STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235164	A. Building B. Wing	10/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Corewell Health Rehab & Nsg Ctr - Pine Ridge	4368 Cleveland Ave Stevensville, MI 49127

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 - 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** 39056 This citation pertains to intake #: MI00147147 Based on interview and record review the facility failed to ensure the safety and provide monitoring and/or supervision while eating in of 4 residents (Resident #1), reviewed for safety and supervision, resulting in Resident #1 choking on food and subsequent death. Findings: Resident #1 (R1) Review of an Admission Record revealed R1 was an [AGE] year-old male, admitted to the facility on [DATE], with pertinent diagnoses which included: Dementia with behavioral disturbances, oropharyngeal dysphagia (difficulty swallowing), and a history of larynx cancer. R1 was his own responsible party (able to make his own decisions). Review of a Minimum Data Set (MDS) assessment for R1, with a reference date of [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 7, out of a total possible score of 15, which indicated R1 was cognitively impaired. The medical record revealed R1 was a full code (resuscitation and all life saving measure in the event of a medical emergency). The medical record revealed R1 was hospitalized for sepsis due to bilateral lower lobe aspiration pneumonia (inhalation of foreign substance into airway/lungs such as food or stomach contents) from [DATE]-[DATE]. Review of R1's SLP Evaluation and Plan of Treatment signed by SLP A on [DATE] revealed, .Resident will complete effortful swallow ex correctly in in 80% of trials, given verbal and visual/tactile cues .Current ([DATE]) 75% (Indicating R1 did not meet expected goals at the time of the assessment) . (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235164	A. Building B. Wing	10/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Corewell Health Rehab & Nsg Ctr - Pine Ridge	4368 Cleveland Ave Stevensville, MI 49127

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 - Actual harm Residents Affected - Few	Resident currently receiving NDD3/IDDSI 6 diet (soft, bite sized, extra moisture) per his demand/insistence . Precautions: Likely chronically aspirating very slight amounts. NDD3/IDDSI 6 diet per pt request . Demonstrating improved carryover with trained swallow strategies, though remains a significant aspiration risk/likely ongoing in very small amounts. Resident aware .Reviewed resident status with RD (registered dietician), dietary manager, and select care team personnel . Review of R1's SLP Discharge Summary signed by SLP A on [DATE] revealed, .D/C (discharge) Reason: Highest Practical Level Achieved .Resident will complete effortful swallow ex correctly in in 80% of trials, given verbal and visual/tactile cues .Current ([DATE]) 75% . Progress & Response to Treatment: Cooperative and benefited from cuing and instruction. Tolerating preferred diet for the most part . aspiration risk will be chronic/ongoing. Resident is aware of same .Team Communication/Collaboration: reviewed resident status with resident and select care team personnel . Compensatory Strategies/Positions: Upright position, small bites and sips. Alternate bites with sips and execute double swallow as needed; take time to eat/don't rush . Prognosis to Maintain CLOF (current level of function) = Good with consistent staff follow-through . Review of R1's Quarterly Nutrition assessment dated [DATE] revealed, (R1) continues on a NDD3+ NAS diet. Per FAR (food acceptance record), his meal intake is between ,d+[DATE]% and he enjoys snacks between meals .No GI (gastrointestinal) concerns .Will continue to monitor. According to the International Dysphagia Diet Standarization Intitiative (July, 2021), A level 3 National Dysphagia Diet includes bite-sized, soft, moist, not sticky, foods in bite-sized pieces. These foods are easier for you to chew and swallow. Avoid foods that are hard, sticky, crunchy, or very dry. Breads: Plain white or wholemeal bread can only be eaten if finely chopped into pieces no larger than 15mm and must be softened/pre-soaked in soups or sauces. Seeded breads are not suitable. Review of R1's Flowsheet nursing note dated [DATE] at 1:00 PM revealed, choking episode with Heimlich performed with resident expelling piece of bread which was lodged in throat . There was no documentation as to why the resident had a piece of bread or what the size was that was expelled. During an interview on [DATE] at 2:32 PM, Nursing Home Administrator (NHA) confirmed that there were no incident reports, new orders/consults, follow-up documentation related to the choking event that occurred on [DATE] (event information, description, comprehensive assessment, notifications, vital signs, witness statements, precipitating events, follow-up assessments, etc). NHA reported that R1's provider requested the completion of a Diet Education Form with R1 following the choking incident. During an interview on [DATE] at 12:13 PM, Registered Dietician (RD) B reported that following the incident of choking on [DATE], R1 was provided a Diet Education Form regarding his refusal to follow the recommended dysphagia diet and that eating in a communal dining area was the intervention implemented for safety. RD B reported that R1 preferred to eat in the Main Dining Room so he could visit with his friend but would also choose to eat in his room. RD B did not report any interventions implemented to ensure R1's safety while eating in his room. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235164	A. Building B. Wing	10/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Corewell Health Rehab & Nsg Ctr - Pine Ridge	4368 Cleveland Ave Stevensville, MI 49127

