

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 414290	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 7/22/2022
--	---	--	--

NAME OF PROVIDER OR SUPPLIER SKLD BELTLINE	STREET ADDRESS, CITY, STATE, ZIP CODE 2320 E BELTLINE SE GRAND RAPIDS, MI 49546
--	---

(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=	INITIAL COMMENTS SKLD Beltline was surveyed for an Abbreviated survey from 7/20/22-7/22/22. Intakes: #MI00129448, #MI00129522, #MI00128919, #MI00129194, and #MI00129794 Census = 128	F0000		
F0550 SS= D	Resident Rights/Exercise of Rights §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section. §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident. §483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source. §483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States. §483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility. §483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and	F0550		

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: 414290	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 7/22/2022
NAME OF PROVIDER OR SUPPLIER SKLD BELTLINE			STREET ADDRESS, CITY, STATE, ZIP CODE 2320 E BELTLINE SE GRAND RAPIDS, MI 49546		
(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>reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart. This REQUIREMENT is not met as evidenced by:</p> <p>This citation pertains to intake #MI00129794.</p> <p>Based on interview and record review, the facility failed to provide respectful and dignified personal care and services for 1 of 5 residents (Resident #104) reviewed for dignity, resulting in feelings of embarrassment and the potential for decreased self-esteem, and decreased quality of life.</p> <p>Findings include:</p> <p>Resident #104</p> <p>Review of an "Admission Record" revealed Resident #104 was originally admitted to the facility on 5/17/22.</p> <p>Review of a "Minimum Data Set" (MDS) assessment for Resident #104, with a reference date of 5/24/22 revealed a "Brief Interview for Mental Status" (BIMS) score of 15, out of a total possible score of 15, which indicated Resident #104 was cognitively intact.</p> <p>During an interview on 7/20/22 at 11:33 A.M., Resident #104 reported that on 6/18/22 "Certified Nursing Assistant" (CNA) "DD" and CNA "GG" entered her room without knocking and started yelling at CNA "N", who was providing incontinence care to Resident #104. Resident #104 reported that she was embarrassed due to her private area being exposed and stated, "...I felt very uncomfortable...my privacy was invaded..."</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 414290	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 7/22/2022
NAME OF PROVIDER OR SUPPLIER SKLD BELTLINE			STREET ADDRESS, CITY, STATE, ZIP CODE 2320 E BELTLINE SE GRAND RAPIDS, MI 49546		
(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	
F0600 SS= E	<p>Review of the "Facility Reported Incident" revealed, "...Incident Summary: resident was in a state of undressed because cares was (sic) being provided. While care was being provided two cenas (Certified Nursing Assistant) entered the room without knock and a staff to staff altercation occurred...Concern was reported to the state of Michigan about the event in the resident's room during care, and she felt embarrassed...Upon further investigation, this incident could be substantiated as verbal abuse and mental due to the resident feeling embarrassed and humiliated by the situation and witnessing the altercation between two staff members...When (date and time) did the problem occur? 06/18/2022 10:30 AM..."</p> <p>Attempts were made to contact CNA "N" via phone and text on 7/21/22 at 4:27 P.M. with no return response.</p> <p>Attempts were made to contact CNA "DD" via phone and text on 7/21/22 at 2:48 P.M. with no return response.</p> <p>Free from Abuse and Neglect §483.12 Freedom from Abuse, Neglect, and Exploitation 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. §483.12(a) The facility must- §483.12(a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion; This REQUIREMENT is not met as evidenced by:</p>	F0600			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 414290	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 7/22/2022
NAME OF PROVIDER OR SUPPLIER SKLD BELTLINE		STREET ADDRESS, CITY, STATE, ZIP CODE 2320 E BELTLINE SE GRAND RAPIDS, MI 49546		
(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 #MI00129194 and #MI00129448.</p> <p>This citation has 2 Deficient Practice Statements (DPS).</p> <p>DPS A:</p> <p>Based on interview and record review, the facility failed to provide an environment free from staff to resident verbal abuse/intimidation in 1 (Resident #104) of 4 residents reviewed for abuse, resulting in Resident #104's fear of retaliation following a reported care concern, and the potential for a decline in resident physical, mental, and psychosocial well-being.</p> <p>Findings include:</p> <p>Resident #104</p> <p>Review of an "Admission Record" revealed Resident #104 was originally admitted to the facility on 5/17/22.</p> <p>Review of a "Minimum Data Set" (MDS) assessment for Resident #104, with a reference date of 5/24/22 revealed a "Brief Interview for Mental Status" (BIMS) score of 15, out of a total possible score of 15, which indicated Resident #104 was cognitively intact.</p> <p>During an interview on 7/20/22 at 11:33 A.M., Resident #104 reported that she had concerns with the manner that "Certified Nursing Assistant" (CNA) "I" provided her cares beginning in May 2022. Resident #104 reported the concerns were related to not answering her call light, rushing during cares, and immature behavior and stated, "...I talked to ("Unit Manager" (UM) "JJ") about it..." Resident #104</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 414290	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 7/22/2022
--	---	--	--

NAME OF PROVIDER OR SUPPLIER SKLD BELTLINE	STREET ADDRESS, CITY, STATE, ZIP CODE 2320 E BELTLINE SE GRAND RAPIDS, MI 49546
--	---

