealed on 2/12/21 the facility reported an injury of unknown origin for R7 to the State Agency. The facility reported R7 had an old fading bruise on her right breast and no witnesses. The Administrator (NHA) interviewed R7 who was unaware of having a bruise and not sure how she got it. The facility concluded no abuse occurred through their investigation. The facility did not provide information to constitute a thorough investigation including but not limited to: documented staff interviews, resident interviews, or family interviews, no documented skin assessments that reflected R7, and no other like residents were assessed for potential injuries of</p>		<p>Facility Administrator and/or designee review incident reports, query staff and inter-viewable residents weekly x4, monthly x3 to ensure allegations have been reported appropriately. Concerns will be addressed immediately and findings will be reported to the QAPI committee for further review and recommendations. Daily Monday through Friday the IDT will review the 24- hour report and incident and accident reports to verify that any injury of unknown origin or allegation of abuse etc was reported per the policy. Any issues will be addressed immediately. The Facility allegation of Compliance will be 2/8/22 as the Administrator is responsible for compliance</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 704050	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 1/5/2022
NAME OF PROVIDER OR SUPPLIER LAURELS OF HUDSONVILLE (THE)			STREET ADDRESS, CITY, STATE, ZIP CODE 3650 VAN BUREN HUDSONVILLE, MI 49426		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>unknown origin. The facility concluded no abuse occurred and the bruising on her right breast is from R7 "noted to rock herself when standing and use of walker and at times uses her chest for stabilize herself when sit to stand occurs."</p> <p>Review of documents titled "Skin & Wound-Total Body Skin Assessment" dated 12/4/21 and 12/11/21 for R7 revealed no findings. No skin assessment documented between these dates or on 12/12/21.</p> <p>Review of a document titled "Skin Observation" dated 11/24/21 to 12/19/21 revealed R7 had no skin concerns.</p> <p>Review of a Nursing Progress Note dated 12/4/21 for R7 revealed: "Total Body Skin Assessment" ...Number of new skin conditions: 0. Comments: ...skin assessment complete, skin intact, will continue skin prep to bilateral ankles."</p> <p>Review of a Nursing Progress Note dated 12/6/21 for R7 revealed: "Greenish yellowish bruise noted on upper right breast and front of lower right thigh ..." No thorough skin assessment documented. Documented by Licensed Practical Nurse (LPN) "J" and no documentation indicating it was reported and the family and physician were notified.</p> <p>Review of a "Late Entry" Nursing Progress Note for R7 created 12/12/21 at 4:56 p.m., with an effective date of 12/11/21 revealed: "added noted from skin assessment resident has old faded bruise to right breast. Resident states she has no idea when it occurred but that no one has harmed her in any way."</p> <p>Review of a Nursing Progress Note dated 12/12/21 at 5:47 p.m. for R7 revealed: "large old fading dark/purple bruise noted to right breast.</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 704050		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 1/5/2022	
NAME OF PROVIDER OR SUPPLIER LAURELS OF HUDSONVILLE (THE)				STREET ADDRESS, CITY, STATE, ZIP CODE 3650 VAN BUREN HUDSONVILLE, MI 49426			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY)			(X5) COMPLETION DATE	
	<p>Resident denies pain. States she does not know how it happened but that no one harmed her in any way. Left message for daughter who has her loa and tiger texted provider ..."</p> <p>In an interview on 12/21/21 at 1:15 p.m., R7 reported she had bruising on her leg and was not sure how it happened. She denied any other bruises and reported she felt safe and had no concerns.</p> <p>In an interview on 12/29/21 at 10:47 a.m., Licensed Practical Nurse (LPN) "G" reported when she saw that R7 had a bruise on her breast, she reported it to the doctor and the manager. LPN "G" reported the Certified Nursing Assistant (CNA) "H" told her about it and there was confusion if the bruise was reported or not, then said the NHA was already aware of the bruise. When questioned about the description of the bruise, LPN "G" reported it looked like an older bruise and did not document the size because it was older and reported that older bruises can move toward gravity and change in size. LPN "G" reiterated the NHA did know about the bruise.</p> <p>In an interview on 12/29/21 at 10:50 a.m. CNA "H" reported could not remember the details of when and how she saw the bruise on R7, but said she reported the bruise to the nurse, (not sure which nurse she told), who knew about the bruise already. CNA "H" reported she noticed a bruise (did not specify where) when R7 was being toileted. When queried if she noticed a bruise when R7 was showered that week, CNA "H" could not remember.</p> <p>In an interview on 1/5/22 at 10:43 a.m., the Director of Nursing (DON) reported if a nurse noticed a resident had a bruise, she would expect it to be reported right away to her or the Nursing Home Administrator (NHA). The DON reported</p>						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 704050		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 1/5/2022	
NAME OF PROVIDER OR SUPPLIER LAURELS OF HUDSONVILLE (THE)				STREET ADDRESS, CITY, STATE, ZIP CODE 3650 VAN BUREN HUDSONVILLE, MI 49426			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY)			(X5) COMPLETION DATE	
	<p>the nurse should do a complete head to toe skin assessment, but if a bruise is noticed, a description should be documented but not necessarily formal measurements. The DON reported the resident did leave the facility to visit her daughter and suggested several ways R7 could have obtained a bruise on her breast. When queried about the bruise on her thigh and why it was not reported, the DON was unaware of the bruise on her thigh. When queried about concerns of bruising noted on R7s breast and thigh, the DON reported that could be scary and potentially be an indicator for sexual abuse. The DON reported she did not do a full skin assessment on R7 and suggested the Unit Manager would have done the skin assessments.</p> <p>In an interview on 1/5/22 at 11:30 a.m., the NHA described the process of how she does her investigations for injuries of unknown origin and reported for R7 she interviewed the resident, the staff, the roommate, and other residents. The NHA was not able to provide statements from staff or residents and did not do a skin sweep of like residents who could potentially have an injury of unknown origin. When queried about the bruising documented on 12/6/21, the NHA reported she did not investigate it or report it to the state agency. The NHA reported the nurse did do a full head to toe skin assessment on 12/12/21 and documented it. The NHA reported for this investigation she utilized an auditing tool dated 12/8/21, which was before the incident was reported to the State Agency is how she did rounds with staff and residents to ask general questions about abuse but not able to tell the specific questions asked. The police were not notified, and the potential root cause was not identified. No education provided to staff to prevent injuries of unknown to be documented and thoroughly investigated.</p> <p>Review of a policy titled "Skin Management" last</p>						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 704050	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 1/5/2022
