STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235261	A. Building B. Wing	02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Skld Leonard	1700 Leonard St N E Grand Rapids, MI 49505

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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. 41424 Based on observation, interview, and record review, the facility failed to update and revise the person centered care plan in a timely manner with appropriate interventions for 2 (Resident #3 and Resident #25) of 2 residents reviewed for comprehensive care plans, resulting in inaccurate reflection of the resident's status. Findings include: According to Long-Term Care Facility Resident Assessment Instrument (RAI) User's Manual Version 3.0, October 2018, Chapter 4.7 The RAI and Care Planning on page 4-8 indicated, .The care plan must be reviewed and revised periodically .The care plan should be revised on an ongoing basis to reflect changes in the resident and the care that the resident is receiving .Further review of the RAI Manual revealed under Chapter 4.8 CAA [Care Area Assessment] Tips and Clarifications on page 4-12, .The resident's care plan must be reviewed .and revised based on changing goals, preferences and needs of the resident and in response to current interventions . Resident #3: Review of Admission Record revealed Resident #3 was a male whose pertinent diagnosis which included chronic pain syndrome, muscle weakness, back pain, diabetes with neuropathy (weakness, numbness, and pain from nerve damage) and osteoporosis (bones became weak and brittle). Review of Care Plan for Resident #3, revealed no focus or intervention for a PRAFO (custom fitted ankle foot orthosis (AFO) fully adjustable, that helps manage foot and ankle conditions). Review of Resident #3's orders revealed no order for the device. Review of Therapy to Nursing Communication Sheet dated 11/26/24 revealed, .Splint/Orthotic .Other: B (bilateral) PRAFO . During an observation on 02/24/25 at 01:03 PM, Resident #3 reported she no longer received therapy and had the two braces on her feet because her foot drops. (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235261	A. Building B. Wing	02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Skld Leonard	1700 Leonard St N E Grand Rapids, MI 49505

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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an observation on 02/25/25 at 2:30 PM, Resident #3 was leaving the computer area, and she had her feet out in front of her with her PRAFO braces on bilaterally as she was unable to lift her legs and place her feet on the foot pedals of her wheelchair. Business office manager LL assisted her with placing her feet on the foot pedals. During multiple observations over the course of the survey, Resident #3 was always observed to be wearing her PRAFO devices. Resident #25: Review of Admission Record revealed Resident #25 was a male whose pertinent diagnosis which included paralysis left side, stroke, heart failure, muscle spasm, abnormalities of gait and mobility, lack of coordination, and muscle wasting & atrophy (wasting or thinning of muscle mass). Review of Resident #25's care plan revealed no focus or intervention for the use of the AFO (ankle foot orthosis). Review of Resident #25's orders revealed no order for the device. During an observation on 02/24/25 at 12:22 PM, Resident #25 was observed in his room seated in his wheelchair. Resident #25 was observed to have a hard AFO (ankle foot orthosis- a medical device used to support, protect, or correct body structures) on his left lower leg. During an observation on 02/26/25 at 02:20 PM, Resident #25 was observed seated in his wheelchair at the main entry with a hard AFO on his left lower leg. In an interview on 02/25/25 at 11:42 AM, Certified Nursing Assistant (CNA) V reviewed Resident #3's care guide for CNAs and reported she did not see the intervention of the bilateral use of the PFAROs. CNA V reviewed the resident's care plan and was unable to locate an intervention for the use of the bilateral PFAROs. CNA V reported for Resident #25 there was the leg strap for the left leg but nothing for the AFO in the care guide for CNAs or the care plan. CNA V reported there was a binder at the nurse's station staff could refer to for information of therapy recommendations. CNA V reported if not familiar with a resident and unable to review the binder with therapy recommendations she would not know if they required an assistive device like a brace. In an interview on 02/25/25 at 02:00 PM, Director of Physical Therapy (DPT) HH reported there was a binder at the nurse's station of every residents transfer status, orthotic or splints, special shoes, and/or assistive device the resident would use. DPT HH reported the therapist who conducted the evaluation would enter a treatment order in the record. DPT HH reported when the resident received the new device education was provided to the resident, educate the staff who were working on the floor on how to use it, apply it, and what they should be looking out for. DPT HH reported the interventions should be in the care plan, but the therapy staff were unable to access or edit the care plan. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235261	A. Building B. Wing	02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Skld Leonard	1700 Leonard St N E Grand Rapids, MI 49505

