

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235347	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/03/2022
NAME OF PROVIDER OR SUPPLIER Skld Zeeland		STREET ADDRESS, CITY, STATE, ZIP CODE 285 N State St Zeeland, MI 49464	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37577</p> <p>This citation pertains to intakes MI00127897 and MI00128815</p> <p>Based on observation, interview, and record review, the facility failed to provide quality care to 6 residents, (Resident #7, Resident #20, Resident #8, Resident #13, Resident #15, Resident #21) out of 21 resident's sampled, resulting in lack of available fluids, delays in staff response to care needs, increased risk for infection, undetected neurological changes after a fall, decreased feelings of self-worth when not provided regular bathing, and unrelieved pain.</p> <p>Findings:</p> <p>Resident #7 (R7)</p> <p>Review of an Admission Record revealed R7 was a [AGE] year old male, most recently admitted to the facility from the hospital on 05/13/22, with pertinent diagnoses of a stroke, contractures of the right hand and wrist and both knees and ankles, Diabetes Mellitus type 2, Chronic Kidney Disease-stage 2, blindness in one eye and low vision in the other eye (see's only shadows), moderate protein calorie malnutrition, and retention of urine and use of a foley catheter. R7 is his own responsible person and primary language is Spanish.</p> <p>Review of a Kardex (a quick reference bedside care guide) for R7 reflected the following instructions for care: (1) showers on Saturday, (2) keep frequently used items within reach, (3) encourage resident to be up in wheelchair for all meals, (4) liquids in a cup with handle and lid, (5) elevate heels off bed surface while at rest in bed, and (6) long pillow against wall by knees when in bed.</p> <p>Review of a Care Plan for R7 (in addition to the above referenced Kardex care instructions) revealed the following directions for the residents plan of care: (1) place positioning wedge under right side of residents trunk and left arm for support at all times when resident is resting in bed, (2) encourage resident to sit on toilet to evacuate bowels if possible, (3) protective boots on while in bed to protect heels, (4) priority frequent assisted repositioning, (5) apply splint to right hand for 3 hours every day, and (6) follow established plan of care within the facility to assist resident in maintaining optimal levels of strength, function, and medical status.</p> <p>(continued on next page)</p>		

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>During an observation on 11/01/22 at 8:15 AM, R7 sat in bed, flat on his back, the head of the bed at 30 degrees, and watching tv. R7 was malodorous, with a strong smell of urine. R7 did not have protective boots on, did not have a positioning wedge under the right side of R7's trunk and arm, did not have a cup with a handle for fluids, did not have a splint on his right hand, and did not have a long pillow against the wall by his knees. The styrofoam cup of water was dated 10/31/22- 2nd shift. R7 indicated that he had moved his bowels earlier this morning and asked to be changed but was told that he would have to wait until after he had breakfast. As of this interview, staff had not been back to change him. R7 stated that staff do not attempt to get him up to the toilet to move his bowels. They tell me to use the brief. R7 also stated that staff do not get him up in the wheelchair for meals and that he just stays in bed all day. When asked when the last time R7 has a shower, R7 responded a very long time and stated that staff clean him up in bed a little when they do come and check him.</p> <p>During an observation on 11/01/22 at 10:49 AM, R7 sat in bed, flat on his back, the head of the bed at 30 degrees, and watching tv. R7 was malodorous, with a strong smell of urine. R7 did not have protective boots on, did not have a splint on the right hand, did not have a positioning wedge under the right side of R7's trunk and arm, did not have a cup with a handle for fluids, and did not have a long pillow against the wall by his knees. The styrofoam cup of water was dated 10/31/22- 2nd shift. R7 indicated that staff had come in and changed his brief.