NAME OF PROVIDER OR SUPPLIER LAURELS OF HUDSONVILLE (THE)			STREET ADDRESS, CITY, STATE, ZIP CODE 3650 VAN BUREN HUDSONVILLE, MI 49426		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F0610 SS= D	<p>reviewed 7/2021 revealed: "Bruises: 1. An Incident and Accident report is to be completed. 2. The licensed nurse is responsible for documenting bruise upon occurrence and monitoring until healed. 3. Notify the attending physician and responsible party of the occurrence, document the notification in the medical record and initiate an order, as needed."</p> <p>Review of a policy titled "Abuse Prohibition, Investigation, and Reporting" revealed: "It is the policy of this facility to prohibit mistreatment, neglect, and abuse of guests/residents and /or misappropriation of guest/resident property or resources. ... all facility personnel will promptly report any incident or suspected incident of guest mistreatment, injuries of unknown source or misappropriation of property/resources. Reports of alleged abuse and/or misappropriation will be immediately reported to the Administrator and thoroughly investigated. ..."</p> <p>Investigate/Prevent/Correct Alleged Violation §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(2) Have evidence that all alleged violations are thoroughly investigated. §483.12(c)(3) Prevent further potential abuse, neglect, exploitation, or mistreatment while the investigation is in progress. §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by:</p>	F0610	<p>F610 Resident #7 continues to reside in the facility and remains free from abuse.</p> <p>Residents residing in the facility have the potential to be affected. Incidents for the last 60 days were reviewed to ensure that a thorough investigation was conducted. No additional concerns were noted. Weekly skin checks completed The Abuse Policy was reviewed by the QA committee and deemed appropriate On 1/27/22 the Administrator was re-educated by the Regional Clinical Coordinator on the Abuse Policy, specifically addressing the necessity of a thorough investigation. Facility Administrator and/or designee will review incident reports weekly x4, monthly x3 to ensure incidents have been thoroughly investigated. Concerns will be addressed</p>		2/8/2022

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 704050		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 1/5/2022	
NAME OF PROVIDER OR SUPPLIER LAURELS OF HUDSONVILLE (THE)					STREET ADDRESS, CITY, STATE, ZIP CODE 3650 VAN BUREN HUDSONVILLE, MI 49426		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>This Citation pertains to intake M100125081</p> <p>Based on interview and record review, the facility failed to provide evidence that 1. an injury of unknown origin was thoroughly investigated, 2. Ensure other residents did not have injuries of unknown origin, 3. Implement measure to ensure resident safety.</p> <p>Findings include:</p> <p>Review of a Face Sheet revealed Resident #7 (R7) is a 76 year old female originally admitted to the facility on 9/12/18 with pertinent diagnoses of vascular dementia, chronic kidney disease and cerebral infarction (stroke).</p> <p>Review of the Minimum Data Set (MDS) dated 12/9/21 indicated R7 is moderately cognitively impaired and requires supervision with one person assist for transfers and extensive assistance for dressing.</p> <p>Review of a Facility Reported Incident (FRI) revealed on 2/12/21 the facility reported an injury of unknown origin for R7 to the State Agency. The facility reported R7 had an old fading bruise on her right breast and no witnesses. The Administrator (NHA) interviewed R7 who was unaware of having a bruise and not sure how she got it. The facility concluded no abuse occurred through their investigation. The facility did not provide information to constitute a through investigation including but not limited to: documented staff interviews, resident interviews, or family interviews, no documented skin assessments that reflected R7, and no other like residents were assessed for potential injuries of unknown origin. The facility concluded no abuse occurred and the bruising on her right breast is from R7 "noted to rock herself when standing and</p>				<p>immediately and findings will be reported to the QAPI committee for further review and recommendations.</p> <p>The Facility allegation of Compliance will be 2/8/22 as the Administrator is responsible for compliance</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 704050	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 1/5/2022
NAME OF PROVIDER OR SUPPLIER LAURELS OF HUDSONVILLE (THE)			STREET ADDRESS, CITY, STATE, ZIP CODE 3650 VAN BUREN HUDSONVILLE, MI 49426		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>use of walker and at times uses her chest for stabilize herself when sit to stand occurs."</p> <p>Review of documents titled "Skin & Wound-Total Body Skin Assessment" dated 12/4/21 and 12/11/21 for R7 revealed no findings. No skin assessment documented between these dates or on 12/12/21.</p> <p>Review of a document titled "Skin Observation" dated 11/24/21 to 12/19/21 revealed R7 had no skin concerns.</p> <p>Review of a Nursing Progress Note dated 12/4/21 for R7 revealed: "Total Body Skin Assessment" ...Number of new skin conditions: 0. Comments: ...skin assessment complete, skin intact, will continue skin prep to bilateral ankles."</p> <p>Review of a Nursing Progress Note dated 12/6/21 for R7 revealed: "Greenish yellowish bruise noted on upper right breast and front of lower right thigh ..." No thorough skin assessment documented. Documented by Licensed Practical Nurse (LPN) "J" and no documentation indicating it was reported and the family and physician were notified.</p> <p>Review of a "Late Entry" Nursing Progress Note for R7 created 12/12/21 at 4:56 p.m., with an effective date of 12/11/21 revealed: "added noted from skin assessment resident has old faded bruise to right breast. Resident states she has no idea when it occurred but that no one has harmed her in any way."</p> <p>Review of a Nursing Progress Note dated 12/12/21 at 5:47 p.m. for R7 revealed: "large old fading dark/purple bruise noted to right breast. Resident denies pain. States she does not know how it happened but that no one harmed her in any way. Left message for daughter who has her</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 704050		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 1/5/2022	
NAME OF PROVIDER OR SUPPLIER LAURELS OF HUDSONVILLE (THE)				STREET ADDRESS, CITY, STATE, ZIP CODE 3650 VAN BUREN HUDSONVILLE, MI 49426			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY)			(X5) COMPLETION DATE	
	<p>loa and tiger texted provider ..."</p> <p>In an interview on 12/21/21 at 1:15 p.m., R7 reported she had bruising on her leg and was not sure how it happened. She denied any other bruises and reported she felt safe and had no concerns.</p> <p>In an interview on 12/29/21 at 10:47 a.m., Licensed Practical Nurse (LPN) "G" reported when she saw that R7 had a bruise on her breast, she reported it to the doctor and the manager. LPN "G" reported the Certified Nursing Assistant (CNA) "H" told her about it and there was confusion if the bruise was reported or not, then said the NHA was already aware of the bruise. When questioned about the description of the bruise, LPN "G" reported it looked like an older bruise and did not document the size because it was older and reported that older bruises can move toward gravity and change in size. LPN "G" reiterated the NHA did know about the bruise.</p> <p>In an interview on 12/29/21 at 10:50 a.m. CNA "H" reported could not remember the details of when and how she saw the bruise on R7, but said she reported the bruise to the nurse, (not sure which nurse she told), who knew about the bruise already. CNA "H" reported she noticed a bruise (did not specify where) when R7 was being toileted. When queried if she noticed a bruise when R7 was showered that week, CNA "H" could not remember.</p> <p>In an interview on 1/5/22 at 10:43 a.m., the Director of Nursing (DON) reported if a nurse noticed a resident had a bruise, she would expect it to be reported right away to her or the Nursing Home Administrator (NHA). The DON reported the nurse should do a complete head to toe skin assessment, but if a bruise is noticed, a description should be documented but not</p>						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 704050	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 1/5/2022