(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>reported that the issues continued without any follow up from UM "JJ", therefore she reported her concerns to "Licensed Practical Nurse" (LPN "FF" on 6/4/22. Resident #104 reported that a few hours after reporting the concerns to LPN "FF", she heard yelling and cursing in the hallway and stated, "...then (CNA "I") ran up to my bed, got in my face and said "...we're good...we're good, right!" Resident #104 reported that LPN "FF" came to the doorway and asked CNA "I" to leave the room, then yelling and cursing started again in the hallway, but that she never saw CNA "I" again. Resident #104 reported that she was worried about her safety that evening and stated, "...I had a lot of anxiety...and I was worried about the safety of (LPN "FF")..."</p> <p>During an interview on 7/21/22 at 2:07 P.M., LPN "FF" reported that on 6/4/22 Resident #104 had reported concerns about CNA "I" and stated, "...she had to wait for cares...rude comments about her weight...felt retaliation by the aide...she didn't feel comfortable..." LPN "FF" reported that she brought Resident #104's concerns to the DON, who then assigned CNA "I" to a different hall. LPN "FF" reported that later that day when CNA "I" reported to work, she became very angry when she found out about her new assignment and stated, "...she got very defensive and said that she was not going to move...she accused me of reporting her...then the next thing I know she started going down the hallway..." LPN "FF" reported that CNA "I" went into Resident #104's room and was said, "Are we good...are we good...we good, right?" LPN "FF" reported that CNA "I" was talking very loud and stated, "...it was very strange...I asked her to come out of the room...the resident was looking at me...I was sick to my stomach...I felt bad that I let the patient down..." LPN "FF" reported that CNA "I" left the room, argued and yelled with LPN "FF", until she finally left the building.</p>			
--	--	--	--	--

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 414290	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 7/22/2022
NAME OF PROVIDER OR SUPPLIER SKLD BELTLINE			STREET ADDRESS, CITY, STATE, ZIP CODE 2320 E BELTLINE SE GRAND RAPIDS, MI 49546		
(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>An attempt was made on 7/20/22 at 12:15 P.M. to contact CNA "I" via phone, with no return response received.</p> <p>Review of the "Facility Reported Incident" (FRI) dated 6/4/22 at 4:57 P.M. revealed, "...On the afternoon of June 4th, 2022, Administrator in Training received a phone call from the facility about a disgruntled employee refusing to leave the facility. Nurse stated that CNA was being verbally aggressive towards nurse in the hallway outside of a resident's room. CNA then confronted resident about the issues she had with her and asked if they were good...Interview with (Resident #104) stated that she had multiple issues with (CNA "I") prior to Saturday. Mostly just her attitude to towards her job and how rushed she made her feel. (Resident #104) stated that she had long wait times when (CNA "I") was working, and (CNA "I") would just complain the entire time about how she didn't have time for this and how she was just agency. (Resident #104) stated she brought up a few concerns to the unit manager who apologized and told her, this behavior was unacceptable from anyone who works in long-term care. (Resident #104) also felt intimidated by (CNA "I") about reporting her concerns. Administrator and Administrator in Training attempted to talk with the CNA via phone conversation on 6/6/2022 at 0945. CNA proceeded to just yell and accuse that this facility just had an issue with her agency. Administrator contacted agency on 6/6/2022 and reported that (CNA "I") will not be allowed to work in our facility and that we would be reporting her license to the state and let them know about the reportable to the state about abuse. Nurse was then interviewed about the situation, she stated that (Resident #103) reported to her that she didn't feel comfortable with receiving care from (CNA "I") after she asked the nurse who was working that night. (Resident #104) told the nurse about the prior encounters with CNA, biggest</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 414290	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 7/22/2022
--	---	--	--

NAME OF PROVIDER OR SUPPLIER SKLD BELTLINE	STREET ADDRESS, CITY, STATE, ZIP CODE 2320 E BELTLINE SE GRAND RAPIDS, MI 49546
--	---

(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>concerns were daily weights, (CNA "I's") attitude, delay in care and felt this could have been retaliation for reporting...Nurse manager told nurse to move (CNA "I") off that unit and have the resident fill out a grievance. Schedule was then changed to move (CNA "I") to a different unit until investigation could be completed. When (CNA "I") came into the facility, she was informed she needed to go to a different unit, and she refused. She asked if someone had complained about her, and nurse stated yes but wasn't going to give her any more details. (CNA "I") started naming all the resident on the unit asking if it was them. (CNA "I") started accusing the nurse of being jealous of her and her money. (CNA "I") then turned and went down the hall to confront (Resident #104) and walked into her room saying " We good right (Resident #104)? We good? " The resident got wide eyed and asked if she would go let her visitor in. Nurse then calmly asked (CNA "I") to leave the room immediately. (CNA "I") then left the room and started yelling and screaming down the hallway. Nurse proceeded to ask (CNA "I") to leave, and she started walking down the hallway in the opposite direction, continuing to yell. Nurse then called 911 and while on the line with 911 was informed that (CNA "I") did indeed exit the facility...Determination of Findings/Conclusion This incident was reported as abuse because initial report was that resident had just heard the verbal altercation between staff members outside of her room. Upon further investigation this incident could be substantiated as verbal abuse and mental due to resident feeling intimidated by the CNA and verbal for her witnessing the verbal altercation inside of her room. (CNA "I") was escorted out of the facility and was immediately reported to her agency about the abuse..."</p> <p>DPS B:</p> <p>Based on observation, interview, and record</p>			
--	---	--	--	--

