

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 414090	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 3/12/2024
NAME OF PROVIDER OR SUPPLIER COREWELL HEALTH REHAB & NURSING CENTER - KENTRIDGE			STREET ADDRESS, CITY, STATE, ZIP CODE 4118 KALAMAZOO AVE S E GRAND RAPIDS, MI 49508	
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F0000 SS=	INITIAL COMMENTS Corewell Health Rehab & Nursing Center was surveyed for an Abbreviated survey from 3/7/24-3/12/24. Intakes: MI00142097, MI00142311, MI00142352, MI00142909, MI00142767, and MI00141853 Census= 138	F0000		
F0689 SS= D	Free of Accident Hazards/Supervision/Devices §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to provide adequate assistance based on therapy recommendations to prevent an accident for 1 of 4 residents (Resident #106) reviewed at risk for falls, resulting in a fall with fracture of left olecranon (elbow) and the potential for a decline in overall health and wellness. Findings include: Review of an "Admission Record" revealed Resident #106 was originally admitted to the facility on 8/25/23, with pertinent diagnoses which included: falls and hip fracture. Review of Resident #106's "Fall Risk Assessment" dated 8/25/23 indicated "14", at	F0689	This plan of correction does not constitute an admission or agreement by the provider of truth of the facts alleged or conclusion set forth on this statement of deficiencies. This plan of correction is prepared solely because it is required by State and Federal law. Spectrum Health Rehab and Nursing Center wishes to have this plan of correction stand as its written statement of compliance. F689 Free of Accident Hazards/Supervision/Devices Element #1 Resident #106's RCS has been updated to ensure adequate assistance for ambulation is based on therapy recommendations to prevent accidents. Element #2 All residents who require assistance with ambulation as of March 12, 2024 have the potential to be affected. All like residents' Care Plan/RCS have been reviewed by Nursing Leadership to ensure adequate assistance for ambulation is based on therapy recommendations to prevent accidents. Element #3	4/2/2024

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

TITLE

(X6) DATE

Electronically Signed

03/18/2024

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>moderate risk for fall.</p> <p>Review of Resident #106's "Fall Report" from 11/2/23 at 3:50 PM revealed, "...Resident was walking with 4WW (4 wheeled-walker) assisted by CNA (certified nursing assistant) from bathroom to the bed. While aide was moving the bedside table and resident was standing at her 4WW, resident stepped her left foot back and lost balance and fell. Resident sustained a full thickness skin tear to left elbow measuring 6 cm x 3.5 cm with moderate blood loss and resident c/o (complained of) pain with treatment of wound. Resident also had localized swelling to back rt (right) of head and expressed pain with palpation of area...c/o pain to bilateral hips, left arm and right knee...transport resident to hospital...Patient's attempted action prior to fall: Ambulation. At time of fall, person was observed but unassisted. Patient's level of mobility prior to fall: ambulation with supervision...Prior to fall, was patient cooperative with fall risk interventions? Yes...Environmental risk factors contributed to fall? None...In the ED (emergency department)...Xray of left elbow...fracture involving the olecranon process..."</p> <p>In an interview on 3/8/24 at 1:08 PM, Therapy Supervisor (TS) "I" reported that Resident #106 was seen for therapy services in September 2023, and at the time of discharge (9/16/23) required minimal assistance of 1 person and a walker for transferring. TS "I" reported that minimal assistance meant that a gait belt should be used and held on to the entire time, and the staff member would perform up to 25% of the activity. TS "I" reported that Resident #106 required constant steadying, and walked only with therapy or restorative services. TS "I" reported that the therapy department enters the resident's level of assistance in the RCS (resident care summary), and at times the IDT (interdisciplinary team) may make adjustments as recommended by the</p>		<p>Assessment and Management of Resident Physical Function Status and Care Plan Initiation & Management Policies have been reviewed and deemed appropriate by the facility Nursing Home Administrator, Nursing Educator, and Senior Regulatory Specialist.</p> <p>All Nursing Leadership will be re-educated on the process for consulting therapy before updating resident Care Plan/RCS to ensure adequate assistance for ambulation is based on therapy recommendations to prevent accidents.</p> <p>Element #4 A quality-assurance program was implemented under the supervision of the Nursing Home Administrator to monitor compliance of Care Plan/RCS management specifically related to providing adequate assistance for ambulation based on therapy recommendations to prevent accidents. The Nursing Home Administrator or designated quality-assurance representative will perform the following systematic changes: randomly checking, or weekly checking for accuracy of ambulatory residents' Care Plan/RCS to provide adequate assistance for ambulation based on therapy recommendations to prevent accidents. Any deficiencies will be corrected on the spot and the findings of the quality-assurance checks will be documented and submitted at the monthly quality-assurance committee meeting for further review or corrective action.</p> <p>Element #5 The facility is confident that these corrective measures will be fully implemented by April 2, 2024. The Administrator is responsible for sustained compliance.</p>		

