

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235253	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/16/2024
NAME OF PROVIDER OR SUPPLIER Laurels of Kent (the)		STREET ADDRESS, CITY, STATE, ZIP CODE 350 N Center St Lowell, MI 49331	
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 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** 41027</p> <p>This citation pertains to intake #MI00144277.</p> <p>Based on interview, and record review, the facility failed to provide adequate supervision and accurately implement the elopement policy in 3 of 5 residents (Resident #203, #208, & #209), reviewed for safety and monitoring, resulting in the potential for injury.</p> <p>Findings include:</p> <p>Review of the facility document Elopement Residents indicated 17 residents that were at risk for elopement and were currently wearing wanderguard bracelets. Resident #203, #208, and #209 were included on the list.</p> <p>Resident #203</p> <p>Review of an Admission Record revealed Resident #203 was originally admitted to the facility on [DATE], with pertinent diagnoses which included: stroke and seizure disorder.</p> <p>Review of a Minimum Data Set (MDS) assessment for Resident #203, with a reference date of 4/11/24 revealed a Brief Interview for Mental Status (BIMS) score of 10, out of a total possible score of 15, which indicated Resident #203 was cognitively impaired. Review of the Functional Abilities revealed that Resident #203 could walk independently.</p> <p>Review of Resident #203's Incident Report dated 4/22/24 at 2:00 PM revealed, .Resident was seen outside by another staff member coming into work. A staff member came outside to get him and bring him back inside. The resident had gone to the front desk and asked to go outside for a walk. The staff member at the front desk thought the resident was allowed to go outside the facility independently and helped him get out the front door. Resident cooperated coming back inside without an issue but did wonder why he wasn't allowed to go out and walk. Resident Description: He wanted to walk down the street and see if he could get more cigarettes since he had run out of them .</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 235253
		If continuation sheet Page 1 of 4

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235253	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/16/2024
NAME OF PROVIDER OR SUPPLIER Laurels of Kent (the)		STREET ADDRESS, CITY, STATE, ZIP CODE 350 N Center St Lowell, MI 49331	
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 5/15/24 at 10:45 AM, Receptionist (REC) O reported that on 4/22/24 Resident #203 had come to the window and said that he was all set to go outside for a walk, and had appeared to be signing himself out. REC O reported that when Resident #203 tried to open the door, it alarmed and locked and stated, .I reset the alarm and let him out the door . REC O reported that she had been confused about the door alarms and the wanderguard system, and believed Resident #203 when he said that he was all set to go out. REC O reported that she was newly hired to the facility on [DATE], had only received one day of orientation, and had not been shown the Elopement Binder that identified all residents that were at risk for elopement.</p> <p>In an interview on 5/16/24 at 8:47 AM, Certified Nursing Assistant (CNA) W reported that she noticed Resident #203 walking on sidewalk about a block away from the facility when she was driving to work on 4/22/24 at about 1:45 PM, and she knew that he was not supposed to be by himself, but was not sure what to do. CNA W reported that when she pulled into the parking lot of the facility, she alerted another staff member (Director of Marketing (DOM) K) that had been in the parking lot at the time. CNA W reported that DOM K immediately went running down the sidewalk, and CNA W entered that facility and notified Nursing Home Administrator (NHA) A of the elopement. CNA W reported that the first time she had seen Resident #203 in the facility, she was not familiar with his exit seeking, thought that he was a visitor and almost let him out the door. CNA W reported that she knew that there was a binder at the nurse's station that has pictures of all the resident's that are at risk for elopement.</p> <p>In an interview on 5/15/24 at 11:10 AM, DOM K reported that she had been in the parking lot on 4/22/24 when CNA W drove in and yelled to her that there was a resident on the sidewalk down the road. DOM K reported that she immediately went running, and at first could not see the resident because the road curved, but then saw Resident #203 walking on the sidewalk on the other side of the first cross street. DOM K reported that Resident #203 stopped when she called his name and was easily redirected to walk back to the facility.</p> <p>Review of Resident #203's Elopement Risk assessment dated [DATE] revealed that the resident was at no risk for elopement.</p> <p>Review of Resident #203's Elopement Risk assessment dated [DATE] revealed that the resident was at risk for elopement, and expressed desire to leave the facility.</p> <p>Review of Resident #203's Elopement Risk assessment dated [DATE] revealed that the resident was at no risk for elopement, did not verbalize a desire to leave, had no history of elopement, and had been in the facility for greater than 30 days. This assessment was not accurate.</p> <p>Review of Resident #203's current Physician Orders indicated that an order for a Wanderguard bracelet was in place since 4/5/24. There was no documentation justifying why the resident had orders for a wanderguard bracelet in place upon admission.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235253	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/16/2024