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 414290	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 7/22/2022
NAME OF PROVIDER OR SUPPLIER SKLD BELTLINE			STREET ADDRESS, CITY, STATE, ZIP CODE 2320 E BELTLINE SE GRAND RAPIDS, MI 49546		
(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 the facility failed to prevent neglect and ensure licensed nursing staff (Registered Nurse "KK") provided medications per physician orders and document the administration of medications accurately in 14 of 19 residents (Resident #101, #107, #108, #109, #110, #111, #112, #113, #114, #115, #116, #117, #118 and #119) reviewed for neglect, resulting in neglect and the potential for the worsening of medical conditions and residents not meeting their highest practicable level of wellbeing.</p> <p>Findings include:</p> <p>Review of a "Facility Reported Incident" (FRI) Investigation revealed, "On June 12th, 2022 Administrator in Training was made aware of a complaint by resident (Resident #101), that she did not receive any of her medications last night...Reviewing EMAR (Electronic Medication Administration Record) and ETAR (Electronic Treatment Administration Record) it was documented that all residents' medications were given but several of the pill packs with the dates of June 11th, 20:00 (8:00 P.M.), through June 12th 06:00 (A.M.) were still found in the cart not passed. Nurse was immediately suspended pending further investigation. Residents on station 2 were interviewed and all stated that on 6/10 and 6/11 they received medications late or not at all...During the investigation of the alleged incident, the Director of Nursing reached out to the nurse, ("Registered Nurse" (RN) "KK"), via phone and text. The nurse told the Director of Nursing she would provide statement. The nurse never provided a statement...After full investigation it was determined that neglect can be substantiated. There were resident medications found in the medication cart that were not administered per physician orders during this period. The nurse, (RN "KK"), has been terminated from the facility for failure to participate in the investigation of the allegation of</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 414290	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 7/22/2022
NAME OF PROVIDER OR SUPPLIER SKLD BELTLINE			STREET ADDRESS, CITY, STATE, ZIP CODE 2320 E BELTLINE SE GRAND RAPIDS, MI 49546		
(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>neglect, failure to administer medications per physician order, and documentation that does not follow professional standards of practice...The facility has initiated an Action Plan to evaluate scope of similar occurrences throughout the facility; provision of education to all licensed and registered nurses; notifications to medical providers and responsible parties, as needed, for identified concerns; monitoring of medication carts 5 days per week x 4 weeks, then weekly x 2 months, or until substantial compliance has been maintained, to ensure residents receive medications as ordered and documentation in the medical record is complete and accurate."</p> <p>During an interview on 7/21/22 at 12:14 P.M., Resident #101 reported that she had not received any of her medications during third shift on 6/11/22-6/12/22. Resident #101 reported that the nurse never even came into her room at all that night. Resident #101 was not able to remember if she had any issues arise due to not receiving her medications and stated, "...that was too long ago..."</p> <p>During an interview on 7/21/22 at 8:57 A.M., "Registered Nurse" (RN) "F" reported that on 6/12/22 at the start of 1st shift she recieved report from RN "KK" just before starting the morning medication pass and stated, "...I could tell she had a really long night and wanted to leave..." RN "F" reported Resident #101 asked about her medications and said that she had not received her medication from the night before. RN "F" reported that she looked in the medication cart and all of Resident #101's medications from the night before were still there. RN "F" reported that when multiple other residents reported the same concern, she notified NHA "B" and stated, "...I showed her that the medications...and the narcotics were still in the cart...and the residents "Medication Administration Record's" (MAR) were signed off...the narcotic sheets were not</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 414290	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 7/22/2022
NAME OF PROVIDER OR SUPPLIER SKLD BELTLINE			STREET ADDRESS, CITY, STATE, ZIP CODE 2320 E BELTLINE SE GRAND RAPIDS, MI 49546	
(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>signed off..." RN "F" reported that as the day went on she found additional residents that had not received insulin and treatments on 6/11/22, in addition to their oral medications.</p> <p>Attempted to contact RN "KK" on 7/21/22 at 8:56 A.M. and 4:30 P.M. to discuss concerns related to medication administration on 6/11/22. There was no return call from RN "KK" prior to exit of the survey.</p> <p>During an interview on 7/21/22 at 1:20 P.M., NHA "B" reported that RN "F" notified her on 6/12/22 that Resident #101 had reported not having received her medication through the night. NHA "B" reported that after further inspection of the medication cart, it was discovered that none of the residents on the hall had recieved their medications during that time. NHA "B" was not able to provide the names of the residents that had been affected, but contacted "Regional Clinical Support" (RCS) "OO" for assistance.</p> <p>During an interview on 7/21/22 at 1:26 P.M., RCS "OO" reported that she performed a medication audit after it was discovered that multiple residents had not received medications as ordered on 6/11/22 and stated, "...I went through the medications that remained in the cart to determine the scope of the problem...I filled out forms and attached them to the meds...I gave them to (the previous DON) and asked her to go back to staff and educate all the staff about the concerns..." RCS "OO" was not able to provide any additional information regarding if the residents had been assessed, if the physician had been notified, and/or if there had been any negative outcomes as a result of the reported incident.</p> <p>During an interview on 7/21/22 at 2:50 P.M., DON reported that she had found the medication</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 414290	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 7/22/2022
--	---	--	--

NAME OF PROVIDER OR SUPPLIER SKLD BELTLINE	STREET ADDRESS, CITY, STATE, ZIP CODE 2320 E BELTLINE SE GRAND RAPIDS, MI 49546
--	---