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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	In an interview on 02/24/25 at 4:23 PM, Unit Manager (UM) BB reported the therapy communication forms should be given to her for review, so she would be able to ensure the interventions were added to the care plan and implemented. This writer and UM BB reviewed the care plans for Resident #3 and Resident #25 and neither had an intervention for the devices they were current used. Review of the Therapy Communication forms for Resident #3 and Resident #25 revealed no documentation the recommendations were reviewed or added to the care plan and care guides. In an interview 02/26/25 10:42 AM, Director of Nursing (DON) B reported Resident #25 had the brace from when he was admitted to another long term care facility, and it followed him to the current facility. DON B reported he was unaware Resident #25 did not have a care plan for the use of the brace. This writer and DON B reviewed the care plans for Resident #3 and Resident #25 and reported neither had interventions for the use of their current braces.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235261	A. Building B. Wing	02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Skld Leonard	1700 Leonard St N E Grand Rapids, MI 49505

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47659 Based on observation, interview, and record review, the facility failed to ensure assistance with activities of daily living (ADL), specifically personal hygiene (shaving) and changing resident clothes daily were provided for 2 of 4 residents (Resident #13 and Resident #54) reviewed for ADL care, resulting in unmet care needs and the potential for avoidable declines in overall health and wellness. Findings include: Resident #13 Review of Admission Record revealed Resident #13 was originally admitted to the facility on [DATE] with pertinent diagnoses which included muscle wasting and atrophy (a condition that causes muscles to lose mass and strength). Review of a Minimum Data Set (MDS) assessment for Resident #13, with a reference date of 11/22/24 revealed a Brief Interview for Mental Status (BIMS) score of 11/15 which indicated Resident #13 was moderately cognitively impaired. Review of Resident #13's Care Plan revealed, Resident has an ADL self-care performance deficit r/t (related to)muscle weakness .Date Initiated: 11/02/2023 . Interventions: Provide supportive care, assistance with daily care needs (ADLs) as needed. Document assistance as needed. Date Initiated: 11/02/202 . During an observation on 2/24/25 at 11:43 AM, Resident #13 was sitting up in bed. Resident #13 appeared disheveled. Resident #13's hair was noted to be messy and tangled, and it was noted that Resident #13 had several long hairs on her chin. During an observation on 2/25/25 at 12:29 PM, Resident #13 was sitting in her wheelchair in her room eating lunch. It was noted that Resident #13 was wearing the same clothes as the day before. During an observation and interview on 2/26/25 at 10:15 AM, Resident #13 was sitting in her bed. Resident #13 reported that she would like for facility staff to help her with shaving, and changing her clothes every day. Review of Resident #13's Shower Sheets from November 2024- February 2025 indicated that staff had not offered to shave Resident #13. It was noted that there were no documented refusals for shaving from Resident #13. During an interview on 2/26/25 at 11:19 AM, Unit Manager (UM) AA reported that staff were expected to change resident's clothes every day as they allow. 41424 Resident #54: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235261	A. Building B. Wing	02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Skld Leonard	1700 Leonard St N E Grand Rapids, MI 49505

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of Admission Record revealed Resident #54 was a male with pertinent diagnoses which included limitation of activities due to disability, muscle wasting and atrophy in right hand, lack of coordination, and paralysis of his right arm. Review of Care Plan for Resident #54, revised on 4/30/24, revealed the focus, .Resident has an ADL self-care performance deficit r/t (related to) muscle weakness, impaired mobility, limited ROM (range of motion) on bilateral hands, dialysis, arthritis, polymyalgia (inflammatory disorder causing muscle pain and stiffness around the shoulders and hips), diabetes, chronic joint pain . with the intervention .Right hand splint to be on when awake . Note: Nothing in the care plan to address providing Resident #54 with assistance with shaving. In an interview on 02/24/25 at 10:48 AM , Resident #54 reported it had been two weeks since he had been shaved. Resident #54 reported the staff do not ask if he would like to be shave or offer to shave him when he takes a shower, or do not offer to shave him when he needs to be shaved. Resident #54 reported he has to tell them to shave the staff to shave him. Resident #54 reported he was given an shower on Saturday (2/22/25) but the staff did not shave his face. Resident #54 reported he was able to wash his face with a washcloth if the cloth was given to him but he was unable to get one himself. During an observation on 02/24/25 at 02:12, Resident #54 was seated in his wheelchair and was still unshaven. In an interview on 02/26/25 08:26 AM, Resident #54 was observed in his room eating his breakfast and he reported he had not received a shave. Observed a beard on his face. Review of Resident #54's shower task for February 2025, revealed, showers were given on 2/1/25 and 2/15/25. Resident #54's shower days were on Saturdays. Resident #54 needed extensive assist or was dependent for shaving. In an interview on 02/26/25 at 02:03 PM, Certified Nursing Assistant (CNA) R reported with each shower or bath for dependent residents she would offer to shave the resident. In an interview on 02/26/25 at 02:06 PM, Registered Nurse (RN) O reported she expected the CNAs to shave a resident on their shower days. In an interview on 02/26/25 02:17 PM Director of Nursing (DON) B reported shaving should be offered and completed during the shower days for residents and that staff were expected to complete shaving when residents received their showers if residents wanted to be shaved.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235261	A. Building B. Wing	02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Skld Leonard	1700 Leonard St N E Grand Rapids, MI 49505

