

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>414290</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/12/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SKLD BELTLINE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2320 E BELTLINE SE GRAND RAPIDS, MI 49546</b>
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F0000 SS=	INITIAL COMMENTS  SKLD Beltline was surveyed for an Abbreviated survey from 10/9/2023 to 10/12/2023.  Intakes: MI00132640, MI00132684, MI00132997, MI00132999, MI00133102, MI00134147, MI00134676, MI00134685, MI00135648, MI00136586, MI00136853, MI00136955, MI00137459, MI00137538, MI00137552, MI00138058.  Census=125	F0000		
F0686 SS= G	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. This REQUIREMENT is not met as evidenced by:  This citation pertains to intake number MI00134147.  Based on interview and record review, the facility failed to monitor and treat pressure ulcers per nursing professional standards for 1 resident (R110) of 3 reviewed for pressure ulcers,	F0686		

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

TITLE

(X6) DATE

Electronically Signed

10/20/2023

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.

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	<p>resulting in the worsening of a pressure ulcer with the potential for infection and overall deterioration of health status.</p> <p>Findings include:</p> <p>According to the Admission Record, R110 admitted to the facility on 12/9/2022 as his own person with diagnoses that included fracture of left femur fracture, protein-calorie malnutrition, megacolon, heart failure, and chronic kidney disease stage 3/4.</p> <p>Review of R110's Nursing Admission Screening/History 12/9/2022 reported the resident's cognition was intact with a 3 cm (centimeter) x 3 cm area on groin, 1 cm x 8 redness on right iliac crest, and 1 cm x 8 redness on left iliac crest.</p> <p>Review of R110's Order Summary order date 1/16/2023 start date 1/18/2023 bilateral buttocks open area cleanse with NS (normal saline), pat dry, apply collagen to wound bed and cover with foam boarder dressing. Change M-W-F and PRN (as needed) every day shift every day shift every Mon for MASD (moisture associated skin damage).</p> <p>Review of R110's Order Summary Review order date 1/16/2023 start date 1/18/2023 bilateral buttocks open area cleanse with NS (normal saline), pat dry, apply collagen to wound bed and cover with foam boarder dressing. Change M-W-F and PRN (as needed) every night shift every Wed, Fri for MASD.</p> <p>Review of R110's Order Summary order/start date 12/27/2022 Nystatin External Powder 100000 Unit/GM apply to affected areas topically every shift for fungal rash for 30 days please apply to left abdominal fold. It was noted there was no</p>				

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	<p>order to apply the Nystatin External Powder to the resident's right abdominal fold.</p> <p>Review of R110's Medication Administration Record/Treatment Administration Record (MAR/TAR) 12/1/2022-12/31/2022 revealed Hydrocortisone External Cream 2.5% apply to affected areas topically two times a day for rash on medial right thigh for 7 days start/order date 12/15/2022. It was noted, this is not an order for the resident's buttock or groin.</p> <p>Further review of R110's MAR/TAR 12/1/2022-12/31/2022 revealed Hydrocortisone External Cream 2.5% was reported to be scheduled for application at 7 AM and 18:00 (6:00 PM) and was applied topically to the resident's groin without an order on:</p> <p>-12/16/2022 at 10:13 (AM)</p> <p>-12/16/2022 at 04:24 (AM)</p> <p>-12/17/2022 at 15:40 (3:40 PM)</p> <p>-12/18/2022 at 00:34 (AM)</p> <p>-12/18/2022 at 09:17 (AM)</p> <p>-12/19/2022 at 07:38 (AM)</p> <p>Review of R110's MAR/TAR 1/1/2023-1/31/2023 revealed</p> <p>- Review of R110's Order Summary order/start date 12/27/2022 Nystatin External Powder 100000 Unit/GM apply to affected areas topically every shift for fungal rash for 30 days please apply to left abdominal fold. It was noted there was no order to apply the Nystatin External Powder to the resident's right abdominal fold.</p>				

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	<p>Further review of R110's MAR/TAR 1/1/2023-1/31/2023 revealed that the Nystatin External Poser 100000 Unit/GM was applied to the right abdominal fold without an order.</p> <p>Review of R110's Skin Observation Tool:</p> <p>-12/10/2022 Intergluteal cleft 4.0 x 0.2 x 0.0, Intergluteal cleft with MASD</p> <p>-12/21/2022 no new changes in skin integrity</p> <p>-12/28/2022 no new changes in skin integrity</p> <p>-1/4/2023 no new changes in skin integrity</p> <p>-1/11/2023 no new changes in skin integrity</p> <p>-1/16/2023 right buttock MASD 2.5 x 2.5 x 0 Stage II, in-house acquired</p> <p>During an interview on 10/11/2023 at 3:08 PM, Director of Nursing (DON) "B" stated, "There was a QAPI done because skin issues were being missed. After the facility audited for skin issues, we found there were spots in the system that had to be fixed."</p> <p>During an interview on 10/12/2023 at 10:30 AM, Nursing Home Administrator (NHA) "A" stated, "On 1/27/2023, the facility discovered there was an issue with wounds, in-house acquired pressure ulcers were noted but not reported to the licensed nurse and non-licensed staff were practicing outside the scope of standards. An Action Plan was started. On 2/22/2023 we discovered a nurse had made errors, so the Action Plan was changed again to reflect what the facility needed to do to correct these issues. On 3/8/2023, I feel the issue was resolved."</p>			