NAME OF PROVIDER OR SUPPLIER LAURELS OF HUDSONVILLE (THE)			STREET ADDRESS, CITY, STATE, ZIP CODE 3650 VAN BUREN HUDSONVILLE, MI 49426		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>necessarily formal measurements. The DON reported the resident did leave the facility to visit her daughter and suggested several ways R7 could have obtained a bruise on her breast. When queried about the bruise on her thigh and why it was not reported, the DON was unaware of the bruise on her thigh. When queried about concerns of bruising noted on R7s breast and thigh, the DON reported that could be scary and potentially be an indicator for sexual abuse. The DON reported she did not do a full skin assessment on R7 and suggested the Unit Manager would have done the skin assessments.</p> <p>In an interview on 1/5/22 at 11:30 a.m., the NHA described the process of how she does her investigations for injuries of unknown origin and reported for R7 she interviewed the resident, the staff, the roommate, and other residents. The NHA was not able to provide statements from staff or residents and did not do a skin sweep of like residents who could potentially have an injury of unknown origin. When queried about the bruising documented on 12/6/21, the NHA reported she did not investigate it or report it to the state agency. The NHA reported the nurse did do a full head to toe skin assessment on 12/12/21 and documented it. The NHA reported for this investigation she utilized an auditing tool dated 12/8/21, which was before the incident was reported to the State Agency is how she did rounds with staff and residents to ask general questions about abuse but not able to tell the specific questions asked. The police were not notified, and the potential root cause was not identified. No education provided to staff to prevent injuries of unknown to be documented and thoroughly investigated.</p> <p>Review of a policy titled "Skin Management" last reviewed 7/2021 revealed: "Bruises: 1. An Incident and Accident report is to be completed. 2. The licensed nurse is responsible for</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 704050		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 1/5/2022	
NAME OF PROVIDER OR SUPPLIER LAURELS OF HUDSONVILLE (THE)					STREET ADDRESS, CITY, STATE, ZIP CODE 3650 VAN BUREN HUDSONVILLE, MI 49426		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
F0684 SS= G	<p>documenting bruise upon occurrence and monitoring until healed. 3. Notify the attending physician and responsible party of the occurrence, document the notification in the medical record and initiate an order, as needed."</p> <p>Review of a policy titled "Abuse Prohibition, Investigation, and Reporting" revealed: "It is the policy of this facility to prohibit mistreatment, neglect, and abuse of guests/residents and /or misappropriation of guest/resident property or resources. ... all facility personnel will promptly report any incident or suspected incident of guest mistreatment, injuries of unknown source or misappropriation of property/resources. Reports of alleged abuse and/or misappropriation will be immediately reported to the Administrator and thoroughly investigated. ..."</p> <p>Quality of Care § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by:</p> <p>This citation pertains to intake M100125065</p> <p>Based on observation, interview and record review, the facility failed to assess, communicate, and address pain and injury post fall for 1 (Resident #6), resulting in delayed diagnoses and treatment for a fracture and untreated pain.</p>		F0684	<p>F 684</p> <p>Resident # 6 continues to reside in the facility. His pain was addressed and his pain is being treated Resident is currently working with rehab with full weight bearing status and no c/o pain. Resident #6 is ambulating with a walker throughout the facility with appropriate footwear.</p> <p>All residents with pain are at risk. The Pain management policy was reviewed by the QA committee and deemed appropriate. The IDT reviewed residents to discuss if any resident was having pain and if so was it being addressed. any concerns were addressed at that time.</p> <p>Residents are evaluated for pain upon admission quarterly, with significant change and prn. Any complaints of pain are assessed, documented, physician contacted and a care plan written that is person centered. Residents receiving pain medication are</p>		2/8/2022	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 704050	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 1/5/2022
NAME OF PROVIDER OR SUPPLIER LAURELS OF HUDSONVILLE (THE)			STREET ADDRESS, CITY, STATE, ZIP CODE 3650 VAN BUREN HUDSONVILLE, MI 49426		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>Findings include:</p> <p>Resident #6 (R6)</p> <p>Review of a Face Sheet Revealed R6 originally admitted to the facility on 12/6/19 and has pertinent diagnoses of bipolar, delusional disorders, and a fractured pubis.</p> <p>Review of the Minimum Data Set (MDS) dated 12/2/21 revealed R6 was cognitively intact and independent for transfers and cares.</p> <p>Review of a Facility Reported Incident (FRI) submitted to the State Agency on 12/8/21 revealed R6 had an injury of unknown source in the form of a fracture. On 12/7/21 a portable xray of R6's hip was done that concluded R6 had "acute fractures" in the right hip region. ... "Guest was noted to have fallen and had injuries on bilateral elbows although was noted walking and transferring without concern days after. ... Where and when did the alleged incident occur? Unknown although the guest did have a fall on November 29th, 2021, with no noted hip injuries at that time. Guest was noted to have fallen and had injuries on bilateral elbows although was noted walking and transferring without concern days after. ... Removed cords plugged into wall and removed shoes that guest received from another guest that were too big for his feet. ..."</p> <p>Review of an "Incident and Accident Report" dated 11/29/21 for R6 revealed he had an unwitnessed fall at 2:00 p.m. and sustained skin tears on his bilateral elbows. R6 was walking in his room toward his bed and tripped over cords that were on the floor near the bathroom door. He also had shoes on that were too big. The facility removed the items that were plugged in and removed the shoes that were too big. R6 was found laying on his back with his legs stretched</p>		<p>evaluated for effectiveness. Any concerns are communicated to the physician for further direction.</p> <p>The Nursing management team along with the Rehab Service Director re-educated the licensed nurses and therapy team on the pain management process, also for documentation, review and thoroughness of communication of any change in condition especially including new complaints of pain or an increase in complaints of pain. Anyone not educated at that time will be educated upon hire or on the next day they work.</p> <p>Nurse management will review 24 hour reports to evaluate if any resident has a new complaint of pain or an increase in pain especially if any injury /fall etc has occurred to ensure that no reports of concerns have been identified that would require further involvement, weekly x 4 and monthly x 3. Any issues or concerns will be addressed immediately with a report to QA quarterly. The Facility Allegation of Compliance will be 2/8/2022 as the Don is responsible for compliance</p> <p>The facility invokes its right to IDR this citation</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 704050	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 1/5/2022
NAME OF PROVIDER OR SUPPLIER LAURELS OF HUDSONVILLE (THE)			STREET ADDRESS, CITY, STATE, ZIP CODE 3650 VAN BUREN HUDSONVILLE, MI 49426		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>out and his arms were at his side.</p> <p>Review of a "Radiology Results Report" dated 12/7/21 revealed R6 had "ACUTE PAIN DUE TO TRAUMA" and revealed he had a right subcapital fracture with no displacement.</p> <p>Review of an x-ray dated 12/14/21 for R6 revealed: "Known right hip FX (fracture) eval for possible SX. PT (patient) states falling on November 29 and fracturing his right hip. Impression: There appears to be a probably acute fracture of the right inferior pubic ramus ..."</p> <p>Review of a Nursing Progress Note dated 11/29/21 at 3:35 p.m. revealed at "(1:55 p.m.) heard a loud crash, resident observed on the floor on his back in front of the bathroom door with walker tipped over. Full range of motion performed on upper and lower extremities, resident painful but able to stand and raise his arms. Skin assessed noted to have skin tears on outer bilateral elbows, resident stated he hit his head, scalp assessed, and forehead assessed, no open areas or raised bumps. ...tiger text to (Nurse Practitioner). Resident stated he tripped over the cords that were plugged in near the bathroom, there was noted to be a black cell phone on the ground that had been pulled out the wall during the fall and also a white humidifier fan that was plugged in. Resident also noted to have on black Velcro tennis shoes that were floppy at the toes, shoes measured 12.5 inches residents feet measured 10 inches. Items unplugged and removed out of the path/walkway."</p> <p>Review of a Nursing Progress note dated 11/30/21 at 1:32 p.m. for R6 revealed: "Fall reviewed with IDT (interdisciplinary team); resident observed on the floor in his room. Stated he tripped over cords. Resident noted to have pair of shoes too large for him. Cell phones moves to</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 704050	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 1/5/2022