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47659 This citation pertains to Intake # MI00146840. Based on observation, interview, and record review, the facility failed to implement consistent venous ulcer interventions, monitoring, and treatments consistent with physician orders for 1 of 5 residents (Resident #34) reviewed for wounds, resulting in the potential for worsening of wounds and further skin breakdown. Findings include: Review of Admission Record revealed Resident #34 was originally admitted to the facility on [DATE] with pertinent diagnoses which included need for assistance with personal care. Review of Resident #34's Care Plan revealed, The resident has potential for impairment skin integrity r/t (related to) stump appliance, Fragile/Thin skin and edema to left leg,refusing to elevate lower extremities, DM (diabetes mellitus) CKD (chronic kidney disease), decrease mobility, incontinence, noncompliant with treatment and cares. Date Initiated: 10/15/2019. Interventions: .Follow physician orders for treatment of skin impairments. Refer to eTAR (Treatment administration record) for specifics. Provide pain management with treatments as needed. Date Initiated: 11/11/2023 . Resident has potential/actual impairment to skin integrity r/t PVD (peripheral vascular disease), left outer calf. Date Initiated: 02/16/2025. Interventions: Encourage good nutrition and hydration in order to promote healthier skin. Date Initiated: 02/20/2025. HEEL PROTECTORS: left foot on at all times except for cares. Date Initiated: 02/19/2025 . Review of Resident #34's Wound Note dated 2/19/25 and documented by Nurse Practitioner/Wound Provider (NP-WP) C, revealed, . (Resident #34) . presents with evidence of skin breakdown to left lower leg and ankle noticed by nursing staff. Wound specialist was consulted for evaluation and treatment of wounds . Wound: 2 Location: Left Lateral Ankle. Primary Etiology: Venous Stage/Severity: Full Thickness. (sore that develops due to poor circulation in the veins) Wound Status: Initial Odor Post Cleansing: None. Size: 1 cm x 1.7 cm x 0.1 cm. Calculated area is 1.7 sq cm. Wound Base: 50% epithelial.(approximately half the wound area is covered by newly formed epithelial tissue) Exposed Tissues: Scab, 50% .Periwound: Intact. Exudate: Light amount of Serous.(clear watery fluid that leaks from wounds or inflamed areas)Wound Pain at Rest: 2. Wound goals. Healing. Plan: Wound #2 Left Lateral Ankle Venous. Treatment Recommendations: 1. Cleanse with normal saline or wound cleanser .2. Apply Betadine .3. Secure with Leave open to air . 4. Change Daily, and PRN (as needed) . (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235261	A. Building B. Wing	02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Skld Leonard	1700 Leonard St N E Grand Rapids, MI 49505