</p> <p>During an observation on 11/01/22 at 2:20 PM, R7 sat in bed, remained flat on his back, the head of the bed at 30 degrees, and watching tv. R7 was malodorous, with a strong smell of urine. R7 did not have protective boots on, did not have a splint on the right hand, did not have a positioning wedge under the right side of R7's trunk and arm, did not have a cup with a handle for fluids, and did not have a long pillow against the wall by his knees. The styrofoam cup of water was dated 10/31/22- 2nd shift. R7 indicated that staff have not repositioned him since the morning.</p> <p>During an observation on 11/01/22 at 4:26 PM, R7 sat in bed, remained flat on his back, the head of the bed at 30 degrees, and watching tv. R7 was malodorous, with a strong smell of urine. R7 did not have protective boots on, did not have a splint on the right hand, did not have a positioning wedge under the right side of R7's trunk and arm, did not have a cup with a handle for fluids, and did not have a long pillow against the wall by his knees. R7 indicated that staff have not repositioned him since the morning.</p> <p>During an observation on 11/02/22 at 1:21 PM, R7 sat in bed, remained flat on his back, the head of the bed at 30 degrees, and watching tv. R7 was malodorous, with a strong smell of urine. R7 did not have protective boots on, did not have a splint on the right hand, did not have a positioning wedge under the right side of R7's trunk and arm, did not have a cup with a handle for fluids, and did not have a long pillow against the wall by his knees. R7 indicated that his brief had not been checked or changed since last night.</p> <p>During an observation on 11/03/22 at 8:32 AM, R7 sat in bed, remained flat on his back, the head of the bed at 30 degrees, and watching tv. R7 was malodorous, with a strong smell of urine. R7 did not have protective boots on, did not have a splint on the right hand, did not have a positioning wedge under the right side of R7's trunk and arm, did not have a cup with a handle for fluids, and did not have a long pillow against the wall by his knees. The styrofoam cup of fluids sat on the over bed table out of reach of R7, still had the paper covering the end of the straw, and was dated 11/02/22- 3rd shift.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Resident #20 (R20)</p> <p>Review of an Admission Record revealed R20 was a [AGE] year old female, last admitted to the facility from the hospital on 09/04/22, after receiving care for an acute GI (gastrointestinal) bleed. R20 had pertinent diagnoses of left sided paralysis and weakness following a stroke, seizure disorder, low back pain, other chronic pain issues, and a history of migraine headaches. R20 was dependent on staff for activities of daily living.</p> <p>During an observation on 11/03/22 at 8:20 AM, R20 sat up in bed with glasses on and the tube feed pump was empty and beeping. R20's left arm was contracted and in a splint. The call light touch pad sat on top of the blanket between R20's legs. When asked if R20 could reach the call light where it was sat, R20 responded no. R20 stated that she had no use of the left arm. R20's bed was positioned in the room in such a manner that R20's dominant and useable arm and hand (the right side) were closest to the wall and not toward the room where fluids and personal items were kept on the over bed table. R20 had a styrofoam cup of fluids on the bedside table, out of reach, and dated 11/02/22-3rd shift. The cup of fluids had a paper covering on the end of the straw. R20 reported terrible pain this morning, facial grimacing observed, and reported the pain to be at 10/10 and located in the stomach and left arm.</p> <p>During an observation on 11/03/22 at 10:15 AM, R20 again reported I have terrible pain and was not sure if she received any pain medications recently. A styrofoam cup of fluids sat on the over the bed table out of reach of the resident.</p> <p>During an interview on 11/03/22 at 10:25 AM, Licensed Practical Nurse (LPN) G indicated that at the time R20 received pain medication around 8 AM, R20 had reported pain at 10/10. At the time of this interview, LPN G indicated that she had not gone back to check on R20 or re-assess R20's pain.</p> <p>Review of a Physician Order Summary for R20 reflected an order for Lisinopril (a medication used to treat high blood pressure) one tab daily via PEG tube (the tube feed) and to hold the medication if R20's systolic (top number) blood pressure was less than 120. During the above interview with LPN G on 11/03/22 at 10:25 AM, LPN G reported giving R20 a dose of Lisinopril this morning without having a blood pressure.