(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>audit records that the previous DON had been working on, which included the residents that were affected, the medications that were missed, and the names of multiple nurses that were responsible. DON reported that there was no documentation of assessments or notifications being completed for the residents that were determined to have missed medications.</p> <p>Review of a facility document "Medication Audit" that was not dated, indicated that Resident #101 had not recieved her Gabapentin 300mg (a medication to prevent seizures and control nerve pain) on 6/10/22 at 2300 (11:00 P.M.) and on 6/11/22 at 2300. The audit indicated that "Registered Nurse" (RN) "KK" was the nurse responsible, the corrective action was "suspended" and "charted that she gave it but didn't."</p> <p>Attempts to interview RN "KK" on 7/21/22 at 8:56 AM and 4:30 PM were made without success. Voicemail was left on both occasions. This surveyor received no return call prior to survey exit.</p> <p>Review of additional "Medication Audits" dated 6/13/22, 6/14/22 & 6/15/22 indicated the following residents that had medications left in the medication cart, that were signed out as administered on the resident's MAR.</p> <p>Resident #101 had not received Melantonin (for sleep), Lopressor (for blood pressure), Theregran M (vitamin), Atorvastatin (for cholesterol), Eliquis (blood thinner), and Florastor (probiotic) on 6/11/22;</p> <p>Resident #108 had not received Synthroid (for thyroid) and Protonix (for reflux) on 6/12/22;</p> <p>Resident #109 had not received Amlodipine (for</p>			
--	--	--	--	--