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of Resident #34's Wound Note dated 2/26/25 and documented by NP-WP C revealed, .(Resident #34) .presents with evidence of skin breakdown to left lower leg and ankle noticed by nursing staff. Wound specialist was consulted for evaluation and treatment of wounds .Wound: 2 Location: Left Lateral Ankle. Primary Etiology: Venous. Stage/Severity: Full Thickness. Wound Status: Improving without complications. Odor Post Cleansing: None Size: 2 cm x 1.6 cm x 0.1 cm. Calculated area is 3.2 sq cm. Wound Base: , 100% granulation. Periwound: Intact Exudate: Moderate amount of Serosanguineous. (a fluid that contains both serum and blood cells) Wound Pain at Rest: 1. Improved due to: Pain. Wound goals: Healing .PLAN: Wound # 2 Left Lateral Ankle Venous. Treatment Recommendations: 1. Cleanse with normal saline or wound cleanser . 2. Apply Xeroform (type of dressing used to treat wounds) . 3. Secure with Bordered gauze (type of dressing used to treat wounds).4. Change Daily, and PRN . Noted that the wound size had increased from 2/19/25 to 2/26/25. During an interview on 2/25/25 at 1:11 PM, Former Unit Manager (FMU) CC reported that she was responsible for overseeing the wound care program at the facility. FMU CC reported that Resident #34 would allow staff to complete treatments on his wounds. FMU CC reported that she had experienced issues and voiced concerns with nurses not completing wound treatments. During an interview on 2/25/25 at 1:48 PM, Registered Nurse (RN) N reported that Resident #34 did not currently have any wounds. RN N reported that Resident #34 would allow staff to complete treatments on him. During an interview on 2/26/25 at 8:09 AM, Unit Manager (UM) BB reported that she monitored the wounds at the facility. UM BB reported that Resident #34 had two wounds that were just discovered. UM BB reported that Resident #34 had wound care orders in place to be completed every other day. UM BB reported that Resident #34 did allow for staff to complete wound care treatments on him. During a wound care observation on 2/26/25 at 8:42 AM, UM BB removed the dressing from Resident #34's left outer calf. It was noted that the dressing was dated 2/23/25. NP-WP C assessed Resident #34's wound and noted that the surface area of the wound had increased, but since the tissue looked healthy, she would note the wound as improved. Review of Resident #34's Treatment Administration Record revealed, Treatment to left outer calf; Xeroform cut to size, cover with small white bordered gauze dressing. Vascular ulcer. every day shift every other day for vascular ulcer It was noted that the treatment was due on 2/25/25, and documented as missed by RN N due to Resident #34 sleeping. On 2/26/25 at 8:50 AM, UM BB reviewed and confirmed that Resident #34 was supposed to have wound care treatment completed on 2/25/25, and this was missed. UM BB reviewed Resident #34's treatment administration record with this writer and confirmed that RN N had documented the treatment as missed due to Resident #34 sleeping. UM BB confirmed that nurses were responsible for completing all treatments on their shift, or communicating that a treatment was not completed so the oncoming shift could complete the treatment. On 2/26/25 at 8:57 AM, This writer attempted to contact RN N. RN N was unable to be reached prior to survey exit. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235261	A. Building B. Wing	02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Skld Leonard	1700 Leonard St N E Grand Rapids, MI 49505

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 2/26/25 at 10:36 AM, RN O reported that nurses were supposed to complete all treatments for residents within their 12 hour shift. RN O reported that nurses were expected to let management know if they were unable to complete resident treatments, and if a resident was sleeping, they should return later or wake the resident up if needed. RN O reported that RN N would frequently skip treatments and document the treatment as missed due to resident sleeping. During an interview on 2/26/25 at 11:19 AM, Unit Manager (UM) AA reported that nurses were expected to reapproach a resident is they were sleeping and a treatment needed to be completed. UM AA reported that if the nurse did not have time, they should wake the resident to complete the treatment, and that skipping a treatment due to a resident sleeping was unacceptable. UM AA reported that nurses were responsible for communicating missed treatments so that they could be completed on the next shift. UM AA confirmed that she had not been made aware of Resident #34 missing a wound care treatment on 2/25/25. During an interview on 2/26/25 at 1:06 PM, Director of Nursing (DON) B reported that nurses were expected to complete all treatments on their shift, and communicate to staff if they needed assistance with completing treatments. DON B confirmed that the nurses had manageable work loads, and should not have any issues completing all treatments on their units in their 12 hour shift. DON B reported that it was completely unacceptable for a nurse to document a treatment as missed due to a resident sleeping. DON B confirmed that there were plenty of extra staff on 2/25/25 to assist RN N to complete Resident #34's wound care treatment if she had communicated that she had missed it. DON B confirmed that he was unaware that Resident #34 has missed a wound care treatment on 2/25/25.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235261	A. Building B. Wing	02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Skld Leonard	1700 Leonard St N E Grand Rapids, MI 49505