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	<p>Review of R110's Progress Note 12/9/2023 13:30 (1:30 PM) revealed, "...barrier cream to bil (bilateral) buttocks to monitor." It was noted there was no order for barrier cream to be applied to resident's buttocks.</p> <p>Review of R110's Progress Note 12/11/2022 03:07 (AM) revealed, "...Resident was noted with Interluteal MASD 4.0 x 0.2 cm, pink blanching base, scant serous drainage, no malodor, peri-wound intact. Cleaned with NS, applied zinc oxide cream. Resident aware. Physician aware.</p> <p>Review of R110's Physician Note 12/12/2022 00:00 (AM) was noted the physician did not discuss the resident's Interluteal MASD, that was said to have been brought to their attention.</p> <p>Review of R110's Progress Note 12/ 12/2022 13:06 (1:06 PM) Late Entry: revealed, "...He has MASD to bottom and treatment is in place ..." It was noted there were no treatment orders for the resident's bottom.</p> <p>Review of R110's History and Physical Note 12/13/2022 00:00 (AM) was noted the physician did not discuss the resident's Interluteal MASD, that was said to have been brought to their attention.</p> <p>Review pf R110's Progress Note 12/18/2022 02:39 (AM) reported "Dressing to right abdomen changed without an issue." It was noted there was no order for the dressing.</p> <p>Review of R110's Progress Note 12/20/2022 00:00 (AMA) Physician's Note did not report skin issues to Interluteal fold or abdomen.</p> <p>Review of R110's Progress Note 12/26/2022 00:00 (AM) revealed, "...Abdominal ...has</p>				

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	<p>bandage over RLQ (right lower quadrant over opening (not quite fistula) ..." It was noted there was no order for a dressing nor was Intergluteal fold skin issue discussed.</p> <p>Review of R110's Progress Note 12/27/2022 11:54 (AM) "Left abdominal fold is red ...Requested order for Nystatin powder ..."</p> <p>Review of Progress Note 1/15/2023 15:51 (1:51 PM) " ...CNA reported to nurse that patient had skin alteration to buttocks ...open area to right and left buttocks. Wound bed is red/pink with some blanching noted, skin is peeling, and scant blood noted at edges of peeling skin. Site is tender when touched per patient (resident) R (right) buttocks - 4 x 3 x 0.1, L (left) buttocks 3 x 3.5 x 0.1 ..."</p> <p>Review of R110's Progress Note 1/17/2023 00:00 (AM) revealed, " ... MASD on bilateral buttocks ...wound team will follow and resident was seen today. Left buttock measures 2.5 x 2.5 x 0.1 and right buttock measures 2.5 x 2.5. 0.1 ..."</p> <p>Review of R110's Progress Note 1/18/2023 15:37 (1:37 PM) revealed, " ...abdominal fold open area inferior to umbilicus, Maxim x 6 cm x 0.1 cm. Left abdominal fold open 0.5 cm x 3 cm x 0.1 cm. ...Left buttock open area 3 cm x 3 cm x 0.1 cm. Right buttock open area 5 cm x 3 cm x 0.1 cm ..."</p> <p>Review of R110's Progress Note 1/23/2023 17:30 (5:30 PM) revealed, " ...Addendum to initial skin alteration note, MASD incorrectly added, actual diagnosis is Stage 2 pressure to bilateral buttocks."</p> <p>Review of R110's Progress Note 1/23/2023 18:04 (6:04 PM) revealed, " ...being admitted to (name of hospital) ..."</p>				

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F0698 SS= D	<p>Review of R110's ED to Hospital Admission dated 1/23/2023 revealed, " ...Diagnosis ...failure to thrive in adult ... urinary tract infection without hematuria ...HOSPITALIZED presenting with abnormal labs ...white blood cell count (WBC) 19 (reference range 4.0-10.0) ...multiple superficial sacral ulcers ...WOC (wound on-call) nurse consulted for wound on left buttock and coccyx along with groin skin fold and mid lower abdominal wound. Incontinent of bowel and bladder, immobile at baseline. Over the left buttock a partial thickness open wound remains with a pick base ...Another open area is present over the midline coccyx, pink in color and partial thickness ...left buttock stage 2 pressure injury. Coccyx stage 2 pressure injury ...Midline lower abdominal wound present, patient unclear of cause but likely form moisture. Wound bed red, small amount of serosang drainage ...area measures 1.3 x0.2 cm ...left groin fold with small linear open area ...</p> <p>During the onsite survey, past noncompliance (PNC) was cited after the facility implemented actions to correct the noncompliance which included audits, education, and trainings. The facility was able to demonstrate monitoring of the corrective action and maintained compliance.</p> <p>Dialysis §483.25(l) Dialysis. The facility must ensure that residents who require dialysis receive such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. This REQUIREMENT is not met as evidenced by:</p> <p>This citation pertains to MI00132640.</p> <p>Based on interview and record review, the facility</p>	F0698	<p>F 698 Dialysis</p> <p>Resident #115 has not resided at the facility since 05/02/2022.</p> <p>No other residents were identified in the 2567.</p> <p>All residents receiving dialysis services from outside agencies have the potential to be affected. An audit was completed on 10/20/2023 of all residents receiving dialysis services from outside agencies. Any concerns</p>	10/23/2023