NAME OF PROVIDER OR SUPPLIER Laurels of Kent (the)		STREET ADDRESS, CITY, STATE, ZIP CODE 350 N Center St Lowell, MI 49331	
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident #203's Elopement Care Plan revealed, Need: .at risk for elopement r/t (related to) new setting, going out to smoke, confusion. Date initiated 4/22/24. Goal: .will not exit the building without staff present through the next review. Date initiated: 4/22/24. Interventions: .Wander guard to right wrist, check placement and function as ordered. Date initiated 4/22/24. The resident's Functional Abilities Care Plan revealed, Need: .functional ability deficit and requires assistance with self care/mobility r/t impaired cognition, epilepsy, hx (history) of stroke. Date initiated: 4/8/24 .Interventions: .Wander guard to right wrist. Date initiated: 4/8/24. Ambulation/Walking: Resident is independent . The at risk for elopement care plan was initiated after the resident's elopement on 4/22/24.</p> <p>Review of the facility document Past Non-Compliance dated 4/22/24 revealed, .disarming secure care alarm system for a resident with a wanderguard on and resident exited the facility, was identified by staff member coming into work, and staff member in parking lot retrieved resident and returned to the facility without incident .Corrective actions taken for deficient practice: Receptionist was re-educated .Current staff in the building were re-educated .Risk for elopement assessment was completed for all current residents, those identified at risk have appropriate wander guard in place and care plans reflecting risk .Date of completion of plan of correction: 4/23/24.</p> <p>In an interview on 5/15/24 at 3:49 PM, Director of Nursing (DON) B reported that Resident #203's elopement assessments were inconsistent and were not accurately documented. DON B reported that for a wanderguard to be ordered, the elopement assessment should reflect a risk of elopement, and/or the record should include why the decision was made to order a wanderguard upon admission on 4/5/24, and Resident #203's record did not reveal . DON B reported that Resident #203 had in fact remained at risk for elopement since he admitted on [DATE], and most certainly following his actual elopement on 4/22/24.</p> <p>In a subsequent interview on 5/16/24 at 10:28 AM, DON B reporting that on 5/16/24 the facility had reviewed all residents that were listed on their previous Elopement Risk list, and had determined that 9 of those residents were not at risk and therefore their wanderguards were removed. DON B reported that on 5/16/24 the facility had reviewed Elopement Risk assessments from new admissions for the past 30 days, and 12 of those were inaccurately documented.</p> <p>In an interview on 5/16/24 at 11:41 AM, Licensed Practical Nurse/Unit Manager (LPN-UM) M reported that upon admission, Resident #203 was considered an elopement risk because he had verbalized a desire to leave the facility unsupervised, and was very confused about why he wasn't able to do that. LPN-UM M reported the Elopement Assessment record was completed inaccurately on 4/5/24 and on 4/30/24.</p> <p>Resident #208</p> <p>Review of Resident #208's the current Physician Orders revealed that the resident had orders for wanderguard to be on place since 11/30/23.</p> <p>Review of Resident #208's Elopement Assessments dated 5/11/18, 7/9/20, 4/23/24, and 5/16/24, all indicate that the resident was at no risk for elopement.</p> <p>Review of Resident #208's Progress Note dated 5/16/24 revealed, .(Resident #208) does wander through the building, but with purpose. She has never attempted to exit the building as of this time.Risk for elopement was redone and resident is not at risk for elopement.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235253	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/16/2024
NAME OF PROVIDER OR SUPPLIER Laurels of Kent (the)		STREET ADDRESS, CITY, STATE, ZIP CODE 350 N Center St Lowell, MI 49331	
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Resident #209</p> <p>Review of Resident #209's the current Physician Orders indicated that the resident had orders for wanderguard to be on place since 11/16/23.</p> <p>Review of Resident #209's Elopement Assessments dated 4/7/22, 4/14/22, 4/21/22, 4/28/22, 4/23/24, and 5/16/24, all indicate that the resident was at no risk for elopement.</p> <p>Review of Resident #209's Progress Note dated 5/16/24 revealed, .reassessed for risk for elopement as she had an order for wanderguard. Risk assessment indicates not at risk. Resident has declined in w/c (wheelchair) mobility, no longer ambulates and therefor is not considered at risk or requiring of a wanderguard.</p> <p>Review of the facility policy Elopement dated 4/26/22 revealed, .It is the responsibility of all personnel to report any guest/resident attempting to leave the premises, or suspected of being missing, to the licensed nurse and to document the occurrence .1. The facility will evaluate guest's/resident's risk for elopement upon admission, weekly x 4 .2. After the Risk for Elopement is completed, and a guest/resident is deemed at risk for elopement, the licensed nurse will: .c. Verification of the placement of the wandering device will be done on each shift and documented on the MAR (Medication Administration Record) by the licensed nurse. d. The Social Worker/designee will create and maintain a current log for all guests/residents that are at risk for elopement. Minimally, this log will be kept at the nursing station, reception desk and/or additional locations as deemed appropriate by the facility's interdisciplinary team .If an employee observes a guest/resident attempting to leave the facility .e. Review the current Elopement Risks and re-evaluate .</p>		