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 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47659 Based on observation, interview, and record review, the facility failed to implement care plan interventions to prevent worsening of contractures for 1 (Resident #13) of 2 residents reviewed for range of motion resulting in the potential for worsening of contractures (a condition of shortening and hardening of muscles, tendons, or other tissue often leading to deformity and rigidity of joints). Findings include: Resident #13 Review of Admission Record revealed Resident #13 was originally admitted to the facility on [DATE] with pertinent diagnoses which included muscle wasting and atrophy (a condition that causes muscles to lose mass and strength). Review of a Minimum Data Set (MDS) assessment for Resident #13, with a reference date of 11/22/24 revealed a Brief Interview for Mental Status (BIMS) score of 11/15 which indicated Resident #13 was moderately cognitively impaired. During an observation and interview on 2/24/25 at 11:43 AM, Resident #13 was lying in bed. It was noted that Resident #13's left hand was contracted. Resident #13 reported that she used to wear a splint on her hand and arm, but staff had not put them on her lately. Resident #13 reported that she liked wearing the splint, and would prefer that staff put it on her. It was noted that there were two pictures of a splint in Resident #13's room with instructions for staff on how to apply the splint. Review of Resident #13's Care Plan and Orders did not include any orders for splints or braces for Resident #13's left hand. During an interview on 2/26/25 at 9:56 AM, Director of Rehab (DOR) HH reported that Resident #13 was seen by Occupational Therapy in May 2024 for contracture management. DOR HH reported that Resident #13 did have a modified splint for her arm and hand that she was supposed to wear for 2-4 hours every day. When queried about Resident #13 not having orders for the splint, DOR HH reported that therapy was unable to place orders in resident's charts, and they relied on nursing staff to enter them. DOR HH reported that the staff followed the therapy communication book at the nurses' station to know which residents had splints to wear. DOR HH showed this writer the therapy communication book and Resident #13 was listed as a resident that had two splints to wear daily. During an interview on 2/26/25 at 9:44 AM, Certified Nursing Assistant (CNA) EE reported that she did not think that Resident #13 had any splints. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235261	A. Building B. Wing	02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Skld Leonard	1700 Leonard St N E Grand Rapids, MI 49505

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 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 2/26/25 at 10:20 AM, Unit Manager (UM) BB reported that she did not know if Resident #13 had a splint to wear. UM BB went to Resident #13's room with this writer and asked Resident #13 if she had a splint to wear. Resident #13 confirmed that she had a splint, but she did not know where it was. Resident #13 informed UM BB that she had not worn the splint in some time. UM BB looked around Resident #13's room and found both splints. It was noted that one of the splints was missing a piece, and Resident #13 was unable to wear it. DON BB reported that she would have the facility's Occupational Therapist look at Resident #13's splint. During an interview on 2/26/25 at 12:35 PM, Occupational Therapist (OT) II reported that he assessed Resident #13's splint and noted that the hand splint was missing a piece of the splint and he was going to try to fix it for her to wear. OT II reviewed Resident #13's occupational therapy notes and confirmed that Resident #13 was supposed to wear the splints 2-4 hours a day to prevent the worsening of hand contractures. OT II reported that he did not know how long Resident #13's hand splint was broken. During an interview on 2/26/25 at 1:04 PM, Director of Nursing (DON) B reported that he had just discovered that Therapy staff were not putting in their own orders or care plans, and this was how nursing staff had missed ensuring that Resident #13 was wearing her splints every day.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235261	A. Building B. Wing	02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Skld Leonard	1700 Leonard St N E Grand Rapids, MI 49505