</p> <p>Review of blood pressures for R20 in the EHR (electronic health record) reflected: that only 1 blood pressure on 9/4/22 had been checked for the month of [DATE], that only one blood pressure on 10/10/22 had been checked for the month of [DATE], and that no blood pressures had been obtained for R20 thus far during the month of [DATE]. The Emar (electronic medication administration record) for R20 in the months of Sept, Oct, and [DATE] revealed R20 was given the ordered dose of Lisinopril daily without blood pressure monitoring.</p> <p>Review of a Physician Progress Note dated 09/13/22, indicated that lab work for R20 would be ordered. Review of a Physician Order reflected that labs for R20 had been ordered on 09/13/22. Review of the EHR for R20 did not reflect any lab results since 09/13/22.</p> <p>During an interview on 11/03/22 at 11:58 AM, the Administrator stated that the labs ordered on 09/13/22 for R20 had not yet been completed.</p> <p>Resident #8 (R8)</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Review of an Admission Record revealed R8 was a [AGE] year old female in a persistent vegetative state from an anoxic (no oxygen) brain injury requiring a tracheostomy and use of a tube feed for all nutrition and hydration intake. R8 had contractures of both hands and wrists and both knees and feet. R8 is completely dependent on staff for all activities of daily living.</p> <p>During an observation on 11/01/22 at 8:53 AM, R8's outer cannula of the trach was coated in a thick brownish-yellow substance and the trach was not properly secured as it was protruding out of the stoma (the opening in the skin on the neck where the plastic trach is inserted into the trachea) one inch. There were multiple 4x4 dressings tucked under the collar. The bedside 3 tier plastic tower, which held supplies for staff to access easily and quickly, had only 3 oral sponges (used to swab the mouth) in the bottom drawer. No oral swabs were located in the bedside table (which held other supplies) nor on R8's side of the room.</p> <p>During an observation on 11/01/22 at 4:40 PM, R8's outer cannula of the trach was coated in a thick brownish-yellow substance.</p> <p>During an observation on 11/02/22 at 1:25 PM, the bedside plastic 3 tier tower near R8's bed contained only 3 oral sponges in the bottom drawer. No oral sponges were located in the bedside table nor on R8's side of the room.</p> <p>During an interview on 11/03/22 at 10:04 AM, Unit Manager (UM) M indicated that the oral swabs used for R8 were kept in the plastic 3 tier supply tower located next to R8's bed. Upon checking, the only oral swabs located in the tower or anywhere in R8's room, were the 3 oral swabs in the bottom drawer of the plastic tower.</p> <p>Review of a Care Plan intervention for R8 reflected .oral care twice daily and swab mouth frequently.</p> <p>Resident #13 (R13)</p> <p>Review of an Admission Record reflected R13 was an [AGE] year old female, last admitted to the facility on [DATE], with pertinent diagnoses of diabetes mellitus, chronic kidney disease, high blood pressure, and dementia. Review of a Brief Interview for Mental Status (BIMS) dated 10/21/22, revealed a score of 11 out of 15, indicating R13 had slight cognitive impairment.</p> <p>During an observation on 11/01/22 at 8:41 AM, R13 sat in a recliner, recently finished breakfast, and was watching tv. R13 indicated not getting enough to eat for breakfast and was still hungry. When it was suggested that R13 could ask for more food, R13 recoiled, upper body stiffened, eyes opened wide and R13 stated no you can't they will get mad. R13's hair is greasy and R13 cannot recall when her last shower was. A styrofoam water cup dated 10/31/22- 3rd shift, sat empty on the over the bed table.</p> <p>During an observation on 11/01/22 at 10:59 AM, R13 sat in the recliner resting with eyes closed. The styrofoam cup dated 10/31/22- 3rd shift, sat empty on the over the bed table.</p> <p>During an observation on 11/01/22 at 1:01 PM, R13 sat in the recliner resting with eyes closed. The styrofoam cup dated 10/31/22- 3rd shift, sat empty on the over the bed table.</p> <p>(continued on next page)</p>		

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F 0684 Level of Harm - Actual harm Residents Affected - Few	During an interview on 11/03/22 at 10:46 AM, the Administrator, after hearing about the above incident involving R21, stated that an hour and a half was too long for someone to have to wait to get cleaned up after having a bowel movement. The Administrator went on to say that the call light should have been left on until R21's needs were met.		