NAME OF PROVIDER OR SUPPLIER LAURELS OF HUDSONVILLE (THE)			STREET ADDRESS, CITY, STATE, ZIP CODE 3650 VAN BUREN HUDSONVILLE, MI 49426		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>another area in room to charge and guardian notified to see if she could get him the right size in shoes."</p> <p>Review of a Physical Therapy Progress Note dated 11/30/21 for R6 revealed: "Pre-tx (Pretreatment): Is skilled therapy needed to address pain? = Nursing to address. ... Barriers impacting treatment? = Yes. Barriers Impacting Treatment: Pt (patient) fell onto R (right) side last night causing increases in pain with ex's (exercises) and activity. Clarified accuracy of fall w/ (with) nursing."</p> <p>Review of a Physical Therapy Progress Note dated 12/1/21 for R6 revealed: "Pre tx: Is skilled therapy needed to address pain? = Nursing to address. ... Pt able to sit EOB (edge of bed) for approx. 1 min before R hip pain increased and pt had to lay back down. ... Barriers impacting treatment? = Yes. Barriers Impacting Treatment: confusion, increased R hip pain."</p> <p>Review of a Physical Therapy Progress Note dated 12/2/21 for R6 revealed: "Pre tx: Is skilled therapy needed to address pain? = Nursing to address. ... SLR 2x10 on L LE (left lower extremity) only due to increased pain on R LE (right lower extremity) when attempted. Pt demo'd (demonstrated) decreased ROM (range of motion) on R LE compared to L LE 2* increases in pain from fall that occurred earlier this week. ... Pt able to stand and shift wt (weight) over to L LE to help decrease pain in R LE, however pt c/o (complained of) nausea after standing for approx. 10 sec and had to return to supine. ..."</p> <p>Review of a Physical Therapy Progress Note dated 12/3/21 for R6 revealed: "Pre tx: Is skilled therapy needed to address pain? = Nursing to address. ...pt stated his RLE would hurt too much to perform PROM (passive range of motion) on</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 704050		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 1/5/2022	
NAME OF PROVIDER OR SUPPLIER LAURELS OF HUDSONVILLE (THE)				STREET ADDRESS, CITY, STATE, ZIP CODE 3650 VAN BUREN HUDSONVILLE, MI 49426			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY)			(X5) COMPLETION DATE	
	<p>RLE."</p> <p>Review of a Physical Therapy Progress Note dated 12/6/21 for R6 revealed: "Pre tx: Is skilled therapy needed to address pian? = Nursing to address. ... LAQ and marches 2 x 15 on L only 2* increased pain when attempted on R LE."</p> <p>Review of a Nursing Progress Note dated 12/7/21 at 2:18 p.m. for R6 revealed: "Therapy stating resident having increased pain in his right hip since fall. NP (Nurse Practitioner) notified. Order for X-ray obtained."</p> <p>Review of a Nursing Progress Note dated 12/7/21 at 7:39 p.m. for R6 revealed: (Nurse Practitioner) notified of x-ray results. Resident to be NWB (non-weight bearing.)"</p> <p>Review of a Physical Therapy Progress Note dated 12/7/21 for R6 revealed: "Pre tx: Is skilled therapy needed to address pian? = Nursing to address. ...Pt had increases in R LE pain when WB (weigh bearing) for longer than approx. 3 sec. Pt had fall a couple weeks ago and has made improvements with abilities and pain, however is still experiencing increased pain with WB and some activity. ... Barriers impacting treatment? = Yes. Barriers Impacting Treatment: increased RLE pain with WB and MMT."</p> <p>Review of a Physical Therapy Progress Note dated 12/8/21 for R6 revealed: "Pre tx: Is skilled therapy needed to address pian? = Nursing to address. ... Pt (educated) about new NWB status on RLE not bearing any weight at all through R leg, avoiding laying on R side when in bed since fx (fracture) is at hip. ... Spoke with nursing staff about x-ray results from yesterday, fx on RLE was reported with new NWB status on R LE. Pt ed about new WB status and importance in healing process."</p>						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 704050		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 1/5/2022	
NAME OF PROVIDER OR SUPPLIER LAURELS OF HUDSONVILLE (THE)				STREET ADDRESS, CITY, STATE, ZIP CODE 3650 VAN BUREN HUDSONVILLE, MI 49426			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY)			(X5) COMPLETION DATE	
	<p>Review of the Electronic Medical Records (EHR) do not reflect the communication and pain assessment for R6's right lower extremity.</p> <p>In an interview on 12/21/21 at 12:45 p.m., R6 reported he remembered falling on 11/29/21 and had extreme pain the first day of the fall and was wondering why it took 4-5 days to get an x-ray done and was concerned about the delay in his care. He reported when he finally went to the hospital, his fracture was already starting to heal.</p> <p>In an interview on 12/21/21 at 1:45 p.m., Licensed Practical Nurse (LPN) "J" reported she was working the day R6 fell, and it happened around shift change when she heard a loud crash. When she entered his room, he was laying flat on the floor with his walker tipped over. A cell phone was plugged in the wall along the walking pathway and an air humidifier was on the floor and the plugs were pulled out of the wall from R6 tripping over them. She was unclear if he hit his head. LPN "J" reported the resident was instructed to see if he could move his arms and legs and he eventually was able to move. R6 stood with no problems and sat in his wheelchair. R6 complained of pain but not sure where the pain was or remembered if he was able to rate it. LPN "J" reported R6 is a good historian most days. LPN "J" reported the fall was charted and the Nurse Practitioner (NP) was notified via "Tiger Text". LPN "J" could not remember if the NP called back and verified the Electronic Medical Record (EMR) did not reflect it. The EMR reflected the NP acknowledged the incident the next day on 11/30/21 in the EMR. LPN "J" reported R6 usually had a baseline pain in his left hip and left shoulder prior to this incident and was unaware he had pain in his right hip until the x-ray showed where the fracture was. LPN "J" was aware R6 had increase pain when walking with Physical Therapy.</p>						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 704050	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 1/5/2022
NAME OF PROVIDER OR SUPPLIER LAURELS OF HUDSONVILLE (THE)			STREET ADDRESS, CITY, STATE, ZIP CODE 3650 VAN BUREN HUDSONVILLE, MI 49426		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>In an interview on 12/22/21 at 8:15 a.m., Nurse Practitioner (NP) "L" reported as soon as the nurses reached out to her about R6 having pain, she immediately ordered an x-ray. NP "L" reported she was unaware of R6 having any pain until then (12/7/21). When she saw R6 the day after his fall on 11/30/21, he only complained of pain in his "tush".</p> <p>In an interview on 12/22/21 at 8:23, the Assistant Director of Nursing (ADON) reported she was one of the nurses that responded when she heard R6 fall on 11/29/21. When she entered the room, R6 was on the floor in a sitting position facing the window. His roommate had a cell phone plugged into a wall socket near the floor that the resident tripped over. The ADON reported R6 was able to move his extremities and get up off the floor. She did not recall the resident complaining of pain until a week later when the Unit Manager (UM) "M" made her aware of his pain and then x-rays were ordered. The ADON reported R6 had chronic pain on his left side and denied R6 had pain at the time of the fall. The ADON reported she is not sure if the staff were putting the pieces together regarding the residents' fall incident and his pain.</p> <p>In an interview on 12/22/21 at 8:35 a.m. UM "M" reported she heard about R6 falling the next day after it happened and alerted the NP when she came in to the facility that day. UM "M" reported the facility utilizes a "Tiger Text" system to notify healthcare practitioners of any resident concerns. UM "M" reported she remembers talking to R6 who was up walking with his walker and denied any pain. She knew therapy was working with the resident and when she became aware of the resident refusing therapy because of pain, she notified the NP right away and an x-ray were ordered. R6 rated his pain at a 1-3/10 scale on his backside and buttocks.</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 704050	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 1/5/2022