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41424 Based on observation, interview, and record review, the facility failed to adequate respiratory care in 1 (Resident #35) of 1 resident reviewed for tracheostomy (surgical opening in the neck to help with air passage) care, resulting in breathing complications and risk for infection. Findings include: Review of an Admission Record revealed Resident #35 was a male with pertinent diagnoses which included stroke, traumatic brain injury, GERD (gastroesophageal reflux disease), chronic respiratory failure, dysphagia (swallowing disorder in the throat that impairs the ability to swallow), and history of pneumonia. Review of Care Plan for Resident #35, revised on 12/26/24, revealed the focus, .Resident has a old tracheostomy r/t (related to) respiratory failure prior to admission . with the intervention .Resident has a tracheostomy r/t surgery .The resident will have no s/sx (signs or symptoms) of infection through the review date .suction at bed side external trach site from increase secretions from trach site. resident is able to preform as needed and staff .Reassure resident to decrease anxiety .Provide good oral care daily and PRN (as needed) . During an observation on 02/25/25 at 12:23 PM, Resident #35 was observed in his room seated in his wheelchair with his tray table and lunch tray in front of him. Resident #35 coughed multiple times appeared to be unable to clear the phlegm from his throat. Resident #35 sounded very wet and congested. Resident #35 continued to cough and started to try to use his left hand to move his wheelchair wheel but was unable to grasp the wheel fully as he was continuing to cough. This writer observed resident's roommate look over at resident with a concerned look. At 12:24 PM, Licensed Pratical Nurse (LPN) J proceeded to walk right in front of Resident #35's doorway while he was coughing and continued down the hallway to take a break. Resident #35 continued to cough unable to clear his throat. This writed observed no staff in the hallway. Resident #35 was observed to have his nasal cannula on and an oxygen tank on the back of his wheelchair. This writer observed Resident #35's oxygen tank and it was empty. Resident #35 continued to cough unable to clear the phlegm from his throat. This writer asked Resident #35 if he needed assistance and he was barely able to tell this writer, Yes as he continued to cough. Resident #35's facial expression was one of a person who was anxious and scared with his eyes expressing fear as he was unable to stop coughing and clear out the phlegm from his throat. This writed stepped out of the room to alert a staff member and saw Social worker (SW) Y who was alerted to find LPN J or another nurse to assist Resident #35. At 12:26 PM, LPN J came to Resident #35's room, with her coffee cup in her hand, and informed him she had to place her coffee cup down and she would return to assist Resident #35. Resident #35 continued to cough and sounded wet and had phlegm sound still but his coughing was not continuous at this time. At 12:27 PM, LPN J returned with a pulse oximetry device and placed it on his right hand finger. LPN J reported his oxygen was 97 percent. Observed his oxygen tank and indicated it was empty, removed the nasal cannula from Resident #35, placed the tubing and nasal cannula in a plastic bag hanging from the his wheelchair. LPN J did not replace the empty oxygen tank with a full one. At this time Resident #35 was not coughing continously, but was not able to express verbally answers to LPN J. LPN J indicated to Resident #35 she was going to go and finish her break and she would change the dressing covering the trach opening when she returned and left the 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
	235261	A. Building B. Wing	02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Skld Leonard	1700 Leonard St N E Grand Rapids, MI 49505

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	In an interview on 02/25/25 at 12:29 PM, LPN J reported Resident #35 had an old trach opening and it was not closed. LPN J reported when Resident #35 eats, he does get a lot of phlegm in his trach, he gets phlegm and usually does pretty fine. LPN J reported he did have a speech evaluation and was ordered to have a pureed diet for meals. LPN J reported he usually ate in the dining room when queried if Resident #35 needed to be monitored when he was eating. LPN J reported Resident #35 was not known for concern with aspiration, he usually coughed due to phlegm but was able to usually clear it out. LPN J reported the dressing would be changed on his trach opening as needed and she would return to change it when she was finished with her break. This writer observed a suction machine on Resident #35's night stand next to the head of his bed. LPN J did not suction Resident #35 prior to leaving the room. Resident #35 was still coughing sporatically and sounded very wet and had phlegm he was unable to clear. Reveiw of Resident #35's medical record revealed no documentation of this event in his medical record. In an interview on 02/26/25 01:56 PM, Registered Nurse (RN) M reported she would ensure the resident was sitting up right, stay with them, check vitals and make sure they were getting oxygen. RN M reported she would suction him due to his phylem, difficulty to speak, and coughing, RN M reported she would do that as there could be a bollus in there. RN M reported she would document the event in a progress note, complete a skilled nursing assessment and respirtaty symptom evaluation. In an interview on 02/26/25 at 02:06 PM, Registered Nurse (RN) O reported she would check the saturation and suction as needed for Resident #35. RN O reported she would monitor the resident to ensure they were not having a significant change. RN O reported the resident would be suctioned to ensure the Resident #35's airway was clear. In an interview on 02/26/25 at 09:08 AM, Resident #35 reported yesterday when he was coughing and could not get the phlegm cleared he was scared. Resident #35 reported that happened a lot to him. In an interview on 02/25/25 at 4:35 PM, Unit Manager (UM) BB reported the nurse should have suctioned Resident #35 when he was coughing so much and sounded like he had an unproductive wet phlegm sounding cough as he was considered an aspiration risk. UM BB' indicated the nurse would have monitored him closely because of the extended coughing and his history of aspiration pneumonia. UM BB reported LPN J should have replaced the oxygen tank at that time. In an interview on 02/26/25 02:17 PM Director of Nursing (DON) B reported LPN J should have replaced the dressing at that time as it was soiled, provide Resident #35 with the [NAME] to self suction as he typically was able to complete the suctioning himself and not go to lunch. DON B reported the nurse should have monitored the resident closely due to the continous coughing and increased sputum and due to his medical history. DON B reported the event should have been documented in the medical record so the information was available to the other staff who would be providing care for the resident. Review of Orders dated 02/12/25, revealed, .O2 @ 3 liters per minute via NC (nasal cannula) every 24 hours as needed for SOB (shortness of breath), wheezing give if O2 is <90% . Review of Orders dated 02/21/25, revealed, .Suction via trach site per yanker every 4 hours as needed for maintenance of patient airway . (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235261	A. Building B. Wing	02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Skld Leonard	1700 Leonard St N E Grand Rapids, MI 49505

