DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

AND PLAN OF CORRECTION DENTIFICATION		(X1) PROVIDER/SUPPLIER/CLI/IDENTIFICATION NUMBER:	À. BUILDING	(X2) MULTIPLE CONSTRUCTION A. BUILDING			ATE SURVEY LETED
		704050	B. WING			3/31/2	022
NAME OF PRO	R		STREET ADDRESS, CITY, STATE, ZIP CODE				
LAURELS OF	(THE)			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	CORI	IDER'S PLAN OF CORRECTION (E RECTIVE ACTION SHOULD BE CR FERENCED TO THE APPROPRIAT DEFICIENCY)	OSS-	(X5) COMPLETION DATE
F0000 SS=	INITIAL COMME	NTS	F0000				
00=		ville was surveyed for an y on 3/30/22-3/31/22.					
	Intake: MI0012742	23					
	Census 82						
F0684 SS= G	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: Based on interview and record review the facility failed to consistently implement physicians orders for 1 of 3 residents (Resident #101) reviewed for quality of care, resulting in facility staff not recognizing the risk of low blood pressure prior to administering blood pressure medications which placed Resident #101 at risk for serious health conditions.		F0684				
	Findings include:						
	Review of an "Admission Record" revealed Resident #101 was originally admitted to the facility on 8/21/08, with pertinent diagnoses which included: multiple sclerosis (a disease of the brain and central nervous system), dysphagia (difficulty swallowing) and hypertension (high blood pressure).						

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

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED			
704050			В.	WING _		3/31/2022				
NAME OF PROVIDER OR SUPPLIER LAURELS OF HUDSONVILLE (THE)				STREET ADDRESS, CITY, STAT			,	E, ZIP CODE		
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	assessment for Redate of 3/25/22 rev Mental Status" (Bi possible score of I #101 was cognitiv "Functional Status required limited as Review of Resider 3/27/22 at 10:04 A resident's spouse of that she is very tiru update spouse on that due to her leth medication) was h instead of 2 to see noted it did not he hardly eating or dr (supplement) at th Review of Resider 3/27/22 at 13:34 (was found in her with her head dow mouth. Therapist or resident was not d resident to respondhelp in resident's r residents room. Vi 79/49, 02 (oxygen was 48, 02 mask p back up to 100% of spouse was called. Review of the Am Report Summary" Resident #101's bl pulse of 74 "with of Western Status Resident #101's bl pulse of 74 "with of Western Status Review of the Am Report Summary" Resident #101's bl pulse of 74 "with of Western Status Review of Resider Re	e moment" Int #101's Progress Note" dated 1:34 P.M.) revealed, "Resident oom setting (sic) in her chair in and food coming out of her came to this nurse stating oing well. Could not get do touch or stimuli. Called for oom. Crash cart was brought to tal Signs were taken BP was) was 49% on room air. Pulse daced on resident's face. 02 on 02. 911 was called and								

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		704050	B. WING _		3/		3/31/2022	
	VIDER OR SUPPLIE				STREET ADDRESS, CITY, 3650 VAN BUREN HUDSONVILLE, MI 494			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Resident #101's blood pressure was 72/41 with a pulse of 66. It was documented that "The pt (patient) began to show some increase in LOC (level of consciouness) and when asked if the pt was feeling better, the pt gave a deliberate thumbs up to EMS 2 times."		ID PREFIX TAG	COR	VIDER'S PLAN OF CORREC RECTIVE ACTION SHOULD FERENCED TO THE APPR DEFICIENCY)	(X5) COMPLETION DATE		
	pm revealed, "73-y from her living fac mental status. Afte arrival, EMS repor status and vital sig pressure is soft im	pital note dated 3/27/22 at 3:46 year-old female who presents cility with reports of altered er receiving IV fluids prior to rts improvement in her mental ens. On arrival her blood proved to the 90 systolic. She is room air. She is at her e"						
	"Certified Occupa" (COTA) "B" report #101's room on 3/2 #101 in her wheeld over, drooling, and COTA "B" reporte	w on 3/30/22 at 11:46 A.M., tional Therapy Assistant" rted that she entered Resident 27/22 and observed Resident chair, with her head slumped d unable to lift her head up. ed that she alerted LPN "F" due being unresponsive.						
	"Licensed Practica that on 3/27/22, Ronormal self all day lethargicI had now a lethargicI had now a lethargy was a sidd medications, there Gabapentin (pain a that after lunch "C Assistant" (COTA #101 being unresp #101's) head was a droolingshe did and she tried to op	w on 3/30/22 at 10:51 A.M., al Nurse" (LPN) "F" reported esident #101 had not been her and stated, "she was very ever seen her like that before ted that she had thought the effect of Resident #101's pain fore she held a dose of medication). LPN "F" reported ertified Occupational Therapy Desire and stated, "(Resident slumped forwardshe was not respond! lifted her head een her eyesher oxygen level the 50" LPN "F" reported that						

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		B. WING _	B. WING			3/31/2022	
NAME OF PRO	VIDER OR SUPPLIE	iR	<u> </u>		STREET ADDRESS, CITY	, STATE, ZIP CC	DDE
LAURELS OF	(THE)			3650 VAN BUREN HUDSONVILLE, MI 494	126		
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				REFERENCED			
	supposed to notify During an intervie Medical Doctor (Maye expected a ca	outside of parameters we are the physician" www on 3/31/22 at 8:44 A.M., MD) "C" reported that he would all from the nurse on 3/27/22 01 was lethargic and had low					

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	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING			REFIX CORRECTIVE ACTION SHOULD BE C			
	Perry) 8th edition	nentals of Nursing (Potter and revealed, "Hypotension is ystolic BP (blood pressure)					

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falls to 90 mmHg or belowrecord any signs of BP alteration in nurses notes. Report abnormal findings to nurse in charge or health care provider." Potter, P. A., Perry, A. G., Stockert, P. A., & Hall, A. (2014). Fundamentals of Nursing (8th ed.). St. Louis: Mosby. p. 461 and 465.								