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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235236 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 10/28/2024 |
| NAME OF PROVIDER OR SUPPLIER Burcham Hills Retirement Ctr | | STREET ADDRESS, CITY, STATE, ZIP CODE 2700 Burcham Drive East Lansing, MI 48823 | |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
| <p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 22347</p> <p>This citation pertains to Intake #MI00147551.</p> <p>Based on interview and record review, the facility failed to educate non-clinical staff regarding wander guards, alarmed exit doors and staff reliabilities during an elopement, resulting in Resident #102 exiting the facility on 9/5/24 at 1:35 p.m., the likelihood for severe injury, and an increase in anxiety and fear. Findings Include:</p> <p>Review of the Face Sheet, progress notes dated 9/5/24 through 9/10/24, and care plans dated 9/3/24 revealed Resident #102 was [AGE] years-old, admitted to the facility on [DATE], and required supervision due to wandering with a history of attempts to exit the building. The resident was alert with a BIMS (cognitive assessment tool) of 8 (alert, able to be interviewed), and was assessed to be an elopement risk with a wander device placed on her wrist (on 9/3/24). The residents diagnosis included, difficulty walking with unsteadiness, seizures, history of stroke, Cognitive Communication Deficit, Dementia, Anxiety Disorder, Psychotic Disturbance and Mood Disturbance.</p> <p>Review of the residents Elopement Risk care plan dated 9/3/24, revealed the wander device was placed on the resident's wrist. After she walked out of the facility on 9/5/24, the care plan was up-dated to include monitor location throughout shift.</p> <p>Review of the facility Community Emergency Operations Missing Resident procedure (un-dated), revealed upon activation of doors with wander guard devices, staff were to, immediately search area; staff persons and other available personnel will immediately go to the site of activation (notification comes on staff phones), and account for all resident's.</p> <p>Review of the facility Incident Report and Investigation Report revealed on 9/5/24, revealed on 9/4/24 at 1:35 p.m., 3 visitors left the building and Resident #102 followed close behind them, exiting out the front door when Admissions Director C used her badge to open the front door. She was fully clothed, shoes on and had a purse over her shoulder. The resident was out of the facility for approximately 1 minute; she was seen by Receptionist D who brought her back into the facility without any harm. When Admissions Director C opened the front door to let the visitors out, Resident #102 exited with them. The door alarm went off when she went past it, activating it with the wander device on her wrist. Admissions Director C did not fully understand what the alarm indicated and did not go outside to identify and bring the resident back into the building. Admissions Director C had never worked Long Term Care and was not aware of what a wander guard was or how it worked.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Review of the facility nursing progress notes dated 9/5/24 at 14:00 (2:00 p.m.), stated Writer was notified that resident was outside in parking lot. Writer immediately went outside to assess resident. Resident was being escorted back into building by 2 staff members. Resident was wearing her own clothing, had purse over her shoulder, she was dressed appropriately for a clear, warm summer day. Wonder guard remains in place.</p> <p>Review of the facility nursing progress notes dated 9/5/24 at 14:42 (2:42 p.m.), stated Resident has a wander guard. Staff members assisted resident back into building. Per secretary (Receptionist D) resident was observed walking in the parking lot. Resident stated she was looking for downstairs.</p> <p>During an interview done on 10/28/24 at 1:18 p.m., Receptionist D stated I was sitting in my car (on break) and saw (Resident #102) walking (near the main door in the parking lot). I grabbed my phone and ran down there and talked to her. She had her purse but no coat. It was not cold; it was approximately 300 feet (from her car to the resident). She came in easily with me. She walks ok and she had [NAME] on.</p> <p>During an interview done on 10/28/24 at 1:30 p.m., Admissions Director C stated I opened the doors for visitors and she was behind them, she walked out. I heard the alarm but I did not fully understand what to do. I was orientated but not given details on what to do (regarding elopement, wander devices and door alarms).</p> <p>During an interview done on 10/28/24 at 9:55 a.m., Maintenance I stated We don't educate anyone on the doors and alarms. Maintenance I educated new staff during orientation. Upon request, no documentation of his part of the orientation was given to this surveyor, he said he did not document it.</p> <p>During an interview done on 10/28/24 at 11:40 a.m., Director of Maintenance and Grounds F stated I do not cover that (roam alert/wander guard system and alarming doors); I tell them it is their responsibility to read it (the policy). Director of Maintenance F denied giving new employees during orientation any handouts regarding wander alert devices or wander alert doors with staff responsibilities upon elopement.</p> <p>During an interview done at 10:30 a.m., Director of Nursing/DON (New DON 3 days at facility) stated (Director of Maintenance & Grounds F) talked about the doors a little bit, I did not sign anything. The DON denied being taught during orientation what to do if the door alarms go off or given any handouts regarding the facility elopement policy.</p> <p>During an interview done on 10/28/24 at 10:25 a.m., Infection Control/Staff Development, RN stated I only orientate the clinical staff, I don't do the non-clinical; we should document education on the roam alert (wander guard). Admissions Director C was non-clinical staff.</p> <p>During an interview done on 10/28/24 at 12:00 p.m., Administrator and DON at 12:00 p.m., stated We need to improve orientation.</p> <p>Review of the facility Resident Wandering Elopement policy dated 10/19/23, stated If a resident should elope, follow the elopement procedures in the community emergency operations plan located at all nursing stations.</p> <p>(continued on next page)</p> | | |

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| <p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Review of the facility Wandering Resident Monitoring System policy dated 10/19/23, revealed Wandering Resident books were at the front desk across from the front door. All resident's with wandering devices were to be in the books and they needed to be frequently up-dated. The Director of Admissions was not informed during orientation of wander guards, alarmed doors, or staff responsibilities during attempts or actual elopements.</p> | | |