

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

PRINTED: 05/29/2025  
FORM APPROVED  
OMB NO. 0938-0391

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 04/30/2025	
NAME OF PROVIDER OR SUPPLIER  MICHIGAN VETERAN HOMES AT GRAND RAPIDS				STREET ADDRESS, CITY, STATE, ZIP CODE 2950 MONROE NE GRAND RAPIDS, MI 49505			
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F000	INITIAL COMMENTS  Michigan Veteran Homes At Grand Rapids was surveyed for a Recertification survey on 4/30/2025.  Intakes: MI00147293  Census: 122			F000			
F842 SS=D	<p>Resident Records - Identifiable Information CFR(s): 483.20(f)(5), 483.70(h)(1)-(5)</p> <p>483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so.</p> <p>483.70(h) Medical records. 483.70(h)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are- (i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized</p> <p>483.70(h)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is- (i) To the individual, or their resident representative where permitted by applicable</p>			F842	<p>F842 Resident Records Element 1 The wound measurement documentation for care provided by Hospice on 4/14/25, 4/22/25, and 4/28/25 have been uploaded to Resident #25 s medical record.</p> <p>Element 2 Other affected residents would be any resident that is receiving wound care by a Hospice provider. There are no other identified Hospice residents that are receiving wound care from the Hospice provider. The root cause was determined to be that the home lacked coordination with the Hospice providers to ensure that the wound measurements were uploaded into the medical record.</p> <p>Element 3 The policy CLNQC-SKIN 5.5.006 Pressure Injury Prevention and Management was reviewed by the Administrator and Director of Nursing and deemed to be appropriate. The facility s Wound Care Nurse/Designee were reeducated on 5/15/25 to ensure that weekly wound measurements and summary of wound evaluation have been reviewed and are</p>		6/5/25 12:

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TITLE

(X6) DATE

Electronically Signed

05/19/2025

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.

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F842	<p>Continued From page 1</p> <p>law; (ii) Required by Law; (iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506; (iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512.</p> <p>483.70(h)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.</p> <p>483.70(h)(4) Medical records must be retained for-</p> <p>(i) The period of time required by State law; or (ii) Five years from the date of discharge when there is no requirement in State law; or (iii) For a minor, 3 years after a resident reaches legal age under State law.</p> <p>483.70(h)(5) The medical record must contain-</p> <p>(i) Sufficient information to identify the resident; (ii) A record of the resident's assessments; (iii) The comprehensive plan of care and services provided; (iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State; (v) Physician's, nurse's, and other licensed professional's progress notes; and (vi) Laboratory, radiology and other diagnostic services reports as required under 483.50.</p> <p>This REQUIREMENT is not met as evidenced</p>			F842	<p>available in the resident s medical record.</p> <p>Element 4 The Director of Nursing (DON) or designee will audit Resident #25 s chart weekly x 4weeks and monthly x 2 months, to ensure that wound measurements and wound evaluations are documented in the medical record. The audit findings will be submitted to the QAPI committee for further review and recommendations and will be discontinued once substantial compliance is achieved. The DON is responsible for sustained compliance.</p> <p>Element 5 The date of compliance is 6/5/25</p>		

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F842	<p>Continued From page 2 by:</p> <p>Based on interview, and record review, the facility failed to maintain complete and accurate medical records for 1 resident (Resident#25) of a total sample of 25, resulting in a potential for missed wound care and worsening of a wound going unrecognized.</p> <p>Findings include:</p> <p>Review of an "Admission Record" revealed Resident #25 was originally admitted to the facility on 10/4/22 with pertinent diagnoses which included: atherosclerosis (condition causing a narrowing of blood vessels due to the build up of plaque, pressure ulcer of the sacral region (lower back, base of spine, pelvic area), diabetes (condition resulting in elevated blood sugar levels), and chronic pain.</p> <p>Review of a "Minimum Data Set" (MDS) assessment for Resident #25 with a reference date of 2/25/25, revealed a "Brief Interview for Mental Status" (BIMS) score of 11/15 which indicated Resident #25 was moderately cognitively impaired.</p> <p>Review of a "Care Plan" for Resident # 25 with a reference date of 10/5/22, revealed a problem/goal/interventions of: "(Resident #25) has ...presence of actual pressure wounds ...Goal: Intact skin will remain free of redness, blisters, or discoloration ...Interventions ...Notify the medical provider and wound nurse of any new skin issues, injuries or other skin related concerns ...".</p> <p>In an interview on 4/28/25 at 2:01pm, Resident #25 reported he had multiple wounds and that the staff changed the bandages once a week.</p>			F842			

