DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/11/2023 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED C	
		235729	D. WINC		02/08/2	2023
NAME OF PROVIDER OR SUPPLIER MICHIGAN VETERAN HOMES AT GRAND RAPIDS			STREET ADDRESS, CITY, STATE, ZIP CODE 2950 MONROE NE GRAND RAPIDS, MI 49505			
(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 CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ON SHOULD BE HE APPROPRIATE	
F000		n Home of Grand Rapids was	F000			
	- 2/8/2023.	ecertification survey from 2/6/23 4212, MI00134213, 00134217.				
F812 SS=F	Food Procureme Sanitary CFR(s): 483.60(i	nt,Store/Prepare/Serve-)(1)(2)	F812	MITT	AL	-
7	The facility must 483.60(i)(1) - Pro approved or cons state or local auti (i) This may inclus from local product and local laws or (ii) This provision facilities from usi gardens, subject safe growing and (iii) This provision from consuming facility.	ocure food from sources sidered satisfactory by federal, horities. Index food items obtained directly cers, subject to applicable State regulations. In does not prohibit or preventing produce grown in facility to compliance with applicable of food-handling practices. In does not preclude residents foods not procured by the				
	serve food in acc standards for foo This REQUIREM by: Based on observ review the facility	re, prepare, distribute and cordance with professional discrice safety. IENT is not met as evidenced ration, interview, and record failed to properly date mark product. These conditions	7	FIN	Al	
LABORATORY	DIRECTOR'S OR PROVI	 DER/SUPPLIER REPRESENTATIVE'S SIGNA	TURE	TITLE	(X	(6) DATE

Electronically Signed

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 the 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.

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.

Event ID: R9ZR11

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		235729	B. WING		02/08/2	2023	
NAME OF PROVIDER OR SUPPLIER MICHIGAN VETERAN HOMES AT GRAND RAPIDS			STREET ADDRESS, CITY, STATE, ZIP CODI 2950 MONROE NE GRAND RAPIDS, MI 49505				
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE	
F812	foods and an incithat affected all refrom the kitchen. Findings Include: During to starting at 9:18 A Culinary Supervise potentially hazard preparation date Observation of the opened bag of lett 2/4/23. During a tour of the refrigeration unition 2/6/23, it was and shakes were dated. When ask they arrive and grefrigeration, CS refrigeration upor product information shakes found the days under refrigeration upor product information of the days under refrigeration under the days under refrigeration under the opened shakes found the days under refrigeration unitional juices and elivered on 1/19 with no date to in the days under refrigeration unit, or ange nutritional shakes were four refrigeration unit, or the days under of the days under the days under refrigeration unit, or ange nutritional shakes were four refrigeration unit, or the days under of the days under the days under refrigeration unit, or ange nutrition as the days under the	he initial tour of the kitchen, M on 2/6/23, an interview with sor (CS) "D", found that dous foods are labeled with a to keep track of date marking. He walk-in cooler found an ttuce with a use by date of the two-door continental in the main kitchen, at 9:25 AM observed that nutritional drinks found stored in the unit, not ed if these are ever frozen, or if et put directly under "D" stated they go into a rrival. A review of the on on the nutritional drink and at they can be kept for up to "14 eration". Twenty-five cranberry uices found in their box stated on 1/14/23, twelve orange with a label stating they were 1/23, and 8 nutritional shakes dicate discard. The Sunset kitchen, starting at 1/23, it was observed that four I juices and five nutritional and in the single door	F812	DELIGITIENCI)			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235729	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED C 02/08/2023	
NAME OF PROVIDER OR SUPPLIER MICHIGAN VETERAN HOMES AT GRAND RAPIDS				STREET ADDRESS, CITY, STATE, ZIP COD 2950 MONROE NE GRAND RAPIDS, MI 49505	DE	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		OULD BE	(X5) COMPLETE DATE		
F812	During a tour of at 10:25 AM on 2 eight nutritional sthickened water indicate proper of thickened water under refrigeration. During a tour of at 10:35 AM on 2 nutritional juices no dates in the sobservation of the dated 1/29, slice dated 1/5, and a cranberry dated. During a tour of 10:50 AM on 2/6 nutritional shake indicate discard.	s and three nutritional juices lated. the Lake Michigan front kitchen, 2/6/23, it was observed that shakes and an open container of were found with no date to liscard. A review of the stated it was good for ten days on once opened. the Downtown kitchen, starting 2/6/23, it was observed that 17 and six shakes were found with ingle door unit. Further we unit found a bag of sliced ham d turkey dated 1/23, applesauce in open container of thickened 1/26. the Grand River front kitchen, at 1/23, it was observed that three is were found with no date to	F812		Al	
	10:55 AM on 2/6 nutritional juices with no date to in According to the 3-501.17 Ready-Control for Safet Except when PA REDUCED OXY specified under specified in (E) refrigerated, RE/TIME/TEMPERA SAFETY FOOD	2017 FDA Food Code section to-Eat, Time/Temperature y Food, Date Marking. "(A) CKAGING FOOD using a GEN PACKAGING method as 3-502.12, and except as and (F) of this section,	7	FIN	Al	

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F812	which the FOOD PREMISES, sold temperature of 5 of 7 days. The da counted as Day (E) -(G) of this se EAT TIME/TEME SAFETY FOOD FOOD PROCES marked, at the till opened in a FOO FOOD is held for the date or day be consumed on the discarded, based combinations speand: (1) The day in the FOOD ES counted as Day marked by the Foot exceed a marked sold temperature of the foot exceed a ma	d to indicate the date or day by shall be consumed on the d, or discarded when held at a C (41F) or less for a maximum ay of preparation shall be 1. (B) Except as specified in ection, refrigerated, READY-TO-PERATURE CONTROL FOR prepared and PACKAGED by a SING PLANT shall be clearly me the original container is DD ESTABLISHMENT and if the remove than 24 hours, to indicate by which the FOOD shall be PREMISES, sold, or d on the temperature and time ecified in (A) of this section the original container is opened TABLISHMENT shall be 1; and (2) The day or date OOD ESTABLISHMENT may nufacturer's use-by date if the termined the use-by date based	F812		A	
	3-501.18 Ready-Control for Safet FOOD specified discarded if it: (1 time combination except time that container or PAC date or day; or (3 a date or day that	2017 FDA Food Code section to-Eat, Time/Temperature y Food, Disposition. "(A) A in 3-501.17(A) or (B) shall be) Exceeds the temperature and a specified in 3-501.17(A), the product is frozen; (2) Is in a CKAGE that does not bear a B) Is inappropriately marked with at exceeds a temperature and a as specified in 3501.17(A)"	T	FIN	Al	

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