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	<p>therapy department. TS "I" reported that Resident #106's status was entered in her RCS as minimal assist of 1 person for transfers, when the resident discharged from therapy services in September 2023, but that a nurse had changed it to SBA (stand by assist) on 10/3/23. TS "I" reported that SBA or supervision during transfers and/or walking would not have been safe; Resident #106 required constant physical assistance to keep her balance.</p> <p>Review of Resident #106's "Physical Therapy Discharge Note" dated 9/18/23 revealed, "...now able to perform bed mobility, transfers and short distance ambulation with steadying assist to min A x1 (minimal physical assistance of 1 person) with support of 4 wheeled walker...Functional amb (ambulation) in room 9 ft (feet) with 4WW, steadying assist; patient had 1 instance of small knee buckle on left side requiring min-mod A x1 (minimal to moderate physical assistance from 1 person) to prevent fall...Patient denied symptoms of "room spinning" this date but did report this can occur occasionally..." The report indicated that Resident #106's ambulation (walking) status at discharge was up to 15-20 feet with 4 WW, requiring steadying and up to a 25 % physical assistance of 1 person, and Resident #106's transfer status was SBA to minimal physical assistance of 1 person.</p> <p>Review of Resident #106's RCS dated 9/16/23 updated by physical therapy department revealed, "...Ambulation/Mobility: Ambulate with therapist only; wheelchair assist off unit; wheelchair assist on unit...Transfer: Assist x 1; walker-front wheeled; pivot; limited; family may transfer..."</p> <p>Review of Resident #106's RCS dated 10/3/23 updated by nursing department revealed, "...Ambulation/Mobility: Other (see comment)...Transfer: Walker-front wheeled;</p>				

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	<p>pivot; family may transfer; Supervision...Comments: Encourage and assist patient with sunscreen..." There was no information related to the resident's status for ambulation.</p> <p>In an interview on 3/12/24 at 8:57 AM, Nurse Manager (NM) "A" reported that Resident #106's transfer status change on 10/3/23 from 1 person assist to supervision, should have been based on a therapy recommendation, but the record indicated Registered Nurse (RN) "L" made the changes. NM "A" reported would have to check why the changes were made. NM "A" reported that CNA "O" witnessed Resident #106's fall on 11/2/23, and that the report did not specify if a gait belt was being utilized and/or if CNA "O" was physically touching the resident at the time of the fall. NM "A" reported that with a status of supervision, a gait belt would still need to be used, but CNA "O" would not have to be touching the resident during transfer or ambulation, and a status of 1 assist would require that CNA "O" have hands on the resident.</p> <p>In a subsequent interview on 3/12/24 at 11:30 AM, NM "A" reported that RN "L" made that change to Resident #106's RCS based on the facility's reference for functional status; limited assist x1 was equivalent to supervision, because supervision included intermittent touching or cues.</p> <p>This surveyor attempted to interview RN "L" and CNA "O" via phone on 3/12/23, but was not able to reach the staff members.</p> <p>NHA attempted to contact CNA "O" on 3/12/24, but was not able to reach the staff member.</p> <p>In an interview on 3/12/24 at 10:00 AM, CNA "K" reported that if a resident had a status of</p>				

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	<p>"supervision", that the CNA would not physically assist or touch the resident during transfers and ambulation. CNA "K" reported that a status of assist x1 would require a gait belt to be used, and the CNA to physically assist the resident during transfers and ambulation.</p> <p>In an interview on 3/12/24 at 1:43 PM, Occupational Therapist (OT) "R" reported that a transfer or ambulation functional status of "supervision", would not require any physical touching by staff, and "assist x1" would require physical touching for the entire activity.</p> <p>Review of Resident #106's "Restorative Therapy Note" dated 10/31/23 revealed, "...Ambulation, 44 ft, hallway, 4WW, What level of assist did you provide? Touching assist, contact guard, steadying..." Noted that this was 2 days prior to the resident's fall.</p>						