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of Medication Administration Record (MAR) for February 2025, revealed, Resident #35 had not been suctioned after order was written or during this survey. Resident was hospitalized on [DATE] - 10/30/24 due to pneumonia; and 12/19/24 - 12/25/24 due to pnuemonia. hospitalized on [DATE] - 2/7/25 due to altered mental status due to severe sepsis. Review of Resident #35's medical records from his hospitalization in December 2024 revealed, he had . sepsis due to pnuemonia, bilateral .thick and copious yellow sputum from trach site .accuentuated lucency (the blood vessels and airways of the lungs appear more prominent or visible than usual, potentially indicating underlying respiratory or cardiac conditions) in the left upper lobe potentially bolus formation . recent history of pseudomonas (bacteria that can be challenging to get rid of and certain antibiotics that would typcially treat the condition no longer work) cultured from drainage of tracheostomy site .history of reflux aspiration .CT (scan) on 12/19 showed small airways thickening, mucous plugging (a condition where the thick mucous builds up and partially or completely blocks the airways in the lungs, causing breathing difficulties due to reduced airflow), subsegmental atelectasis (a partial collapse of a small section of lung tissue), infectious/inflammatory ground-glass (hazy appearance in the lungs) and tree-in-bud opacieities (small, clustered, branching, resembling branches of a tree, typically indicating inflammation or infection within the small airways of the lungs), mild to moderate pulmonary emphysema (lung diseases that permanently damages the lungs air sacs making it difficult to breathe) .

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235261	A. Building B. Wing	02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Skld Leonard	1700 Leonard St N E Grand Rapids, MI 49505

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 0810 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide special eating equipment and utensils for residents who need them and appropriate assistance. 41424 Based on observation, interview, and record review the facility failed to provide or use adaptive feeding equipment correctly for 1 residents (Resident #25) of 1 residents reviewed for adaptive equipment needs, resulting in the potential for decreased independence of consuming food and fluids and weight loss. Findings include: Review of Admission Record revealed Resident #25 was a male whose pertinent diagnosis included dysphagia oropharyngeal phase (swallowing disorder in the throat that impairs the ability to swallow). Review of Care Plan revised on 1/31/25 revealed, .(Resident #25) has a swallowing problem r/t (related to) complaints of difficulty or pain with swallowing medication and dysphagia . with the intervention .Alternate small bites and sips .Encourage resident to be up in his chair for all meals . Instruct, assist, and/or encourage resident to eat in an upright position, to eat slowly, and to chew each bite thoroughly .ASPIRATION PRECAUTIONS (FYI) . Review of Care Plan revised on 1/30/25, revealed, .(Resident #25) has nutritional problem or potential nutritional problem r/t (related to) hemiplegia/hemiparesis, dysphagia, GERD, and Depression/Anxiety . with the intervention .MEAL/INTAKE ASSISTIVE DEVICE: 5cc Provale cup (a cup that provides only a fixed amount of liquids with every normal drinking motion) only, many not use regular cup or straw . Review of Orders dated 1/30/25, revealed, .Regular diet Dysphagia Mech Soft/NDD3 texture (Level 3 dysphagia diet which allows for moist, bite-sized pieces of foot that are relatively easy to chew and swallow), Regular fluid, thin consistency, 5cc Provale cup only, may not use regular cup or straw . Review of Therapy to Nursing Communication Sheet dated 2/12/25 revealed, .Adaptive Equipment: Other . Provale Cups .Instructions: No straws, Provale cup only . Review of Resident #25's Dietary meal slips for breakfast, lunch, and dinner revealed, Adaptive cup: Provale cup 5cc (blue lid) . Note: No alerts for no straws there. During an observation on 02/24/25 at 12:22 PM, Resident #25 was observed in his room seated in his wheelchair. Resident #25 was observed to have two Provale cups on his lunch tray as well as a sytrofoam cup with straw, and a small 2 oz cup with water on his tray table. Resident #25 reported he gets a Styrofoam cup with water at every meal. During an observation on 02/25/25 at 01:53 PM, Resident #25 had a small 4oz cup of water with a straw, he had a cup with water he took a sip from. Observed a Styrofoam cup with a lid and straw on his tray table as well. On his lunch tray, there were two Provale cups. During an observation on 02/26/25 at 10:17 AM, observed Resident #25 was observed in his room he had a small plastic cup with a straw, and a water cup with a straw. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235261	A. Building B. Wing	02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Skld Leonard	1700 Leonard St N E Grand Rapids, MI 49505