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 - Actual harm Residents Affected - Few	Review of R1's Diet Education Form dated [DATE] revealed R1 was educated on the failure to adhere to the recommended diet could lead to aspiration with the greatest risk being death. The document was signed by R1 on [DATE]. The document did not provide education on any other interventions listed on the care plan that included the need to eat in a public location. The diet listed was Diet level 2 (mechanical altered) IDDS level 5 (minced and moist). The resident indicated he wanted a NDD3 diet (soft, moist, non-sticky foods). Review of R1's Care Plans revealed, Problem: Altered Nutrition and Hydration-Problem Details as of [DATE] . INTERVENTIONS: -Diet as ordered. -Honor food preferences as able. -Meal location: -see Resident Care Summary . -Assist with meals as needed/Provide assistance per Resident Care Summary (RCS). He has been educated to eat in DDR (Day Dining Room) where there is clinical staff in case of another episode while eating. Speech has also spoke (sic) with him on the aspiration risks . -Observe food acceptance. He has had a few choking/aspiration events while eating. He has been educated a few times to follow SLPs Compensatory Strategies: -upright for all intake -remain upright for 30 minutes after meals -small bites and sips -alternate solids and liquids -double swallow/or swallow two times per bite . Review of the Assignment Book located at the nurses' station revealed R1 was Independent (in contrast from above document) for feeding and Eats In the MDR (Main Dining Room) for breakfast, lunch, and dinner. On the whiteboard located at the Unit nurses' station that listed the staff working and the location of their assignments, there was a sign/paper taped to the outer aspect that reflected that R1 was to eat in the Main Dining Room for breakfast, lunch and dinner. Review of R1's Resident Care Summary (RCS- used by facility staff to direct necessary care) revealed Eating-Set-up/Clean up. Diet: NDDS, NAS .Eating Safety-Up in Chair for Meals. The RCS did not indicate where R1 was to consume his meals, compensatory strategies, or the specific level of his dysphagia diet. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235164	A. Building B. Wing	10/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Corewell Health Rehab & Nsg Ctr - Pine Ridge	4368 Cleveland Ave Stevensville, MI 49127

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 - Actual harm Residents Affected - Few	During an interview on [DATE] at 1:11 PM, with NHA and DON, NHA confirmed the RCS did not include resident specific interventions related to his dysphagia diet and preferences/refusals. NHA reported that R1 was provided education, and the IDT met on [DATE] following his choking event that occurred on [DATE]. There was no SLP consult ordered at that time or new/additional changes to his swallowing strategies. The care plan was updated at that time to reflect that R1 was educated to eat meals in the communal dining areas for increased supervision in the event R1 had another choking incident, however, that was not reflected on the RCS. DON reported that R1 was self-directed where he ate, and he made his own choices. NHA and DON confirmed that there were no additional safety interventions implemented for R1 when he ate in his room despite being a high risk for aspiration/choking. DON and NHA were not aware of any additional incidents of choking outside of [DATE]. Review of R1's Behavioral Health Progress Note (psychiatric consultant group) dated [DATE] revealed, Resident is referred to (consult company name omitted) for psychological evaluation and treatment of mood and cognitive status .Memory: Moderate Cognitive Impairment .Insight: Impaired .Judgment: Moderate Impairment . Review of R1's Behavior Tacking Logs from [DATE]-[DATE] did not reflect refusals to eat in the Main Dining Room or the Day Dining Room. During an interview on [DATE] at 12:07 PM, Assistant Director of Nursing (ADON) H reported that R1 was encouraged to eat in the communal dining rooms, either the Day Dining Room or the Main Dining Room for meals. ADON H reported R1 was at risk for choking and required supervision but confirmed that when R1 chose to eat in his room and there were no interventions implemented to ensure his safety while eating alone/unsupervised. Review of the Covid Outbreak Investigation revealed that on [DATE]- All (specific unit omitted) residents tested - 4 positives. Placed in enhanced respiratory precautions. Surveillance ongoing. Community events and dinning stopped for unit residents. During an interview on [DATE] at 2:06 PM, DON confirmed that during the covid outbreak the Main Dining Room was closed for meals and activities. Review of R1's Event Reporting System incident dated [DATE] revealed, At 1758 (5:58 PM), Nurse (Registered Nurse RN C) and (RN D) observed patient sitting on wheelchair in slumped over position, Nurses went in the room and found patient unresponsive. No pulse, no respirations noted. CPR was initiated immediately, 911 called at 1800 (6:00 PM) .After about 30 minutes of CPR patient was declared dead at 1832 (6:32) PM .Autopsy report stated that patient died from accidental death of choking on food bolus . During an interview on [DATE] at 10:40 AM, Registered Nurse (RN) C reported that she had just arrived to work but had not yet punched in for her shift when she found R1 slumped over in his wheelchair in his room. RN C reported she did not know how long he had been unresponsive, and she and RN D called for help and immediately initiated CPR. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235164	A. Building B. Wing	10/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Corewell Health Rehab & Nsg Ctr - Pine Ridge	4368 Cleveland Ave Stevensville, MI 49127