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F842	<p>Continued From page 3</p> <p>In an interview on 4/29/25 at 12:54pm, Registered Nurse (RN) "BB" reported Resident #25 had multiple wounds, and the treatment was painful, so the resident only wanted it done once a week.</p> <p>In an interview on 4/30/25 at 9:35am, RN "BB" reported the "Treatment Administration Record" (TAR) for Resident #25 had no document of wound treatment being completed on 4/21/25 for Resident #25, which was the day the dressing change to his coccyx (base of the spinal column) was due. RN "BB" reported she would speak with the hospice nurse, who was responsible for completing wound care for Resident #25, and review documentation to determine if Resident #25 received wound care on 4/21/25.</p> <p>In an interview on 4/30/25 at 9:45am, Licensed Practical Nurse (LPN) "ZZ" reported Resident #25 did not refuse dressing changes to his wound on his coccyx. LPN "ZZ" reported if a treatment was not documented in the TAR, it would be documented in nursing progress notes. LPN "ZZ" also reported any refusals for dressing changes should be documented in nursing progress notes.</p> <p>Review of an email received from RN "BB" on 4/30/25 at 10:30am revealed "I spoke with hospice and LPN "ZZ". Hospice RN did not come in on 4/21 and they (hospice services) did not notify us until late in the day. LPN "ZZ" did the dressings (dressing changes for Resident #25) on 4/22."</p> <p>In an interview on 4/30/25 at 11:50am, RN "BB" reported documentation of weekly wound measurements, as well as evaluations of wounds was expected to be completed week.</p>			F842			

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F842	<p>Continued From page 4</p> <p>When further queried, RN "BB" reported the electronic medical record reflected the last measurements of Resident #25's wounds were dated 4/7/25.</p> <p>In an interview on 4/30/25 at 12:08pm, Wound Nurse/RN(WNRN) "AA" reported she tracked the completion of weekly wound evaluations and documentation of wound measurements at the facility. WNRN "AA" said the hospice RN was responsible for documenting the evaluation, treatments and condition of Resident #25's wounds. WNRN reported Resident #25 had recently received wound evaluations and wound care from hospice nurses that were filling in and not actually assigned to him. WNRN "AA" reported she had been gone for several days, and another nurse covered her responsibilities, but that nurse was "still learning" the role. WNRN "AA" reported she thought the lack of appropriate documentation regarding Resident #25's wound care and wound evaluations may have been overlooked and not corrected in her absence. WNRN "AA" confirmed Resident #25 had no documentation of wound measurements since 4/7/25 in his medical record. When further queried, WNRN "AA" reported it was important to have documentation of weekly wound care and wound measurements to determine if the wound was improving or worsening.</p> <p>Review of "Principles for Nursing Documentation" published by the American Nurses Association, 2010, revealed "Clear, accurate, and accessible documentation is an essential element of safe, quality, evidence-based nursing practice."</p> <p>Review of a "Pressure Injury Prevention and Management" facility policy with a reference date of 4/11/25 revealed "Policy: (Facility name</p>			F842			

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F842	Continued From page 5 omitted) is committed to ...provide treatment and services to heal the pressure ulcer ...5. Monitoring: The RN (Registered Nurse) ...or designee, will review all relevant documentation regarding skin assessments ...progression towards healing, compliance at least weekly ...and document a summary of finding the medical record."			F842			
F880 SS=D	<p>Infection Prevention &amp; Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)</p> <p>483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.</p> <p>483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:</p> <p>483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to 483.71 and following accepted national standards;</p> <p>483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or</p>			F880	<p>F880 Infection Prevention &amp; Control Element 1 Residents #419 and #100 are in Enhanced Barrier Precautions (E.B.P.) and have a current physician s order, enhanced barrier precaution sign on door, and P.P.E. supplies available outside of the resident s room. Element 2 Current residents that require E.B.P. s are potentially at risk of being affected by the deficient practice. A one-time audit was completed on 5/5/25 of residents identified with a current E.B.P. physician s order to ensure that they have an E.B.P. sign on door, and P.P.E. supplies available outside of the room. The root cause for resident #419 was determined to be failure to implement the E.B.P. physician s order over multiple shifts. The root cause for Resident #100 was that signs were not adhering to the surface of the doorframe and were falling off and not being visible for staff to consult. Element 3 The policy INFCN-ISO 10.2.008- Enhanced Barrier Precautions was reviewed by the Administrator and Director of Nursing and deemed to be appropriate. Current nursing staff will be re-educated on implementing and following enhanced barrier precautions and individual re-</p>		6/5/25 12:

