STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235004	A. Building B. Wing	07/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Skld Muskegon	1061 W Hackley Ave Muskegon, MI 49441

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)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 31771 This citation pertains to Intake # MI00145822 Based on interview and record review, the facility failed to implement the mechanical lift transfer of one Resident (R105) in accordance with the facility policy. Findings: Review of the Electronic Medical Record (EMR) Admission Record reflected R105 admitted to the facility 5/16/24 with diagnoses that included: Parkinson's Disease, Arthritis, and Anxiety. The Minimum Data Set (MDS) dated [DATE] reflected R105 was dependent on staff assistance for toilet use. Review of the facility five-day investigation reflected on 7/15/24, R105 had complained of a bruise to her left hand. The facility investigation reflected that on 7/14/25, R105 was transferred by a mechanical lift to and from the bathroom toilet by Certified Nurse Aide (CNA) D. The facility investigation reflected that R105 reported that CNA D was moving too fast, was in a hurry, and her left hand had been grabbed resulting in a bruise. This report reflected the Medical Provider, law enforcement, and the Resident's responsible party were notified. Review of the EMR Skin Observation conducted 7/15/24 at 4:47 PM reflected documentation of a bruise on the back left hand of R105 that measured 5.5 centimeters (cm) by 5.0 cm. The EMR reflected an Xray was taken on 7/15/24 of the left hand with findings soft tissue swelling but no recent fracture or dislocation. On 7/24/24 at 10:33 AM a telephone interview was conducted with CNA D. CNA D acknowledged she had used the mechanical lift by herself to transfer R105 to and from the bathroom. CNA D reported at approximately 11:00 AM on 7/14/24 the other CNA was on a break and the nurse was unavailable. CNA D reported she knew mechanical lift transfers were to be completed by two staff members. CNA D reported R105 insisted she be taken to the bathroom now and was yelling to get off of the toilet shortly after. CNA D reported she did not even touch the hand of R105 and was shocked to learn about the bruised left hand. (continued on next page)

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

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a telephone interview conducted 7/24/24 at 11:30 AM Registered Nurse (RN) P reported she was the nurse on that and one other hall on 7/14/24. RN P reported she knew nothing of the incident until she was contacted by the facility for a statement during the investigation. RN P reported she had been in and out of the room of R105 at least every hour until 6:00 PM on 7/14/24 but that the Resident never said anything about an incident and was just her usual self. The policy provided by the facility titled, Mechanical Lifts Adopted 7/11/18 was reviewed. The facility policy reflected, 8. There will always be 2 staff to assist resident. 1 staff will control the lift as the other will guide resident and support back and neck to transfer surface.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 31771 This citation pertains to Intake #MI00143516 Based on observation, interview, and record review, the facility failed to ensure effective hot water sanitization of resident dishes, utensils and facility cookware. Findings: Review of the 2017 Food Code reflected Effective mechanical hot water sanitization occurs when the surface temperatures of utensils passing through the warewashing (dishwashing) machine meet or exceed the required 71 C (160 degrees Fahrenheit (F)). On 7/24/24 an observation, interview, and record review were conducted of the operation of the facility dishwashing machine. Dietary Manager (DM) G initiated a wash and rinse cycle after placing a surface temperature measuring device called a puck into the machine. While the temperature gauge of the incoming hot water reflected 194 degrees F the puck revealed a dishware surface temperature of 149.5 F. A repeat test reflected a puck result of 155.6 degrees F. Review of the facility High Temperature Dish Machine Logs from May 2024 to date of July 2024 reflected consistent recorded Daily Puck Temp of less than 160 degrees F. Some temperatures recorded were in the low 140-degree F range. The bottom of monthly recording forms used by the facility reflected the printed directive of Puck temp = 160 or higher, indicating that staff could have or should have been aware of the requirement. On 7/24/24 at 11:01 AM, DM G reported he had obtained a different puck and temperature strips from a sister facility to re-test the dishwashing cycle. The re-test dishwashing cycle included the original facility puck, the new puck and the temperature strips. The result revealed that the original facility puck was faulty. However, DM G was not able to provide any documentation that corrective action had been taken when temperatures on the May, June, and July logs were regularly recorded below the 160 degree F minimum as indicated on the facility High Temperature Dish Machine Log and the 2017 Food Code.