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 414290	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 7/22/2022
NAME OF PROVIDER OR SUPPLIER SKLD BELTLINE			STREET ADDRESS, CITY, STATE, ZIP CODE 2320 E BELTLINE SE GRAND RAPIDS, MI 49546	
(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>blood pressure), Lipitor (for cholesterol), Eloquis, Senekot (for constipation), Keppra (for seizures) and Galantamine (for dementia) on 6/11/22;</p> <p>Resident #110 had not received Bentyl (for bowels) and Norvasc (for blood pressure) on 6/11/22 and Norvasc on 6/12/22;</p> <p>Resident #111 had not received Norvasc on 6/11/22;</p> <p>Resident #112 had not received Synthroid, Eloquis, Melatonin, Senekot and Trazadone (antidepressant) on 6/11/22; Resident #113 had not received Tylenol on 6/12/22;</p> <p>Resident #114 had not received Buspar (for anxiety) on 6/11/22;</p> <p>Resident #115 had not received Senna (for constipation) on 6/8/22;</p> <p>Resident #116 had not received Buspar on 6/5/22 & 6/7/22 and Depakote on 6/7/22, 6/8/22 & 6/11/22;</p> <p>Resident #117 had not received Toprol (for blood pressure) on 6/10/22;</p> <p>Resident #118 had not received Flexeril (muscle relaxer) on 6/8/22;</p> <p>Resident #119 had not received Midodrine (blood pressure), Amiodarone (heart rythm), Brilinta (blood thinner), Eloquis, Furosemide (diuretic), Jardiance (blood sugar), Metformin (blood sugar) and Metoprolol (blood pressure) on 6/11/22.</p> <p>Review of "Progress Notes" for Resident #101, #108-#119 indicated no documentation found related to missed medications in June 2022.</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 414290	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 7/22/2022
NAME OF PROVIDER OR SUPPLIER SKLD BELTLINE			STREET ADDRESS, CITY, STATE, ZIP CODE 2320 E BELTLINE SE GRAND RAPIDS, MI 49546		
(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= E	<p>During an interview on 7/22/22 at 9:43 A.M., "Licensed Practical Nurse" (LPN) "EE" reported that she was finished with medication pass for the morning. LPN "EE" and this surveyor reviewed the narcotic sign out sheets for Resident #107's Gabapentin (for nerve pain). The physicians order at the top of the record revealed, "Gabapentin 300mg by mouth four times a day for pain", but the log indicated that on 7/17/22 Resident #107's Gabapentin was only signed out 3 times. Review of Resident #107's MAR revealed that nursing staff had documented 4 doses of Gabapentin 300 mg were administered on 7/17/22. The narcotic sign out sheet should match the MAR and it did not.</p> <p>During an interview on 7/22/22 at 9:54 A.M., "Unit Manager" (UM) "D" reported that Resident #107's MAR in fact indicated that Gabapentin 300mg was administered 4 times on 7/17/22, but that Resident #107 could not have received 4 doses, otherwise the narcotic count would be different than it is currently. UM "D" reported that there was no explanation for the discrepancy between Resident #107's MAR and his Gabapentin sign out sheet, concluding that Resident #107 did not receive his Gabapentin 300mg 4 times on 7/17/22.</p> <p>During an interview on 7/22/22 at 10:07 A.M., Resident #107 reported that his hands sometimes start to shake and it makes him wonder if he had missed his medication. Resident #107 reported that he never refused his Gabapentin and stated, "...I take it for pain, it calms my system down..."</p>	F0610	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)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 414290	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 7/22/2022
NAME OF PROVIDER OR SUPPLIER SKLD BELTLINE			STREET ADDRESS, CITY, STATE, ZIP CODE 2320 E BELTLINE SE GRAND RAPIDS, MI 49546		
(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>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> <p>This citation pertains to intake #MI00129448.</p> <p>Based on interview and record review the facility failed to thoroughly investigated an allegation of neglect related to licensed nursing staff failing to administer multiple medications according to physician orders for 13 of 19 residents (Resident #101, #108, #109, #110, #111, #112, #113, #114, #115, #116, #117, #118 and #119) reviewed for neglect, resulting in an incomplete investigation when the facility did not perform assessments for the residents identified to have not received medications, and the potential for a delay in the treatment of medical conditions.</p> <p>Findings include:</p> <p>Review of a "Facility Reported Incident" (FRI) Investigation revealed, "On June 12th, 2022 Administrator in Training was made aware of a complaint by resident (Resident #101), that she did not receive any of her medications last night...Reviewing EMAR (Electronic Medication Administration Record) and ETAR (Electronic Treatment Administration Record) it was documented that all residents' medications were given but several of the pill packs with the dates</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 414290	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 7/22/2022
NAME OF PROVIDER OR SUPPLIER SKLD BELTLINE			STREET ADDRESS, CITY, STATE, ZIP CODE 2320 E BELTLINE SE GRAND RAPIDS, MI 49546		
(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>of June 11th, 20:00 (8:00 P.M.), through June 12th 06:00 (A.M.) were still found in the cart not passed. Nurse was immediately suspended pending further investigation. Residents on station 2 were interviewed and all stated that on 6/10 and 6/11 they received medications late or not at all...During the investigation of the alleged incident, the Director of Nursing reached out to the nurse, ("Registered Nurse" (RN) "KK"), via phone and text. The nurse told the Director of Nursing she would provide statement. The nurse never provided a statement...After full investigation it was determined that neglect can be substantiated. There were resident medications found in the medication cart that were not administered per physician orders during this period. The nurse, (RN "KK"), has been terminated from the facility for failure to participate in the investigation of the allegation of neglect, failure to administer medications per physician order, and documentation that does not follow professional standards of practice...The facility has initiated an Action Plan to evaluate scope of similar occurrences throughout the facility; provision of education to all licensed and registered nurses; notifications to medical providers and responsible parties, as needed, for identified concerns; monitoring of medication carts 5 days per week x 4 weeks, then weekly x 2 months, or until substantial compliance has been maintained, to ensure residents receive medications as ordered and documentation in the medical record is complete and accurate."</p> <p>During an interview on 7/21/22 at 1:26 P.M., "Regional Clinical Support" (RCS) "OO" reported that she performed a medication audit after it was discovered that multiple residents had not received medications as ordered on 6/11/22 and stated, "...I went through the medications that remained in the cart to determine the scope of the problem...I filled out forms and attached them to the meds...I gave them to (the previous DON) and</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 414290	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 7/22/2022
NAME OF PROVIDER OR SUPPLIER SKLD BELTLINE			STREET ADDRESS, CITY, STATE, ZIP CODE 2320 E BELTLINE SE GRAND RAPIDS, MI 49546		
(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>asked her to go back to staff and educate all the staff about the concerns..." RCS "OO" was not able to provide any additional information regarding if the residents had been assessed, if the physician had been notified, and/or if there had been any negative outcomes as a result of the reported incident.</p> <p>During an interview on 7/21/22 at 2:50 P.M., DON reported that she had found the medication audit records that the previous DON had been working on, which included the residents that were affected, the medications that were missed, and the names of multiple nurses that were responsible. DON reported that there was no documentation of assessments or notifications being completed for the residents that were determined to have missed medications.</p> <p>Review of a facility document "Medication Audit" that was not dated, indicated that Resident #101 had not recieved her Gabapentin 300mg (a medication to prevent seizures and control nerve pain) on 6/10/22 at 2300 (11:00 P.M.) and on 6/11/22 at 2300. The audit indicated that "Registered Nurse" (RN) "KK" was the nurse responsible, the corrective action was "suspended" and "charted that she gave it but didn't."</p> <p>Review of additional "Medication Audits" dated 6/13/22, 6/14/22 & 6/15/22 indicated the following residents that had medications left in the medication cart, that were signed out as administered on the resident's MAR: Resident #101, #108, #109, #110, #111, #112, #113, #114, #115, #116, #117, #118, and #119.</p> <p>Review of "Progress Notes" for Resident #101 and #108-#119 indicated no documentation related to missed medications in June 2022.</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 414290	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 7/22/2022
NAME OF PROVIDER OR SUPPLIER SKLD BELTLINE			STREET ADDRESS, CITY, STATE, ZIP CODE 2320 E BELTLINE SE GRAND RAPIDS, MI 49546	
(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
F0686 SS= G	<p>Treatment/Svcs to Prevent/Heal Pressure Ulcer §483.25(b) Skin Integrity §483.25(b)(1) Pressure ulcers. Based on the comprehensive assessment of a resident, the facility must ensure that- (i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and (ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>This citation pertains to intake #MI00128919.</p> <p>Based on observation, interview, and record review, the facility failed to prevent the development of pressure ulcers, and provide pressure ulcer treatments and monitoring consistent with professional standards of practice for 3 of 3 residents (Resident #103, #105, and #106) reviewed for pressure injuries, resulting in the unidentified pressure injuries for Resident #103 and Resident #106, and the worsening of a Stage I pressure ulcer for Resident #105, and the potential for further skin breakdown and infections.</p> <p>Findings include:</p> <p>Resident #103</p> <p>Review of an "Admission Record" revealed Resident #103 was originally admitted to the facility on 9/14/20.</p>	F0686		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 414290	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 7/22/2022
NAME OF PROVIDER OR SUPPLIER SKLD BELTLINE			STREET ADDRESS, CITY, STATE, ZIP CODE 2320 E BELTLINE SE GRAND RAPIDS, MI 49546		
(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 a "Facility Reported Incident" (FRI) revealed, "Facility incident report received via online submission on: 5/23/22...Incident Summary: Family member made allegation of resident neglect...(Resident #103's "Durable Power of Attorney" (DPOA) stated that the hospital (name omitted) was investigating the facility for neglect of (Resident #103)...On 5/21 (Resident #103) was emergently transferred to (hospital) after he was found unresponsive, hypotensive (low blood pressure), and low oxygen saturation. He was admitted to the hospital for severe sepsis and UTI (urinary tract infection). During interview with (DPOA), she stated she didn't realize how bad his dementia had got and didn't know it was to the point of him not being able to eat. She also stated that he had development a wound on his coccyx...The staff that have worked directly with (Resident #103) did notice a decline in him over the last few months, they have also noticed skin break down on him. He received a bed bath on both 5/12 and 5/19 and no skin issues were noted...He does have an order for barrier cream due to incontinence. He does have a history of coccyx wounds. Hospital records do show a stage 2 coccyx wound...After the investigation was concluded it was determined that the allegations can be substantiated due to facilities failure to follow the companies skin protocol. Immediate skin sweeps were done throughout the facility with no other issues. Skin sweeps will now be conducted weekly for 4 weeks and then once a month for 2 months. Daily shower sheets will be reviewed daily at stand-up meeting..."</p> <p>Review of Resident #103's "Hospital Records" from 5/21/22-5/29/22 revealed "...Admitted from SNF (skilled nursing facility) and noted to have wounds on buttock. Right elbow wound has healed...Assessment...Pressure injury of sacral region, stage 2..." The attached image revealed a</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 414290	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 7/22/2022
NAME OF PROVIDER OR SUPPLIER SKLD BELTLINE			STREET ADDRESS, CITY, STATE, ZIP CODE 2320 E BELTLINE SE GRAND RAPIDS, MI 49546		
(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>large open wound covering both sides of the sacral area. "...HOSPITAL COURSE:...He was transferred out of the ICU (intensive care unit) on 5/25/22. He continued to have poor oral intake and required tube feedings...Pt. (patient) signed onto hospice and remained inpatient for comfort measures. He passed away on 5/29/2022 at 10:55pm..."</p> <p>Review of Resident #103's "Progress Note" dated 5/21/22 revealed, "Resident admitted to (hospital name omitted) with severe sepsis, +UTI, hypotension (low blood pressure)..."</p> <p>Review of Resident #103's facility "Skin Observation Tool" dated 5/10/22 revealed, "...Non-Pressure...right elbow..." There was no record that Resident #103 had a wound on the buttock.</p> <p>Resident #105</p> <p>Review of an "Admission Record" revealed Resident #105 was originally admitted to the facility on 12/21/21.</p> <p>Review of a "Minimum Data Set" (MDS) assessment for Resident #105, with a reference date of 6/5/22 revealed a "Brief Interview for Mental Status" (BIMS) score of 10, out of a total possible score of 15, which indicated Resident #105 was cognitively impaired.</p> <p>Review of Resident #105's "Care Plan" revealed, "Resident has potential/actual impairment to skin integrity...Current break in skin integrity (left inner calcaneus) (heel)...Date Created: 07/06/2022...Interventions: ...Follow physician orders for treatment of skin impairments. Refer to eTAR (Electronic Treatment Administration Record) for specifics. Provide pain management with treatments as needed. Date Initiated:</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 414290	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 7/22/2022
--	---	--	--