NAME OF PROVIDER OR SUPPLIER LAURELS OF HUDSONVILLE (THE)			STREET ADDRESS, CITY, STATE, ZIP CODE 3650 VAN BUREN HUDSONVILLE, MI 49426		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>In an interview on 12/22/21 at 9:00 a.m., the Rehabilitation Director (RD) "N" reported she is unaware of R6 refusing therapy and expects the therapy staff to notify the nursing staff if a resident is having pain. When queried how the therapy staff communicates resident concerns with the nursing staff, RD "N" reported they will utilize a "Tiger Text" but could not elaborate how the system worked. RD "N" reported they have an Interdisciplinary Team (IDT) meeting on Tuesdays to discuss residents who are getting therapy. On 1/7/21 they had an IDT meeting and discussed R6s' complaints of pain in his groin with UM "M". When queried about the therapy documentation for "Pre tx: Is skilled therapy needed to address pain? = Nursing to address" and what that meant, RD "N" reported that meant it was communicated to the nursing staff about the residents pain.</p> <p>Review of a policy titled "Pain Management" last revised 7/2021 revealed: "The facility will evaluate and identify guests/residents for pain, determine the type, location and severity and develop a care plan for pain management."</p> <p>Review of a policy titled "Fall Management" last revised 7/2021 revealed: "The facility will identify hazards and guest/resident risk factors and implement interventions to minimize fall and risk of injury related to falls.</p>				
F0689 SS= G	<p>Free of Accident Hazards/Supervision/Devices §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as</p>	F0689	<p>F 689 Resident # 6 continues to reside in the facility. Resident is currently working with rehab with full weight bearing status and no c/o pain. Resident is ambulating with walker throughout the facility and is wearing appropriate sized shoes All residents with potential for falls are at risk. The Fall management policy was reviewed by</p>		2/8/2022

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 704050		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 1/5/2022	
NAME OF PROVIDER OR SUPPLIER LAURELS OF HUDSONVILLE (THE)				STREET ADDRESS, CITY, STATE, ZIP CODE 3650 VAN BUREN HUDSONVILLE, MI 49426			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY)			(X5) COMPLETION DATE	
	<p>evidenced by:</p> <p>This citation pertains to intake M100125065</p> <p>Based on interview and record review, the facility failed to ensure 1 (Resident #6) had an environment free of clutter and accident hazards, resulting in a fall with fracture.</p> <p>Findings include:</p> <p>Resident #6 (R6)</p> <p>Review of a Face Sheet Revealed R6 originally admitted to the facility on 12/6/19 and has pertinent diagnoses of bipolar, delusional disorders, and a fractured pubis.</p> <p>Review of the Minimum Data Set (MDS) dated 12/2/21 revealed R6 was cognitively intact and independent for transfers and cares.</p> <p>Review of a Facility Reported Incident (FRI) submitted to the State Agency on 12/8/21 revealed R6 had an injury of unknown source in the form of a fracture. On 12/7/21 a portable xray of R6's hip was done that concluded R6 had "acute fractures" in the right hip region. ... "Guest was noted to have fallen and had injuries on bilateral elbows although was noted walking and transferring without concern days after. ... Where and when did the alleged incident occur? Unknown although the guest did have a fall on November 29th, 2021, with no noted hip injuries at that time. Guest was noted to have fallen and had injuries on bilateral elbows although was noted walking and transferring without concern days after. ... Removed cords plugged into wall and removed shoes that guest received from another guest that were too big for his feet. ..."</p>		<p>the QA committee and deemed appropriate. Residents' rooms were walked through to ensure the room had no cords or other trip hazards present and any concerns were addressed at that time. Residents foot wear was examined to ensure that they had proper fitting footwear any concerns were addressed at that time.</p> <p>Residents who were identified at risk for falls had their care plan reviewed to ensure that the interventions were appropriate. Residents not at risk were discussed to ensure that they had not missed identifying anyone at risk for falls.</p> <p>The facility assesses every resident on admission, quarterly and with significant change for fall risk. Any one identified at risk has a care plan developed that is person centered and based on the fall risks identified. It is the facility policy to complete an incident report with any fall with an intervention put in place to prevent reoccurrence. The IDT then completes a review with a RCA and makes any other necessary changes to the care plan. The nurse involved completes an assessment for any injury which includes a pain assessment. Based on findings the physician is involved to order any further testing etc..</p> <p>The nurses continue to assess for 72 hours after any incident and document any changes with interventions. The physician and responsible party are also notified at the time of the fall.</p> <p>The Nursing management team along with the Rehab Service Director re-educated the licensed nurses and therapy team on the process for documentation review and thoroughness of communication. Anyone not educated at that time will be educated upon hire or on the next day they work. Nursing staff and rehab staff were educated on fall hazards and how to be on the lookout for such</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 704050	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 1/5/2022
NAME OF PROVIDER OR SUPPLIER LAURELS OF HUDSONVILLE (THE)			STREET ADDRESS, CITY, STATE, ZIP CODE 3650 VAN BUREN HUDSONVILLE, MI 49426		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>Review of an "Incident and Accident Report" dated 11/29/21 for R6 revealed he had an unwitnessed fall at 2:00 p.m. and sustained skin tears on his bilateral elbows. R6 was walking in his room toward his bed and tripped over cords that were on the floor near the bathroom door. He also had shoes on that were too big. The facility removed the items that were plugged in and removed the shoes that were too big. R6 was found laying on his back with his legs stretched out and his arms were at his side.</p> <p>Review of a "Radiology Results Report" dated 12/7/21 revealed R6 had "ACUTE PAIN DUE TO TRAUMA" and revealed he had a right subcapital fracture with no displacement.</p> <p>Review of an x-ray dated 12/14/21 for R6 revealed: "Known right hip FX (fracture) eval for possible SX. PT (patient) states falling on November 29 and fracturing his right hip. Impression: There appears to be a probably acute fracture of the right inferior pubic ramus ..."</p> <p>Review of a Nursing Progress Note dated 11/29/21 at 3:35 p.m. revealed at "(1:55 p.m.) heard a loud crash, resident observed on the floor on his back in front of the bathroom door with walker tipped over. Full range of motion performed on upper and lower extremities, resident painful but able to stand and raise his arms. Skin assessed noted to have skin tears on outer bilateral elbows, resident stated he hit his head, scalp assessed, and forehead assessed, no open areas or raised bumps. ...tiger text to (Nurse Practitioner). Resident stated he tripped over the cords that were plugged in near the bathroom, there was noted to be a black cell phone on the ground that had been pulled out the wall during the fall and also a white humidifier fan that was plugged in. Resident also noted to have on black Velcro tennis shoes that were floppy at the toes,</p>		<p>hazards and take action Nurse management will review 24 hour reports to ensure that no reports of concerns have been identified that would require further involvement weekly x 4 and monthly x 3. Any issues or concerns will be addressed immediately with a report to QA quarterly. The Facility Allegation of Compliance will be 2/8/2022 as the Don is responsible for compliance The facility invokes its right to IDR this citation.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 704050	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 1/5/2022
