

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 614010	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/19/2023
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NAME OF PROVIDER OR SUPPLIER CHRISTIAN CARE NURSING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2053 S SHERIDAN DRIVE MUSKEGON, MI 49442
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F0000 SS=	INITIAL COMMENTS Christian Care Nursing Center was surveyed for an Abbreviated survey on 10/19/23. Intakes: M100140268 Census= 42	F0000		
F0607 SS= E	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, §483.12(b)(4) Establish coordination with the QAPI program required under §483.75. §483.12(b)(5) Ensure reporting of crimes occurring in federally-funded long-term care facilities in accordance with section 1150B of the Act. The policies and procedures must include but are not limited to the following elements. §483.12(b)(5)(ii) Posting a conspicuous notice of employee rights, as defined at section 1150B(d)(3) of the Act. §483.12(b)(5)(iii) Prohibiting and preventing retaliation, as defined at section 1150B(d)(1) and (2) of the Act. This REQUIREMENT is not met as evidenced by: This citation pertains to Intake M100140268 Based on interview and record review, the facility failed to implement policies and procedures to ensure pre employment screenings were	F0607	F607 1. Resident #1 was not harmed as a result of these deficiencies. 2. All residents as of 10/24/2023 were interviewed for allegations of abuse and neglect. Any further allegations will be handled according to the facilities Abuse and Neglect Policy and Procedure. 3. The facility adopted a Background Investigations Policy on 11/7/2023. All current facility C.N.A.'s background checks were completed according to the Policy as of the date of compliance for this plan of correction. Background checks include completing an ICHAT and appropriate receipt of eligibility to work at the facility as a C.N.A. Preemployment reference checks will be completed according to the facility Abuse and Neglect Policy and Procedure. Licensure verification will be completed according to the facility's Abuse and Neglect Policy and Procedure. All current and future C.N.A.'s references will be validated as completed or completed as of the date of compliance with this plan of correction. The facility has adopted a Competency Evaluation Policy as of 11/7/2023. All current and future C.N.A.'s will have their competency evaluated and these will be housed in the employee	11/22/2023

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

TITLE

(X6) DATE

Electronically Signed

11/08/2023

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>complete, employee trainings done, ensure 2 Certified Nursing Assistants (CNAs) were evaluated for skills competencies, and 2 CNAs in Training (CNAT) were evaluated for skills competencies and licensed within the allotted time frame after the completion of formal nurse aide training, in a total sample of 5 staff reviewed, resulting in the potential for unqualified personnel with incomplete background checks providing care to a vulnerable population that could be a potential for abuse and/or neglect.</p> <p>Findings include:</p> <p>Review of a policy titled "Abuse, Neglect and Exploitation" last revised 5/17/23 revealed: "It is the policy of this facility to provide protections for the health, welfare and rights of each resident by developing and implementing written policies and procedures that prohibit and prevent abuse, neglect, exploitation and misappropriation of resident property." The components of Screening, Employee Training, Prevention of Abuse, Neglect and Exploitation, Identification of Abuse, Neglect and Exploitation, and Protection of Resident were not implemented.</p> <p>Review of a Certified Nursing Assistant (CNA) job description revealed: "REQUIRED EDUCATION AND EXPERIENCE: Post Secondary- Must have an unencumbered license to practice as a certified nursing assistant in the State of Michigan. Job Specific Training- Must have a certificate of satisfactory course completion from a nursing assistant training program. ... Personal Qualifications: Demonstrates core values of Respect for the individual, Community Focus, Integrity, Excellence, and Commitment to Learning. ... Personal qualities of integrity, credibility, and a commitment to [Facility Name] Mission and Core</p>		<p>personnel file by the date of compliance with this plan of correction.</p> <p>The facility has discontinued hiring "nurse aides in training." There are currently 0 nurse aides in training employed in the nursing center.</p> <p>Christian Care has partnered with Orbis Human Resources Group. Orbis and the facility human resource generalist will be educated on obtaining pre-employment paperwork, including background checks, ICHAT's, eligibility to work verification, licensure verification, reference checks, and competency evaluations by the administrator.</p> <p>Nursing leadership will be educated on the Competency Evaluation Policy by the administrator.</p> <p>4. Audits will be completed weekly by human resources to ensure compliance is obtained prior to any certified staff work on the floor in the respective capacity including background checks, licensure verification, verification of eligibility, ICHATs, and reference checks for 2 months. The Director of Nursing or Designee will audit C.N.A. competencies for compliance for 2 months. Results of these audits will be submitted to the Quality Assurance Committee to ensure compliance. The NHA is responsible for overall compliance with this deficiency.</p>		

