STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235075	A. Building B. Wing	01/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Corewell Health Grand Rapids Hospitals Rehabilitat	1226 Cedar Street NE Grand Rapids, MI 49503

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. Based on observation, interview, and record review, the facility failed to implement a resident comprehensive care plan (placement of pillow behind the neck to reduce/prevent contractures) for 1 of 23 residents (Resident #7) reviewed for care plan implementation, resulting in the potential for breathing complications and increased contractures.Findings include:Resident #7: Review of an admission Record revealed Resident #7 was a male with pertinent diagnoses which included chronic respiratory failure with hypoxia (a condition were the lungs fail to oxygenate the blood for tissues) intracranial hemorrhage (serious type of stroke, bleeding in the skull), and contracture (muscles, tendons, joints and other tissue tighten or shorten causing a deformity) of muscle of both hands and neck. Review of current Care Plan for Resident #7, revised on 9/17/21, revealed the focus, .(Resident #7) has a tracheostomy tube (a hollow tube inserted into a surgically created opening in the neck and windpipe to keep the airway open) and is at risk for occlusion of patent airway (blockage of a clear airway) related to inability to hold head up. Review of Resident Care Summary for Resident #7 dated 11/21/25 revealed, .use neck pillow .Positioning Devices .encourage to use rolled towel for neck positioning.During an observation 01/14/2026 at 9:57 AM, Resident #7 observed to be lying in his bed, and did not have the u-shaped pillow/towel for support under his head/neck/shoulder area. Resident #7's neck was contracted to that his left jaw/side of his face were almost touching his shoulder/collarbone area with very little space between the two. Resident #7 had a washcloth lying on his upper chest area by his mouth area to capture secretions. During an observation 01/14/2026 at 12:14 PM Resident #7 was observed in his bed, the neck u shaped pillow was on the recliner in the room, there was a washcloth lying flat under his left jaw line/face/chin area. Resident #7's head was in the same position, leaning to the left almost touching his left shoulder with very little space between his jaw line and his collarbone/shoulder area. During an observation on 01/14/2026 at 3:29 PM, Resident #7 was observed in his bed, and he did not have the u-shaped neck pillow/rolled up towel in place for his neck for support. Review of Outpatient Referral to Otolaryngology (Ear, Nose, and Throat medicine) dated 11/26/25, revealed, .Need for Referral: Pt (Patient) with worsening contracture of neck. Eval if trach placement and function is appropriate.Has been grabbing more at trach and more painful with trach care. In an interview on 01/15/2026 at 8:39 AM, Certified Nursing Assistant (CNA) K reported Resident #7 had a grey cloth that was a treatment for moisture tucked under his left side of his face between the jawline and his neck, it was to help keep moisture away from that area. Resident #7 had the towel placed on his chest/shoulder area due to he drooled out the side of his mouth on left side. During an observation Resident #7 did not have the u-shaped pillow/rolled up towel in place to provide support. CNA K reported she was going to adjust him in the bed; a draw sheet was used to scoot him up in the bed. CNA K adjusted Resident #7's head some and was able to place the u pillow in place. CNA K reported it was used to provide support for Resident #7's head and neck.

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