NAME OF PROVIDER OR SUPPLIER LAURELS OF HUDSONVILLE (THE)			STREET ADDRESS, CITY, STATE, ZIP CODE 3650 VAN BUREN HUDSONVILLE, MI 49426		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>shoes measured 12.5 inches residents feet measured 10 inches. Items unplugged and removed out of the path/walkway."</p> <p>Review of a Nursing Progress note dated 11/30/21 at 1:32 p.m. for R6 revealed: "Fall reviewed with IDT (interdisciplinary team); resident observed on the floor in his room. Stated he tripped over cords. Resident noted to have pair of shoes too large for him. Cell phones moves to another area in room to charge and guardian notified to see if she could get him the right size in shoes."</p> <p>Review of a Physical Therapy Progress Note dated 11/30/21 for R6 revealed: "Pre-tx (Pretreatment): Is skilled therapy needed to address pain? = Nursing to address. ... Barriers impacting treatment? = Yes. Barriers Impacting Treatment: Pt (patient) fell onto R (right) side last night causing increases in pain with ex's (exercises) and activity. Clarified accuracy of fall w/ (with) nursing."</p> <p>Review of a Physical Therapy Progress Note dated 12/1/21 for R6 revealed: "Pre tx: Is skilled therapy needed to address pian? = Nursing to address. ... Pt able to sit EOB (edge of bed) for approx. 1 min before R hip pain increased and pt had to lay back down. ... Barriers impacting treatment? = Yes. Barriers Impacting Treatment: confusion, increased R hip pain."</p> <p>Review of a Physical Therapy Progress Note dated 12/2/21 for R6 revealed: "Pre tx: Is skilled therapy needed to address pain? = Nursing to address. ... SLR 2x10 on L LE (left lower extremity) only due to increased pain on R LE (right lower extremity) when attempted. Pt demo'd (demonstrated) decreased ROM (range of motion) on R LE compared to L LE 2* increases in pain from fall that occurred earlier this week.</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 704050	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 1/5/2022
NAME OF PROVIDER OR SUPPLIER LAURELS OF HUDSONVILLE (THE)			STREET ADDRESS, CITY, STATE, ZIP CODE 3650 VAN BUREN HUDSONVILLE, MI 49426		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>... Pt able to stand and shift wt (weight) over to L LE to help decrease pain in R LE, however pt c/o (complained of) nausea after standing for approx. 10 sec and had to return to supine. ..."</p> <p>Review of a Physical Therapy Progress Note dated 12/3/21 for R6 revealed: "Pre tx: Is skilled therapy needed to address pian? = Nursing to address. ...pt stated his RLE would hurt too much to perform PROM (passive range of motion) on RLE."</p> <p>Review of a Physical Therapy Progress Note dated 12/6/21 for R6 revealed: "Pre tx: Is skilled therapy needed to address pian? = Nursing to address. ... LAQ and marches 2 x 15 on L only 2* increased pain when attempted on R LE."</p> <p>Review of a Nursing Progress Note dated 12/7/21 at 2:18 p.m. for R6 revealed: "Therapy stating resident having increased pain in his right hip since fall. NP (Nurse Practitioner) notified. Order for X-ray obtained."</p> <p>Review of a Nursing Progress Note dated 12/7/21 at 7:39 p.m. for R6 revealed: (Nurse Practitioner) notified of x-ray results. Resident to be NWB (non-weight bearing.)"</p> <p>Review of a Physical Therapy Progress Note dated 12/7/21 for R6 revealed: "Pre tx: Is skilled therapy needed to address pian? = Nursing to address. ...Pt had increases in R LE pain when WB (weigh bearing) for longer than approx. 3 sec. Pt had fall a couple weeks ago and has made improvements with abilities and pain, however is still experiencing increased pain with WB and some activity. ... Barriers impacting treatment? = Yes. Barriers Impacting Treatment: increased RLE pain with WB and MMT."</p> <p>Review of a Physical Therapy Progress Note</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 704050	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 1/5/2022
NAME OF PROVIDER OR SUPPLIER LAURELS OF HUDSONVILLE (THE)			STREET ADDRESS, CITY, STATE, ZIP CODE 3650 VAN BUREN HUDSONVILLE, MI 49426		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>dated 12/8/21 for R6 revealed: "Pre tx: Is skilled therapy needed to address pian? = Nursing to address. ... Pt (educated) about new NWB status on RLE not bearing any weight at all through R leg, avoiding laying on R side when in bed since fx (fracture) is at hip. ... Spoke with nursing staff about x-ray results from yesterday, fx on RLE was reported with new NWB status on R LE. Pt ed about new WB status and importance in healing process."</p> <p>Review of the Electronic Medical Records (EHR) do not reflect the communication and pain assessment for R6's right lower extremity.</p> <p>In an interview on 12/21/21 at 12:45 p.m., R6 reported he remembered falling on 11/29/21 and had extreme pain the first day of the fall and was wondering why it took 4-5 days to get an x-ray done and was concerned about the delay in his care. He reported when he finally went to the hospital, his fracture was already starting to heal.</p> <p>In an interview on 12/21/21 at 1:45 p.m., Licensed Practical Nurse (LPN) "J" reported she was working the day R6 fell, and it happened around shift change when she heard a loud crash. When she entered his room, he was laying flat on the floor with his walker tipped over. A cell phone was plugged in the wall along the walking pathway and an air humidifier was on the floor and the plugs were pulled out of the wall from R6 tripping over them. She was unclear if he hit his head. LPN "J" reported the resident was instructed to see if he could move his arms and legs and he eventually was able to move. R6 stood with no problems and sat in his wheelchair. R6 complained of pain but not sure where the pain was or remembered if he was able to rate it. LPN "J" reported R6 is a good historian most days. LPN "J" reported the fall was charted and the Nurse Practitioner (NP) was notified via</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 704050		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 1/5/2022	
NAME OF PROVIDER OR SUPPLIER LAURELS OF HUDSONVILLE (THE)					STREET ADDRESS, CITY, STATE, ZIP CODE 3650 VAN BUREN HUDSONVILLE, MI 49426		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY)			(X5) COMPLETION DATE	
	<p>"Tiger Text". LPN "J" could not remember if the NP called back and verified the Electronic Medical Record (EMR) did not reflect it. The EMR reflected the NP acknowledged the incident the next day on 11/30/21 in the EMR. LPN "J" reported R6 usually had a baseline pain in his left hip and left shoulder prior to this incident and was unaware he had pain in his right hip until the x-ray showed where the fracture was. LPN "J" was aware R6 had increase pain when walking with Physical Therapy.</p> <p>In an interview on 12/22/21 at 8:15 a.m., Nurse Practitioner (NP) "L" reported as soon as the nurses reached out to her about R6 having pain, she immediately ordered an x-ray. NP "L" reported she was unaware of R6 having any pain until then (12/7/21). When she saw R6 the day after his fall on 11/30/21, he only complained of pain in his "tush".</p> <p>In an interview on 12/22/21 at 8:23, the Assistant Director of Nursing (ADON) reported she was one of the nurses that responded when she heard R6 fall on 11/29/21. When she entered the room, R6 was on the floor in a sitting position facing the window. His roommate had a cell phone plugged into a wall socket near the floor that the resident tripped over. The ADON reported R6 was able to move his extremities and get up off the floor. She did not recall the resident complaining of pain until a week later when the Unit Manager (UM) "M" made her aware of his pain and then x-rays were ordered. The ADON reported R6 had chronic pain on his left side and denied R6 had pain at the time of the fall. The ADON reported she is not sure if the staff were putting the pieces together regarding the residents' fall incident and his pain.</p> <p>In an interview on 12/22/21 at 8:35 a.m. UM "M" reported she heard about R6 falling the next day</p>						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 704050	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 1/5/2022