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	<p>failed to ensure post dialysis communication, assessment, and monitoring for 1 Resident (Resident #115) of 11 resident reviewed for quality of care, resulting in the potential for the resident to not meet her highest practicable physical, mental, and psychosocial well-being.</p> <p>Findings include:</p> <p>Review of an "Admission Record" revealed Resident #115 admitted to the facility on 4/30/2022 with pertinent diagnoses which included end stage renal disease and dependence on renal dialysis.</p> <p>Review of a current "Care Plan" focus for Resident #115, with a revision date of 1/5/2022, revealed resident #115 required hemodialysis for end stage renal disease. Review of current dialysis "Care Plan" interventions for Resident #115, initiated 1/5/2022, revealed staff were directed to monitor Resident #115's shunt site and vitals signs as directed and as needed.</p> <p>In a telephone interview on 10/10/2023 at 10:49 AM, Family Member "Y" reported they visited Resident #115 the afternoon of 5/2/2022 after she returned from hemodialysis and staff had left her in her room for hours without checking on her.</p> <p>Review of Resident #115's May of 2022 Treatment Administration Record and Progress Notes showed no record Resident #115 had been evaluated or monitored upon return from dialysis on 5/2/2022.</p> <p>In an interview on 10/10/2023 at 11:59 AM, Licensed Practical Nurse (LPN) "E" reported she was taking care of Resident #115 on 5/2/2022. LPN "E" reported Resident #115 returned to the facility at about 1:00 PM. LPN "E" reported there may have been a period of time between when</p>		<p>with post-dialysis communication, assessment, and monitoring identified have been addressed.</p> <p>The Director of Nursing and clinical nurse managers will review all residents receiving dialysis in daily clinical meetings to ensure there is appropriate post-dialysis communication, assessment, and monitoring.</p> <p>By 10/23/2023, facility nurses will be educated by the DON /designee regarding communication and documentation between the facility and the dialysis center to prevent potential medical complications, including but not limited to post-dialysis communication, assessment, and monitoring.</p> <p>DON/designee will conduct random audits on 5 residents who receive dialysis services weekly times 4 weeks and then monthly thereafter, times 3 months, or until substantial compliance has been maintained to ensure that the dialysis communication forms are complete and there is an appropriate post dialysis communication, assessment, and monitoring.</p> <p>The results will be presented to the QAA committee for review and consideration of further corrective actions.</p> <p>The Administrator will be responsible for assuring substantial compliance is attained through this plan of correction by 10/23/2023 and for sustained compliance after that.</p>		



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	<p>Resident #115 arrived back to the facility from hemodialysis and when she evaluated the resident, but she was not sure how much time. LPN "E" reported the dialysis communication paperwork is handed to staff upon return from dialysis, and she would normally review the documentation. LPN "E" reported she could not remember whether dialysis communication paperwork was reviewed for Resident #115 after she returned from dialysis on 5/2/2022. LPN "E" reported she would normally evaluate the resident at a certain point upon return from dialysis when she is in the resident's room. LPN "E" reported she did not necessarily evaluate residents upon return from dialysis and she did not check the dialysis site. LPN "E" reported she relied on other staff to tell her if there were any concerns with residents upon their return from dialysis. LPN "E" reported vitals signs are not taken upon residents return from dialysis.</p> <p>In an interview on 10/10/2023 at 2:36 PM, LPN Unit Manager "N" reported nursing staff review dialysis communication paperwork when residents return from dialysis and are expected to check on the resident to ensure that they are all right and evaluate the dialysis site to ensure that it is not bleeding. LPN Unit Manager "N" reported she expects nursing staff to lay eyes on residents immediately when they return from dialysis and take vitals signs if needed or if anything is wrong.</p> <p>Review of email communication received from Director of Nursing (DON) "B" on 10/10/2023 at 1:17 PM revealed the facility had no record of Resident #115's hemodialysis communication sheet from her dialysis on 5/2/2022.</p> <p>Review of facility policy/procedure "Nursing Administration, Care and Treatment of Dialysis", updated 2/3/2023, revealed " ...It is the policy of this facility that staff will coordinate with the</p>				

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	dialysis center, in individual cares for residents receiving dialysis services and will complete duties and obligations as agreed upon by the facility and the dialysis center ...Procedure ...Nursing staff will monitor port site for signs of bleeding and infection ...Nursing staff will monitor for bruits and thrills at port site ...Nursing staff will obtain copy of communication sheet from dialysis center ..."				