

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 416020	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 4/4/2024
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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F0000 SS=	INITIAL COMMENTS Michigan Veteran Homes at Grand Rapids was surveyed for a Recertification survey from 4/2/2024 to 4/4/2024. Intakes: None Census=119	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 prevent accidents for 1 (Resident #48) of 5 residents reviewed for accidents and hazards, resulting in Resident #48 sustaining a fall and the potential for residents to not meet their highest practicable physical, mental, and psycho-social well-being. Findings include: Review of a "Transfer/Discharge Report" revealed Resident #48 admitted to the facility on 5/17/2022 with pertinent diagnoses which included weakness and unsteadiness on his feet. Review of a "Minimum Data Set" (MDS) assessment for Resident #48, with a reference date of 1/10/2024 revealed a "Brief Interview for Mental Status" (BIMS) score of 14, out of a total	F0689		

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

TITLE

(X6) DATE

Electronically Signed

04/25/2024

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 416020		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 4/4/2024	
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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY)			(X5) COMPLETION DATE	
	<p>possible score of 15, which indicated Resident #48 was cognitively intact.</p> <p>In an interview on 4/3/2024 at 9:50 AM, Resident #48 reported he fell from his wheelchair when a staff member was pushing him without foot pedals and his feet caught on the floor making him fall forward out of the chair. Resident #48 reported staff now use foot pedals any time they push him in his wheelchair.</p> <p>In an interview on 4/4/2024 at 1:19 PM, Director of Nursing (DON) "B" reported Resident #48 fell out of his wheelchair as a result of Competency Evaluated Nursing Assistant (CENA) "F" pushing him in his wheelchair without using foot pedals.</p> <p>Review of Resident #48's "Progress Notes", dated 10/21/2023 at 2:19 PM, revealed "...Member was being pushed in wheelchair without foot pedals on. Member dropped his feet down got caught on the carpet, member fell forward out of wheelchair. He sustained no injury..."</p> <p>Review of Resident #48's "Witnessed Fall" report, dated 10/21/2023 at 12:20 PM, revealed "...Root Cause analysis: Member was being pushed in the wheelchair without footrests. Members have to have footrests on their chair when being pushed in the (wheelchair). Education completed with the staff involved..."</p> <p>Review of CENA "F"'s "(agency) Healthcare Services Documented Counseling", dated 10/26/2023, revealed "...Summary of violation:... (CENA "F") transported a member to the dining room without foot pedals... Corrective Action taken... (CENA "F") will take the time to make sure all foot pedals are on for members when they are being transported by her in their wheelchairs..."</p>						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 416020	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 4/4/2024
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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>In an interview on 4/4/2024 at 2:27 PM, Licensed Practical Nurse (LPN) "U" reported staff are required to use foot pedals when pushing a resident in a wheelchair for resident safety. LPN "U" reported the facility has provided training for this.</p> <p>In an interview on 4/4/2024 at 2:30 PM, CENA "BB" reported he always used foot pedals if pushing someone in a wheelchair. CENA "BB" reported he remembered recent training for this.</p> <p>In an interview on 4/4/2024 at 2:31 PM, CENA "G" reported she used foot pedals when pushing residents in wheelchairs. CENA "G" stated, "I have for 38 years."</p> <p>Review of facility education "Transporting Members in Wheelchairs Safely", dated 10/26/2023, revealed "...NEVER PUSH MEMBERS WITHOUT FOOT PEDALS!!! Foot pedals are required when transporting members in wheelchairs... This is a huge safety concern. Member's feet can get caught and they can fall from their wheelchair..."</p> <p>During the onsite survey, past noncompliance (PNC) was cited after the facility implemented actions to correct the noncompliance which included individual and facility wide staff education. The facility was able to demonstrate monitoring of the corrective action and maintained compliance.</p>				