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F880	<p>Continued From page 6</p> <p>infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and record</p>			F880	<p>education will be provided to the nurses identified for charting verification of E.B.P. physician s order by 5/22/2025. The E.B.P. identification signs will be hung by heavy duty magnet clips on the residents door frame to prevent them from not being seen by staff or falling off.</p> <p>Element 4 The Infection Preventionist or designee will complete E.B.P. observations daily x 7 days, weekly x 3 weeks, and monthly x 2 months. These observations will include visible signage, and PPE supplies available, and that staff are following E.B.P. as required. The audit findings will be submitted to the QAPI committee for further review and recommendations and will be discontinued once substantial compliance is achieved. The Director of Nursing is responsible for sustained compliance.</p> <p>Element 5 The date of compliance is 6/5/25.</p>		

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F880	<p>Continued From page 7</p> <p>review, the facility failed to implement and follow enhanced barrier precautions for 2 (Resident #419 and #100) of 25 sampled residents reviewed for infection prevention and control resulting in the potential for the development and transmission of communicable diseases and infections.</p> <p>Findings include:</p> <p>Resident #419 Review of an "Admission Record" revealed Resident #419 was originally admitted to the facility on 4/15/25 with pertinent diagnoses which included unstageable pressure ulcer of right heel.</p> <p>Review of Resident #419's "Treatment Administration Orders (TAR) " revealed, "Order: Enhanced Barrier Precautions related to: unstageable ulcer to right heel/ dialysis access site. Ensure the precaution sign is posted and visible outside of member room (not on member door). PPE (personal protective equipment) supplies are available outside the room. Touchless trash receptacle inside room near doorway for PPE disposal prior to exit. every shift for transmission based precautions. Start date: 4/24/25." It was noted that nursing staff had documented this treatment order as completed each shift from 4/24/25 to 4/29/25.</p> <p>In an observation on 4/28/25 at 10:39 AM, Resident #419's room was noted to not have an "Enhanced Barrier Precautions" sign near the door or a cart with PPE for staff to wear for high contact care with Resident #419.</p> <p>In an observation on 4/29/25 at Licensed Practical Nurse (LPN) "II" and Certified Nursing Assistant (CNA) "VV" and CNA "D" entered</p>			F880			

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F880	<p>Continued From page 8</p> <p>Resident #419's room. LPN "II" administered oral medications to Resident #419 and then applied gloves and began to remove the dressing bandage on Resident #419's right foot. It was noted that LPN "II" was not wearing a gown. After LPN "II" completed Resident #419's medication administration, CNA "VV" and CNA "D" placed a hoier sling (piece of equipment used with a hoier lift to transfer patients with limited mobility) underneath Resident #419 and then attached the sling to the hoier to transfer Resident #419 to his wheelchair. It was noted that CNA "VV" and CNA "D" did not wear gloves or gowns while assisting Resident #419.</p> <p>In an interview on 4/30/25 at 9:38 AM, Nursing Supervisor (NS) "CC" reported that Resident #419 had an order in place for Enhanced Barrier Precautions because of the open wound on his right foot. NS "CC" reported that Resident #419 should have had a sign near his door indicating that he was on Enhanced Barrier Precautions, and a cart outside of his room with PPE for staff to use. NS "CC" reported that she was unaware that Resident #419 did not have Enhanced Barrier Precautions in place.</p> <p>In an interview on 4/30/25 at 10:25 AM, CNA "D" confirmed that Resident #419 was not in Enhanced Barrier Precautions until the afternoon of 4/29/25. CNA "D" confirmed that staff had not been using PPE when providing care for Resident #419.</p> <p>In an interview on 4/30/25 at 12:28 PM, LPN "II" reported that she was unaware that Resident #419 was supposed to be on Enhanced Barrier Precautions. LPN "II" confirmed that the facility did not initiate Enhanced Barrier Precautions for Resident #419 until the afternoon of 4/29/25.</p>			F880			