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	<p>Values. ... Skills: Demonstrates knowledge and good judgment in matters of policy and procedures.</p> <p>Resident #1</p> <p>Review of a Face Sheet revealed R1 originally admitted to the facility on 5/22/23 and has pertinent diagnoses of congestive heart failure, hypotension, and scoliosis.</p> <p>Review of the Kardex for R1 revealed she is an extensive 2-person assist for bed mobility.</p> <p>CNAT "C"</p> <p>Review of a Facility Reported Incident (FRI) revealed on 10/6/23 at 10:21 PM, CNAT "C" attempted to assist R1 out of bed with a mechanical lift when the resident told her she was a 2 person assist. CNAT "C" left the room with R1 uncovered, then came back to R1s room, sat in the residents' wheelchair, and shortly thereafter was found asleep. R1 was left uncovered in bed with a mechanical lift next to the bed. The Nursing Home Administrator (NHA) was notified, and EMS (Emergency Medical Services) was notified. CNAT "C" was not arousable and taken to the hospital. The facility interviewed CNAT "C" after the incident and she reported she "would not provide a statement, only that she was under the influence of marijuana."</p> <p>Review of the Police Report dated 10/6/23 at 10:59 PM revealed CNAT "C" showed up to work "drunk" and was unable to talk fluently or walk." She was then transported to the hospital.</p> <p>Review of a witness statement dated 10/6/23 at 11:30 PM revealed Licensed Practical Nurse (LPN) "B" reported CNAT "C" was observed slurring her words in mid conversation, stumbling</p>				

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	<p>onto walls and railings, and found her sleeping in R1s wheelchair in her room. CNAT "C" was only alert and oriented to herself. Emergency Medical Services (EMS) was called.</p> <p>Review of CNAT "C" personnel file revealed she was hired at the facility on 8/24/23. A documented email correspondence dated 8/27/23 revealed another incident where it was confirmed on video that CNAT "C" was observed leaving the unit at approximately 10:15 PM (on 8/27) and was stumbling and bumped into another staff member. Investigation to this incident was documented in her file. There were no competency skills check list in her file. An Employee File checklist revealed the facility still needed a copy of her nurse aide training certificate and it was not in her file. A disclosure statement on her employment application disclosed "retail fraud" in 2001 and no references checks were documented as done. Her employment was terminated on 10/7/23 after the second incident. She was not listed on the State Registry for CNA licensure.</p> <p>In an interview on 10/19/23 at approximately 12:30 PM, the Nursing Home Administrator (NHA) could not explain the document for CNAT "C" dated 8/27/23 regarding her leaving the unit/facility during her shift and stumbling and staggering on verified video footage.</p> <p>Review of CNAT "C" training certificate revealed she completed an 85-hour training program for nurses' aides 5/5/23. This was provided at the end of the survey.</p> <p>In an interview on 10/19/23 at 2:22 PM, LPN "B" reported the night of 10/6/23, CNAT "C" reported to work and seemed normal at first, but 20-30 minutes later she was different and not acting right. Was not sure if she had underlying health</p>			

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	<p>problems. She was found asleep in R1's room in her wheelchair. CNAT "C" was not arousable and had to call EMS, the police, and his supervisor. She had shallow breathing and when EMS arrived, she woke up but didn't comprehend what was going on.</p> <p>CNAT "D"</p> <p>Review of an Employee File for CNAT "D" revealed she was hired on 7/27/23. There is no nurse aide training certificate in her file and no competency skills check list. She is also not listed on the State Registry for CNA licensure.</p> <p>In an interview on 10/19/23 at 2:56 PM, CNAT "D" reported she was past her training period and finished nurse aide training in May 2023 and will be testing next week for her licensure. She said she usually splits the hall with another CNA and provides all care needs for the residents. CNAT "D" reported she did have an orientation at the facility but could not recall who it was with.</p> <p>CNA "E"</p> <p>Review of the Employee File for CNA "E" revealed she was hired 8/18/23 and had an incomplete ICHAT report, no eligibility clearance form, no references on her application and no competency checklist. A disclosure on her application shows a "misdemeanor" on 2/5/23 and discharged 2/24/23.</p> <p>CNA "F"</p> <p>Review of the Employee File for CNA "F" revealed she was eligible for employment on 7/26/23 and there were no references or skills competency checklist. Her CNA license expired on 9/30/23.</p>			

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	In an interview on 10/19/23 at approximately 12:30 PM, the Nursing Home Administrator (NHA) reported CNAT "C" did not have her nurse aide training completion certificate on file at this time but was working on it. The Human Resources Director was out on medical leave. NHA reported CNAT "D" is also a nurse aide in training and looking for her certificate as well. NHA acknowledged the employee files were not organized or complete. The Unit Manager oversees the competencies for new staff and could not provide documentation showing competencies were done during this survey.			