NAME OF PROVIDER OR SUPPLIER SKLD BELTLINE	STREET ADDRESS, CITY, STATE, ZIP CODE 2320 E BELTLINE SE GRAND RAPIDS, MI 49546
--	---

(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>07/06/2022...Pressure relieving boots to bilateral lower extremities while in bed. Date Initiated: 07/06/2022...Weekly treatment documentation to include measurement of each area of skin breakdown's width, length, depth, type of tissue and exudate (drainage) and any other notable changes or observations. Date Initiated: 07/06/2022..."</p> <p>Review of Resident #105's "Physician Orders" revealed, "Left heel: Cleanse with NSS (normal saline), pat dry with gauze, apply mepilex (bandage) once daily until healed every day shift for Blister for 30 Days. Order date 7/5/22" and "blue boots on while in bed every shift for prevention. Order date 7/03/22."</p> <p>Review of Resident #105's "eTAR (electronic treatment administration record)" for July 2022 revealed that the above noted physician order was not in place for the left heel.</p> <p>During an interview on 7/20/22 at 5:01 A.M., "Certified Nursing Assistant" (CNA) "T" reported that Resident #105 and #106 did not have any open wounds and stated, "...no one on this hall does..."</p> <p>During an interview on 7/21/22 at 11:25 A.M., LPN "HH" reported that Resident #105 did not have any orders for wound treatments and stated, "...she does not have any wounds that I am aware of..."</p> <p>During an interview on 7/21/22 at 11:28 A.M., "Unit Manager" (UM) "D" reported that Resident #105 had a blister on her left heel that opened and was bleeding and stated, "...now it is just a scab...it is healed now...no infection...it's not something that the wound doctor would follow anymore..." Reviewing the physician orders, UM "D" reported that Resident #105 has an order for</p>			
--	--	--	--	--