NAME OF PROVIDER OR SUPPLIER LAURELS OF HUDSONVILLE (THE)			STREET ADDRESS, CITY, STATE, ZIP CODE 3650 VAN BUREN HUDSONVILLE, MI 49426		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>after it happened and alerted the NP when she came in to the facility that day. UM "M" reported the facility utilizes a "Tiger Text" system to notify healthcare practitioners of any resident concerns. UM "M" reported she remembers talking to R6 who was up walking with his walker and denied any pain. She knew therapy was working with the resident and when she became aware of the resident refusing therapy because of pain, she notified the NP right away and an x-ray were ordered. R6 rated his pain at a 1-3/10 scale on his backside and buttocks.</p> <p>In an interview on 12/22/21 at 9:00 a.m., the Rehabilitation Director (RD) "N" reported she is unaware of R6 refusing therapy and expects the therapy staff to notify the nursing staff if a resident is having pain. When queried how the therapy staff communicates resident concerns with the nursing staff, RD "N" reported they will utilize a "Tiger Text" but could not elaborate how the system worked. RD "N" reported they have an Interdisciplinary Team (IDT) meeting on Tuesdays to discuss residents who are getting therapy. On 1/7/21 they had an IDT meeting and discussed R6s' complaints of pain in his groin with UM "M". When queried about the therapy documentation for "Pre tx: Is skilled therapy needed to address pain? = Nursing to address" and what that meant, RD "N" reported that meant it was communicated to the nursing staff about the residents pain.</p> <p>Review of a policy titled "Pain Management" last revised 7/2021 revealed: "The facility will evaluate and identify guests/residents for pain, determine the type, location and severity and develop a care plan for pain management."</p> <p>Review of a policy titled "Fall Management" last revised 7/2021 revealed: "The facility will identify hazards and guest/resident risk factors</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 704050		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 1/5/2022	
NAME OF PROVIDER OR SUPPLIER LAURELS OF HUDSONVILLE (THE)				STREET ADDRESS, CITY, STATE, ZIP CODE 3650 VAN BUREN HUDSONVILLE, MI 49426			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE			
F0755 SS= E	<p>and implement interventions to minimize fall and risk of injury related to falls.</p> <p>Pharmacy Srvcs/Procedures/Pharmacist/Records §483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. §483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. §483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who- §483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility. §483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and §483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. This REQUIREMENT is not met as evidenced by:</p> <p>This citation pertains to intake M100125306 and M100122436.</p> <p>Based on interview and record review, the facility failed to maintain a system of security and accountability of Schedule II narcotic drugs for</p>	F0755	<p>F755 Resident #5, #9 are receiving their narcotics as ordered and they are being signed out per requirement. Resident #1 no longer lives at the facility. Residents receiving narcotics are at risk. Residents receiving narcotics were reviewed to ensure that they still needed the medication or if they needed it changed from Prn to scheduled etc. Orders were clarified by the nursing management team in conjunction with the physician group. The Narcotic count sheets were reviewed by the nurse management team to verify that the counts were accurate and signed out appropriately. Any issues or concerns were addressed at the time of the evaluation. The policies on Narcotic counts signing out narcotics were reviewed by the QA committee and was deemed appropriate. Upon hire each nurse is educated on the proper procedures for medication pass which includes narcotic count, signing out narcotics, documentation etc. The nurses received re-education by ADON/DON/UM on medication pass especially narcotic counts and signing out and documentation of narcotics. Those not educated during initial re-education will receive education upon their reporting to work their next date. The Don /Designee will audit weekly x 4 monthly x 3 that narcotic counts were done appropriately and all signatures are present and that the narcotics arrived and put into the locked drawer per the inventory notice. Any issues or concerns will be addressed immediately. The results will be reported to</p>	2/8/2022			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 704050		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 1/5/2022	
NAME OF PROVIDER OR SUPPLIER LAURELS OF HUDSONVILLE (THE)				STREET ADDRESS, CITY, STATE, ZIP CODE 3650 VAN BUREN HUDSONVILLE, MI 49426			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE		
	<p>three residents Resident #9 (R9) and Resident #5 (R5), Resident #1 (R1),), resulting in the narcotics being diverted, misappropriated, not correlating with the Medication Administration Record (MAR), and for narcotics to not be available for residents and the potential for residents to have unrelieved pain.</p> <p>Findings include:</p> <p>Resident #9 (R9)</p> <p>On 12/15/21 the facility identified an allegation of possible diversion of resident Schedule II narcotic medication. The facility reported the allegation the state agency and initiated an investigation. The facility reported the findings of this investigation to the state agency within five days</p> <p>Review of the facility investigation reflected on 12/15/21 at the 6:00 AM shift change from the West Hall night nurse, Licensed Practical Nurse (LPN) "E", to the oncoming day shift West Hall nurse, LPN "D", was in progress. The facility investigation reflected during the shift change the two LPNs who conducted a routine, off-going shift to the on-coming shift count of the Scheduled medications contained in the West medication cart locked narcotics drawer. This count was conducted by comparing the count of pills in each medication blister card to the corresponding count sheet (pink sheet) in the West cart narcotic book. The facility investigation reflected that a pink sheet accounted for 15 doses of hydrocodone (a Scheduled II narcotic) for R9 in the narcotic count book, but no corresponding medication blister card was in the narcotic drawer. Subsequent searches failed to locate the missing narcotics. The facility investigation reflected the previous shift to shift Scheduled medication count had been conducted without</p>		<p>QA by the DON</p> <p>The Facility allegation of Compliance will be 2/8/22 as the DON is responsible for compliance</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 704050	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 1/5/2022
NAME OF PROVIDER OR SUPPLIER LAURELS OF HUDSONVILLE (THE)			STREET ADDRESS, CITY, STATE, ZIP CODE 3650 VAN BUREN HUDSONVILLE, MI 49426		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>discrepancy when LPN "D" accepted the West medication cart at the start of her night shift from LPN "W". The facility was unable to definitively conclude when the blister card of fifteen doses of narcotics had been removed from the locked narcotic drawer.</p> <p>On 12/29/21 at 12:05 PM, an interview was conducted with LPN "E" in the facility conference room. LPN "E" reported she was the oncoming nurse for the day shift on Wednesday, 12/15/21. LPN "E" reported the shift change process for the Scheduled drug count was to have the oncoming nurse check the doses remaining in the blister cards and the off-going nurse "has the book" (reviewing the pink count sheet). LPN "E" reported on the morning of 12/15/21, during the shift-to-shift narcotic count she was viewing the blistered medication cards that were in the West medication cart narcotic drawer and the off-going nurse, LPN "D", was reviewing the pink count sheets and was calling out the documented number of doses remaining narcotic being checked. LPN "E" reported LPN "D" called out a number for hydrocodone for R9 and LPN "E" stated she told LPN "D", "we don't have that". LPN "E" reported a thorough check of the cart was conducted and the blister card was not found. LPN "E" reported she had worked the previous Monday and that the missing narcotic blister card was in the narcotic drawer at that time. LPN "E" reported she remembered commenting that day to another nurse that R9 no longer uses the hydrocodone. LPN "E" reported when it was determined the missing blister card of narcotics could not be found the Supervisor was notified.</p> <p>On 12/28/21 at 3:27 PM, an interview was conducted with the Director of Nursing (DON). The DON reported on the morning of 12/15/21 she received a telephone call from the facility with a report of missing narcotics. The DON reported when she arrived at the facility a</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 704050	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 1/5/2022
