STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	614010	A. BUILDING _____ B. WING _____	**3/7/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHRISTIAN CARE NURSING CENTER	**2053 S SHERIDAN DRIVE MUSKEGON, MI 49442**

(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 Christian Care Nursing Center was surveyed for an Abbreviated survey on 3/7/2024. Intakes: MI00142339 Census= 43	F0000		
F0684 SS= D	Quality of Care § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to ensure appropriate neurological assessments were completed for 1 resident (Resident #1) out of 4 residents reviewed for falls, resulting in the potential for a delay in treatment after an unrecognized acute change in condition. Findings include: Resident #1 (R1) Review of an "Admission Record" revealed R1 admitted to the facility with pertinent diagnosis that included a history of a stroke, high blood pressure, osteoporosis and a history of a traumatic fracture.	F0684		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	614010	A. BUILDING _____ B. WING _____	3/7/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHRISTIAN CARE NURSING CENTER	2053 S SHERIDAN DRIVE MUSKEGON, MI 49442

(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
	Review of R1's "Progress Notes" in the Electronic Medical Record (EMR) indicated R1 sustained an unwitnessed fall on 12/16/23 at approximately 10:15 p.m. R1 had another unwitnessed fall on 12/17/23 sometime before 5:00 a.m. when a Certified Nursing Assistant (CNA) discovered R1 on the floor in her room during rounds. Review of R1's December 2023 "Medication Administration Record" (MAR) revealed that R1 was prescribed and taking 2 anticoagulant (blood thinning) medications: "Aspirin 81 Tablet Chewable 81 MG (Aspirin) Give 1 tablet by mouth one time a day related to PAROXYSMAL ATRIAL FIBRILLATION" and "Xarelto Tablet 15 MG (Rivaroxaban) Give 1 tablet by mouth one time a day related to PAROXYSMAL ATRIAL FIBRILLATION". No side effect monitoring was ordered along with the anticoagulants. Incident Reports (IR) for R1 were requested from November 2023-January 2024. An incident report relating to R1's unwitnessed fall on 12/16/23 was reviewed and included an investigation packet with witness statements and a copy of neurological exams performed. An incident report, related investigation and documented neurological exams were not completed according to policy pertaining to R1's unwitnessed fall on 12/17/23. Review of a facility "Head Injury Flow Sheet" reflected staff were to complete a neurological exam upon initial assessment (immediately after a known or suspected head injury), then every 15 minutes for the first hour, hourly for the next two hours, every 2 hours for 6 hours then every shift for three days. The flow sheet did not reflect that the neurological exam had been restarted after R1's second unwitnessed fall in less than 12 hours.			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	614010	A. BUILDING _____ B. WING _____	**3/7/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHRISTIAN CARE NURSING CENTER	**2053 S SHERIDAN DRIVE MUSKEGON, MI 49442**

(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
	During an interview on 3/7/24 at 12:00 p.m., Registered Nurse (RN) "A" reported that there was not an incident report for R1's unwitnessed fall at 5:00 a.m. on 12/17/23. RN "A" also reported there was no evidence neurological assessments had been restarted for R1 after the unwitnessed fall on 12/17/24. During an interview on 3/7/24 at 12:27 p.m., the Director of Nursing (DON) reported that the expectation was that neurological examinations would be re-started after an unwitnessed fall with known or suspected head injury if a previous course of neuro exams was already in progress. "A licensed nurse shall, in a complete, accurate and timely manner, report and document nursing assessments or observations, the care provided by the nurse for the client, and the patient or to recognize changes in a patient's condition. Failure to recognize the significance of changes or to communicate them clearly and promptly to the attending practitioner could endanger the patient." (McMahon & Associates. Nursing Standards of Practice. HGExperts.com. Retrieved May 19, 2011, from http://www.hgexperts.com/article.) The Professional Standards of Quality for Staff Roles and Responsibilities in Monitoring Patients with Acute Changes of Condition for the nurse includes recognizing condition change early and assessing the patient's symptoms and physical function and document detailed description of observations and symptoms. (Process Guidelines for Acute Change of Condition, AMDA Clinical Process Guidelines, 2003).			