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 414290	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 7/22/2022
NAME OF PROVIDER OR SUPPLIER SKLD BELTLINE			STREET ADDRESS, CITY, STATE, ZIP CODE 2320 E BELTLINE SE GRAND RAPIDS, MI 49546		
(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>wound dressings until healed, but the order is not showing up in the eTAR. UM "D" reported that the nursing staff would not have known to provide wound care unless the treatment order was on the eTAR.</p> <p>During an interview on 7/21/22 at 12:03 P.M., UM "E" reported that Resident #105's original wound treatment was Mepilex and stated, "...but if it wasn't on the eTAR the nurses wouldn't do it..." UM "E" reported that she, along with "Wound Doctor" (WD) "PP" saw Resident #105 for the first time on 7/18/22, and at that time the wound was not covered with a dressing, and it was scabbed over, and therefore WD "PP" discontinued the order for Mepilex and ordered Skin Prep (strengthens skin) to the area, but that order had not been entered in the computer yet. UM "E" reported that WD "PP's" visit notes were not available at this time.</p> <p>During an observation and interview on 7/21/22 at 12:19 P.M. Resident #105 was in her wheelchair in her room and reported that her left foot hurt and stated, "...it feels like I have a staple in it..." UM "D" removed Resident #105's left shoe to reveal a bandage on the left heel dated 7/20/22 with the DON's initials on the dressing. UM "D" removed the dressing, and the wound was observed open, approximately the size of a quarter, the wound bed was covered in slough (dead tissue), the surrounding tissue was macerated and the entire heel was discolored pink. UM "D" stated, "...I guess they think its cellulitis (skin infection) now...I just found out looking through her notes...she has an antibiotic ordered..." UM "D" reported that Resident #105 had not started the antibiotic due to waiting for physician confirmation of the order in the computer.</p> <p>During in interview on 7/21/22 at 2:59 P.M.,</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 414290	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 7/22/2022
NAME OF PROVIDER OR SUPPLIER SKLD BELTLINE			STREET ADDRESS, CITY, STATE, ZIP CODE 2320 E BELTLINE SE GRAND RAPIDS, MI 49546		
(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 Resident #105's left heel wound was first identified and documented on 7/2/22 in a pain assessment, then ("Physician Assistant" (PA) "QQ") saw Resident #105 on 7/5/22 and ordered a wound treatment. DON reported that the wound orders were not put in the computer correctly and therefore were not performed. DON reported that WD "PP" saw Resident #105 for the first time on 7/18/22. DON reported that Resident #105 was not evaluated by the wound doctor prior to 7/18/22, because UM "D" did not think it was necessary. DON reported that the nursing staff would be expected to continue monitoring Resident #105's left heel until the wound was completely healed and the scab had resolved. This surveyor requested to review documentation from WD "PP" and/or any documentation that Resident #105's wound was being monitored between 7/7/22 and 7/20/22, when cellulitis had been discovered. There was no documentation received prior to exit.</p> <p>Review of Resident #105's "Pain Evaluation" dated 7/2/22 revealed, "left heel, open area like fluid filled sac burst, no hurt..."</p> <p>Review of Resident #105's "Physician Assistant Note" dated 7/5/22 revealed, ".....Also seen for blister that popped on L (left) heel. No drainage or pain noted at this time, order placed for dressing changes and offloading boots....Blister (nonthermal), left lower leg...Order placed to cleanse with NSS (normal saline), pat dry with gauze, and apply mepilex until healed. Offloading boots while resting in bed. Continue to monitor and treat as indicated..."</p> <p>Review of Resident #105's "Risk Management Report" dated 7/6/22 revealed, "...On 7/2/2022, Blister (nonthermal) left lower leg (Left inner calcaneus). Facility Response / Corrective Action Taken to Date: 7/2/2022 Boots to feet, 7/5/2022</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 414290	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 7/22/2022
NAME OF PROVIDER OR SUPPLIER SKLD BELTLINE			STREET ADDRESS, CITY, STATE, ZIP CODE 2320 E BELTLINE SE GRAND RAPIDS, MI 49546		
(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>Order placed to cleanse with normal saline, pat dry with gauze, and apply Mepilex until healed. I was offloading boots while resting in bed. On 7/6/2022 facility will update the care plan to reflect stage two wound to the left heal...The facility is developing an action plan for skin - to assess all residents in the facility."</p> <p>Review of Resident #105's "Skin Alteration Evaluation" dated 7/7/22 revealed, "...blister, left calcaneous (heel), 1.0 cm x 1.0 cm, Stage 2 (Partial thickness loss of dermis presenting as a shallow open ulcer with a red pink wound bed, without slough. May also present as an intact or open/ruptured serum-filled blister.), date of onset 7/7/22, 100% of wound covered-surface intact, stable, healable..."</p> <p>Review of Resident #105's "Progress Note" dated 7/7/22 at 17:16 (5:16 P.M.) revealed "...IDT (Interdisciplinary Team) review:...On 7/2/2022, a Blister (nonthermal) left lower leg (Left inner calcaneus) (heel). Measured 1x1 with intact blister. No drainage noted, peri skin intact and blanchable. No edema noted to lower extremities. Area cleansed with normal saline and form dressing placed. ETAR updated to new order. CP (care plan) updated. Pressure reliving boots applied, while resident in bed and as resident allows, registered dietitian eval and consult made to wound specialist. IDT to continue with weekly monitoring and update plan of care as appropriate..."</p> <p>Review of Resident #105's most recent "Skin Observation" dated 7/19/22 indicated no skin concerns.</p> <p>There was no documentation of assessment or monitoring of Resident #105's left heel wound between 7/7/22-7/20/22.</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 414290	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 7/22/2022
NAME OF PROVIDER OR SUPPLIER SKLD BELTLINE			STREET ADDRESS, CITY, STATE, ZIP CODE 2320 E BELTLINE SE GRAND RAPIDS, MI 49546		
(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 Resident #105's "Physician Assistant Note" dated 7/21/22 revealed, "...She is seen today returning from (hospital name omitted) emergency room after fall evaluation...Returned with order for Keflex (antibiotic) 500 mg 4 times daily x5 days for cellulitis of left lower extremity. Noted to have penicillin allergy, changed order to Bactrim DS (antibiotic)..."</p> <p>Review of Resident #105's "Skin Alteration Evaluation" dated 7/21/22 at 14:28 (2:28 P.M.) revealed, "...left heel, blister open, 1 cm x 1 cm, in house acquired, 100% of wound covered in slough (dead tissue), drainage-moderate, slow to heal..." This documentation indicates worsening of the wound. The documentation was completed by the facility after it was requested by this surveyor.</p> <p>Resident #106</p> <p>Review of an "Admission Record" revealed Resident #106 was originally admitted to the facility on 10/27/18, with pertinent diagnoses which included: multiple sclerosis (a disease of the brain and spinal cord).</p> <p>During an observation and interview on 7/20/22 at 7:43 A.M., Resident #106 was lying in bed with blue pressure relieving boots on both of his feet, and a pillow under each hip to offload coccyx wound. Resident #106 is unable to move, with the exception of his head, due to a medical condition. Resident #106 reported that the wound on his coccyx is getting better and stated, "...I guess the one on my foot is too..."</p> <p>During an observation on 7/20/22 at 8:31 A.M. Resident #106 was lying in his bed and CNA "G" and CNA "SS" were performing a bed bath and incontinence care. At 9:00 A.M. LPN "H" was in the room to change Resident #106's wound</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 414290	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 7/22/2022
--	---	--	--