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F880	<p>Continued From page 9</p> <p>In an interview on 4/30/25 at 1:57 PM, Infection Preventionist (IP) "FF" reported that Resident #419 was supposed to be on Enhanced Barrier Precautions because he had a wound. IP "FF" confirmed that the order for Enhanced Barrier Precautions was not placed until 4/24/25. IP "FF" confirmed that there was a breakdown in communication among the staff that placed the order and the staff that were supposed to follow the order and set Resident #419's room up for Enhanced Barrier Precautions, and that the facility missed this. IP "FF" confirmed that nursing staff were documenting that Resident #419's Enhanced Barrier Precautions orders were in place between 4/24/25 through 4/29/25, but that was inaccurate, as the facility had not placed Resident #419 into Enhanced Barrier Precautions until the afternoon of 4/29/25.</p> <p>Resident #100: Review of an "Admission Record" revealed Resident #100 was a male with pertinent diagnoses which included cholecystectomy drain (thin tube inserted into the gallbladder to drain excess bile), pressure ulcer right heel, and deep tissue injury to left medial bunion near great toe.</p> <p>Review of "Order" dated 2/4/25, revealed, "...Enhanced Barrier Precautions (EBP) related to: Chole drain - Ensure the precaution sign is posted and visible outside of member room (not on member door). - PPE supplies are available outside the room. - Touchless trash receptacle inside room near doorway for PPE disposal prior to exit..."</p> <p>During an observation on 04/28/25 at 12:10 PM, Resident #100 was brought to his room to transfer him into bed. Certified Nursing</p>			F880			

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

PRINTED: 05/29/2025  
FORM APPROVED  
OMB NO. 0938-0391

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 04/30/2025	
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F880	<p>Continued From page 10</p> <p>Assistant (CNA) "N" was observed making Resident #100's bed. She grabbed the pillows off his bed and placed them in the chair. CNA "N" grabbed his personal blanket and quilt off the chair and placed them on his bed. There was no signage on the door to indicate he was on EBP.</p> <p>In an interview and observation on 04/28/25 at 12:13 PM, CNA "N" reported Resident #100 had a wound on his bottom. CNA "N" reported personal protective equipment (PPE) would be worn while bathing him and changing his brief as she was making his bed.</p> <p>During an observation on 04/28/25 at 12:15 PM, CNA "N" folded the blankets down and CNA "M" brought the hooyer in the room to transfer Resident #100 to his bed. CNA "M" reported Resident #100 had on the blue boots to protect his heels as he had a wound on his right heel. Both CNAs hooked the resident's sling up to the hooyer machine, rolled Resident #100 over to his bed, guiding him over the bed and stabilizing him while the hooyer was slowly lowered to the bed. CNA "N" had placed her hands on Resident 100's feet while he was slowly lowered to the bed. Both CNAs were on each side of him and removed the loops from the sling off the hooyer arm. CNA "M" removed the hooyer from under the bed and moved it out of the way. CNA "M" came back to Resident #100 had him roll towards her as she removed the sling and then had him roll to the other side to remove the sling from that side while she supported him and removed the sling from under Resident #100. CNA "M" then adjusted him in the bed so he was more centered and checked his brief to determine if he needed care. CNA "N" removed her gloves, cleaned the hooyer, performed hand hygiene and exited the room. Neither CNA wore</p>			F880			

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F880	<p>Continued From page 11 a gown during cares.</p> <p>In an interview on 04/28/25 at 12:20 PM, CNA "M" reported the only time the staff would wear EBP PPE was when they were providing care to the resident when Resident #100's wounds were exposed.</p> <p>In an interview on 04/30/25 at 12:31 PM, Registered Nurse (RN) "YY" reported the staff would wear a gown and gloves while providing care to a resident who was under enhanced barrier precautions (EBP) as your clothes could spread whatever you had come into contact with to the resident you were providing care to.</p> <p>In an interview on 04/30/25 at 01:25 PM, Nursing Home Administrator (NHA) "A" reported when staff were providing hands on care to a resident under EBP, the staff were required to wear what the guidance was on the sign posted outside of the resident's door indicated.</p> <p>Review of the facility's "Enhanced Barrier Precautions" policy last revised 4/1/24 revealed, "POLICY It is the policy of MVH to implement enhanced barrier precautions for the prevention of transmission of multidrug-resistant organisms (MDROs)... 2. Initiation of Enhanced Barrier Precautions...</p> <p>b. An order for enhanced barrier precautions will be obtained for members with any of the following:</p> <p>i. Wounds (e.g., chronic wounds such as pressure ulcers, diabetic foot ulcers, unhealed surgical wounds, and chronic venous stasis ulcers) and/or indwelling medical devices (e.g., central lines, hemodialysis catheters, urinary catheters, feeding tubes, tracheostomy tubes)</p>			F880			

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F880	Continued From page 12 even if the member is not known to be infected or colonized with a MDRO...3. Implementation of Enhanced Barrier Precautions: a. Make gowns and gloves available immediately near or outside of the member's room...4. High-contact member care activities include: a. Dressing. b. Bathing. c. Transferring. d. Providing hygiene. e. Changing linens. f. Changing briefs or assisting with toileting. g. Device care or use: central lines, urinary catheters, feeding tubes, tracheostomy tubes. h. Wound care: any skin opening requiring a dressing...".			F880			

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