NAME OF PROVIDER OR SUPPLIER LAURELS OF HUDSONVILLE (THE)			STREET ADDRESS, CITY, STATE, ZIP CODE 3650 VAN BUREN HUDSONVILLE, MI 49426		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>thorough search was repeated and that law enforcement was notified. The DON reported that law enforcement arrived the following day and was informed of the unaccounted for narcotics. The DON reported law enforcement did not investigate any further. The DON reported that the subsequent facility investigation revealed more unaccounted Schedule II narcotics. The DON reported that refill orders of hydrocodone for R9 had been delivered on 11/9/21 and 11/23/21 but that the pink count sheets and the medication blister cards for these deliveries could not be accounted for. The DON reported a discrepancy with Percocet (a Schedule II narcotic) was also identified.</p> <p>Review of the policy provided by the facility titled, "5.4 Inventory Control of Controlled Substances" last revised 1/1/13 reflected, "5. A facility representative should regularly check the inventory records to reconcile inventory. The facility should regularly reconcile: 5.1 Current and discontinued inventory of controlled substances to the log used in facility's controlled medication inventory system; 5.2 Current inventory to the controlled medication declining inventory record and to the resident's Medication Administration Record (MAR) (and) 5.3 Unused controlled substances held in storage awaiting destruction to the declining inventory record".</p> <p>The policy provided by the facility titled , "5.3 Storage and Expiration Dating of Medications, Biological", last revised 12/1/22 (sic)" was reviewed. The policy reflected, "13. Controlled Substance Storage: ... 13.3 Facility should ensure that all controlled substances are stored in a manner that maintains their integrity and security". And "19. Facility should request that Pharmacy perform a routine nursing unit inspection for each nursing station in Facility to assist Facility in complying with its obligations pursuant to Applicable Law relating to proper</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 704050		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 1/5/2022	
NAME OF PROVIDER OR SUPPLIER LAURELS OF HUDSONVILLE (THE)				STREET ADDRESS, CITY, STATE, ZIP CODE 3650 VAN BUREN HUDSONVILLE, MI 49426			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE		
	<p>storage, labeling, security and accountability of medications and biologicals".</p> <p>On 12/29/21 at 2:17 PM, a telephone interview was conducted with Consultant Pharmacist CP "S". CP "S" reported the facility's pharmacy does not investigate when a controlled substance discrepancy is identified but rather supports the facility in their investigation. CP "S" reported the pharmacy will do random checks of controlled substance accountability to meet a minimum requirement but does not audit the entire facility.</p> <p>Review of facility pharmacy Proof of Delivery shipment summary sheets reflected the facility received for R9 a delivery of hydrocodone, 15 tablets on:</p> <p>Delivered on: 11/9/21 , received by LPN "D" on 11/10/21 at 3:04 AM.</p> <p>Delivered on 11/23/21, received by LPN "D" on 11/24/21 at 1:15 AM.</p> <p>Delivered on 12/7/21, received by LPN "X" on 12/8/21 at 3:17 AM.</p> <p>Review of the Medication Administration Records (MAR) for R9 for November and December 2021 reflected a current Doctor Orders for hydrocodone. The MAR for both months did not reflect the resident had been administered any hydrocodone. The facility was not able to provide an accounting for any of these three deliveries of narcotics.</p> <p>Resident #5 (R5)</p> <p>Review of a pharmacy "Proof of Delivery Shipment Summary" for R5 reflected that on 10/5/2021 at 2:54 a.m., a facility nurse signed for 15 (fifteen) "Oxycodone-Acetaminophen</p>						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 704050	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 1/5/2022
NAME OF PROVIDER OR SUPPLIER LAURELS OF HUDSONVILLE (THE)			STREET ADDRESS, CITY, STATE, ZIP CODE 3650 VAN BUREN HUDSONVILLE, MI 49426		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>(Percocet) 5-325 MG" tablets.</p> <p>Review of the "Medication Administration Record" for the month of October 2021 reflected R5 was prescribed "Percocet Tablet 5-325 MG (oxycodone-Acetaminophen) Give one tablet by mouth at bedtime for Chronic Pain" -Start Date-10/5/2021 2000 -D/C Date-10/6/2021 at 1504". The MAR reflected that on 10/5/2021, R5 rated her pain at a 1/10 and was given one tablet of the Percocet as prescribed.</p> <p>During an interview on 12/22/2021 at 2:00 p.m., the "Controlled Substances Proof of Use" form was requested from the Director of Nursing (DON). As of 4:30 p.m. on 12/22/2021, the DON reported the form had not been located and the medical records clerk was going to keep looking for it. As of the end of the survey exited on 1/5/2022, the "Controlled Substances Proof of Use" form for the 15 tablets of "Oxycodone-Acetaminophen 5-325 MG" prescribed to R5 had not been found and there was no accounting for what happened to the 14 tablets that would have remained when the prescription was discontinued.</p> <p>Resident #1 (R1)</p> <p>Review of a Face Sheet revealed R1 admitted to the facility on 7/29/21 with pertinent diagnosis of multiple fractures and discharged on 8/18/21.</p> <p>Review of the "Controlled Substances Proof of Use" document dated 7/30/21 for R1 in a typed form from the pharmacy revealed "Oxycodone 5 mg (milligrams) to be given every 6 hours as needed" with a total count of 15 pills noted. On 7/31/21 at 5:40 a.m. 1 tablet was signed out and at 12:30 p.m. The EMR does not reflect the dose was given to R1 at 5:40 a.m. on 7/31/21.</p> <p>Review of the July 2021 Medication</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 704050	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 1/5/2022
NAME OF PROVIDER OR SUPPLIER LAURELS OF HUDSONVILLE (THE)			STREET ADDRESS, CITY, STATE, ZIP CODE 3650 VAN BUREN HUDSONVILLE, MI 49426		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>Administration Record (MAR) for R1 revealed the resident received and ordered Oxycodone 5 mg at 00:00 (midnight) and a 12:30p.m. and does not reflect the "Controlled Substances Proof of Use" typed sheet dated 7/30/21 that a dose was given at 5:40 a.m.</p> <p>Review of a "Controlled Substance Proof of Use" typed document dated 7/30/21 for "Tramadol HCL 50 mg, Give 1 tablet by mouth every 6 hours as needed for pain" for R1 revealed on 8/1/21 a dose was signed out at "12p" and does not reflect on the MAR as given to R1.</p> <p>Review of a "Controlled Substance Proof of Use" typed document dated 8/4/21, "Tramadol HCL 50 mg, Give 1 tablet by mouth every 6 hours as needed for pain" for R1 revealed on 8/7/21, a tablet was "Dropped wasted" by the nurse and no second signature from another nurse verifying the narcotic was wasted.</p> <p>Review of the "Controlled Substance Proof of Use" documents for R1 revealed no documents with an order for the scheduled Tramadol 50 mg every 6 hours.</p> <p>In an interview on 12/28/21 at 12:00 p.m., the Director of Nursing (DON) reported the reason R1 may not have a "Controlled Substance Proof of Use" document for the scheduled Tramadol is because the staff may be using the "as needed" "Controlled Substance Proof of Use" to sign out the narcotics instead. The DON reported the nurses will sometimes document/sign out the narcotics on the "Controlled Substance Proof of Use" form as proof they gave the medication to the residents and forget to chart it in the MAR. The DON acknowledged it is a problem and is educating the staff. The DON reported that sometimes the nurses get pulled away after pulling out the medication and forget to chart it.</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 704050		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 1/5/2022	
NAME OF PROVIDER OR SUPPLIER LAURELS OF HUDSONVILLE (THE)					STREET ADDRESS, CITY, STATE, ZIP CODE 3650 VAN BUREN HUDSONVILLE, MI 49426		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
	R1 had several missing sheets and not scanned into the computer. The DON reported the medical records person has not had time to scan the "Controlled Substance Proof of Use" sheets into the computer even though this resident has been discharged since August. More proof of use sheets provided later in this survey.						