NAME OF PROVIDER OR SUPPLIER SKLD BELTLINE	STREET ADDRESS, CITY, STATE, ZIP CODE 2320 E BELTLINE SE GRAND RAPIDS, MI 49546
--	---

(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>dressing on his bottom. LPN "H" reported that Resident #106 does not have a wound on his feet and stated, "...it is closed, we just put skin prep on it..." Resident #106's socks were removed at the request of this surveyor and revealed, a large thick scab on the top of the left great toe, a large thick scab on the tip of the left and right great toes, and an open area that was bleeding on the right 2nd toe. LPN "H" reported that he was not aware of these skin concerns and that he would follow up with the unit manager.</p> <p>During an observation on 7/21/22 at 10:02 A.M. Resident #106 was lying in bed with blue boots on both feet. Resident #106 was not wearing socks and his right 2nd toe was stuck to the side of the blue boot with dried blood.</p> <p>During an interview on 7/21/22 at 10:14 A.M., LPN "HH" reported that Resident #106 has an order for skin prep to toughen the skin on his feet and stated, "...we put it right over those big scabs..."</p> <p>During an interview and observation on 7/21/22 at 10:18 A.M., UM "E" reported that Resident #106 did not have any open areas on his toes and stated, "...if it's scabbed over then maybe there was a wound at one time..." Resident #106's toes were observed and UM "E" stated, "...there were obviously wounds there before...we wouldn't follow a wound that was scabbed over...it's closed..." UM "E" reported that the wound on Resident #106's right second toe is new, caused by pressure from how his foot is laying and should be covered because it is susceptible to infection. UM "E" cleaned the new wound and applied a dressing, and indicated that she would add the wound to the wound doctors list.</p> <p>During an interview on 7/21/22 at 10:33 A.M., UM "D" reported that Resident #106 had a wound</p>			
--	---	--	--	--

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 414290	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 7/22/2022
NAME OF PROVIDER OR SUPPLIER SKLD BELTLINE			STREET ADDRESS, CITY, STATE, ZIP CODE 2320 E BELTLINE SE GRAND RAPIDS, MI 49546		
(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>on his left great toe in the past, but that it was "healed out" in April 2022.</p> <p>During an interview on 7/22/22 at 11:03 A.M., DON reported that on 3/28/22 was the last time Resident #106 was seen for his left great toe wound. DON reported that the nursing staff was expected to continue monitoring Resident #106's wounds until they were completely healed and stated, "...no, scabs are not considered healed..." DON reported that she had spoken to staff today and they reported that Resident #106's feet rub on the end of the bed a lot and stated, "...we will get him a longer bed to help..."</p> <p>Review of Resident #106's "Wound Doctor Visit" dated 3/28/22 revealed, "...Assessment:...Left Great toe deep tissue injury at 1.7 x 1.2, nummular stable purple black...Plan:...apply skin prep to the left great toe deep tissue injury and leave it open to air..."</p> <p>Review of Resident #106's "Skin Observation Tool" dated 7/19/22 indicated that there were no new or current skin alterations.</p> <p>Review of Resident #106's "Skin Alteration Evaluation" dated 7/21/22 at 14:47 (2:47 P.M.) revealed, "right toes, type: pressure, 1.0 cm x 1.0 cm, Stage 1, in-house acquired, 10% of wound filled with eschar (hardened dead tissue), Progress: new..."</p> <p>According to the State Operations Manual with a revised date of 11/22/17 revealed an unstageable pressure ulcer is defined as: "Unstageable Pressure Ulcer: Obscured full-thickness skin and tissue loss Full-thickness skin and tissue loss in which the extent of tissue damage within the ulcer cannot be confirmed because the wound bed is obscured by slough or eschar."</p>				