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 - Actual harm Residents Affected - Few	During an interview on [DATE] at 11:34 AM, RN D reported she was not normally R1's nurse but was walking down the hall with RN C when they found R1 slumped over in his wheelchair. RN D reported that R1 was supposed to eat in the dining room so staff could keep an eye on him. RN D reported that if R1 was not eating in a dining room staff were to check on him more frequently due to his recent choking episodes. During an interview on [DATE] at 3:00 PM, RN J reported she was R1's nurse on [DATE]. RN J reported she was unaware of his choking incident (on [DATE]) and had last seen R1 at 3:00 PM when she gave him a pain medication. RN J reported that R1 normally ate in the Main Dining Room but due to the covid outbreak the Main Dining Room was closed. RN J reported she was not aware of increased supervision needs for R1 if he ate his meal in his room. Review of the Prehospital Care Report Summary (paramedic summary) dated [DATE] revealed the 911 was received by the dispatcher at 6:02 PM. Airway-Oral Intubation .was never attempted to be placed, airway was just assessed for tube placement First attempt: steak in the oropharynx .During airway assessment, piece of steak was found in back of oropharynx. Steak was removed . Review of R1's Death Certificate revealed R1's cause of death was Choking. During an interview on [DATE] at 1:03 PM, Family Member (FM) I reported she was involved in R1's care. FM I reported that the facility was aware of his history of throat cancer and his issues with choking as he had choked a couple of times at the facility. FM I reported that she was aware that the Main Dining Room was closed due to a Covid outbreak but reported that on each unit there were small dining rooms (Day Dining Room) and technically he should have been in there for his safety because of history of choking and she expected staff to be available to ensure he was safe if he was to eat alone in his room. FM I reported she arrived to the facility shortly after she was notified of her father's death while the Medical Examiner (ME) was still present. FM I reported the ME notified her that pulled food out of his throat. During an interview on [DATE] at 10:45 AM, SLP A reported that since returning from the hospital in January he had been a chronic aspirator due to his glottal cancer. SLP A reported that that R1 did not need 1:1 supervision but did require regional supervision (oversight and monitoring) and it was recommended that he eat in the dining room. SLP A stated that due to his history of choking, refusal to follow the recommended dysphagia diet, and need for supervision and occasional cuing he shouldn't have been eating in his room. SLP A reported that he had a right to choose a diet that wasn't recommended, and he was provided education, but it was not a waiver (for the facility to relinquish responsibility), it's education and supervision to prevent and/or intervene during choking should have been implemented. SLP A reported that when she completes an evaluation and has recommendations, she notifies nursing management to have it added to the care plan and care guide (RCS). SLP A reported that R1 enjoyed eating in the main dining room because of a friend that he would dine with which served him well due to his need for supervision. However, there was a covid outbreak in the facility and because of that R1's unit and the Main Dining Room were closed. SLP A reported that the Certified Nursing Assistants (CNAs) were unable to feed dependent residents and supervise other residents simultaneously because the residents were to eat in their room. When the CNAs were feeding the dependent residents in their rooms there was less supervision on the units and no staff available to supervise/cue the residents that required those interventions. SLP A reported she was not aware of his exacerbated symptoms of dysphagia (incident occurring on [DATE]) and had not been notified/ordered to reevaluate R1 for new compensatory strategies. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235164	A. Building B. Wing	10/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Corewell Health Rehab & Nsg Ctr - Pine Ridge	4368 Cleveland Ave Stevensville, MI 49127

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 - Actual harm Residents Affected - Few	During an interview on [DATE] at 12:25 PM, CNA G reported she was not aware that R1 required supervision while eating and would have looked for that information in R1's care plan or RCS. During an interview on [DATE] at 2:52 PM, CNA F reported that on [DATE] the Unit was on lockdown due to a Covid outbreak resulting in the Main Dining Room being temporarily closed. CNA F reported she passed R1 his dinner around 5:,d+[DATE]:20 PM, set up his tray, and got him a coffee. CNA F reported she did not see him again until after CPR had been initiated. CNA F was not aware of any interventions to increase supervision while R1 ate in his room.