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 0810 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	In an interview on 02/26/25 at 10:35 AM, Certified Nursing Assistant (CNA) T reported Resident #25 had a special cup he received on his meal tray, believed it was so he was able to hold it due to Resident #25 shaking. CNA T reported with the Provale cup he was using it because he could choke and aspirate. CNA T reported Resident #25 should have the Provale cup with the ice water the CNAs brought to the resident's room each shift. In an interview on 02/26/25 at 11:52 AM, Speech Language Pathologist (SLP) JJ reported Resident #25 was in the hospital he had a video swallow study done, recommendations for the study were if he maintained intaking thin liquids, it would be either by teaspoon, safe straw (the facility does not have those available) or Provale cup. SLP JJ reported Resident #25 was not complaint with the teaspoon, so the facility implemented the provable cup as it released no more than 5 cc at a time to control the bolus size. SLP JJ reported Resident #25 was at an increased risk of aspiration and anytime he drank fluids the provable cup should be used. SLP JJ reported she educated the staff, Resident #25, and his wife on the use of the Provale cup.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235261	A. Building B. Wing	02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Skld Leonard	1700 Leonard St N E Grand Rapids, MI 49505

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 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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38905 Based on observation, interview, and record review, the facility failed to prepare food in accordance with professional standards for food service safety. This deficient practice has the potential to result in food borne illness among all residents that consume food from the kitchen. Findings include: During the initial tour of the kitchen, at 9:25 AM on 2/24/25, it was observed that there was no available soap or paper towel at the only hand sink in the kitchen. When asked about the soap, Food Services Director (FSD) F stated that it ran out and he would have to get more from the basement. According to the 2017 FDA Food Code section 6-301.12 Hand Drying Provision. Each HANDWASHING SINK or group of adjacent HANDWASHING SINKS shall be provided with: (A)Individual, disposable towels . According to the 2017 FDA Food Code section 6-301.11 Handwashing Cleanser, Availability. Each HANDWASHING SINK or group of 2 adjacent HANDWASHING SINKS shall be provided with a supply of hand cleaning liquid, powder, or bar soap. During the initial tour of the freezer, at 9:35 AM on 2/24/25, observation found that a box of raw burger patties was found open and exposed with the box and plastic covering left open. According to the 2017 FDA Food Code section 3-302.11 Packaged and Unpackaged Food -Separation, Packaging, and Segregation. (A) FOOD shall be protected from cross contamination by: . (4) Except as specified under Subparagraph 3-501.15(B)(2) and in (B) of this section, storing the FOOD in packages, covered containers, or wrappings . During the initial tour of the kitchen, at 9:50 AM on 2/24/25, it was observed that the door gasket seals on the two door [NAME] unit was found to have an accumulation of black spotted debris. Observation of the dish machine area, at 9:55 AM on 2/24/25, found an increased accumulation of debris on the top surfaces of the dish machine as well as wet debris underneath the floor juncture area of the machine. Observation of the milk cooler, at 10:02 AM on 2/24/25, found that both door seals had an increased accumulation of black debris. Inside of the unit was found with the floor and walls of the unit with discolored build up from crates going in and out. During an observation of the clean utensils, hanging above the three compartment sink, at 10:06 AM on 2/24/25, one mechanical scoop was found with dried on food debris. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235261	A. Building B. Wing	02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Skld Leonard	1700 Leonard St N E Grand Rapids, MI 49505

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	According to the 2017 FDA Food Code section 4-601.11 Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils. (A) EQUIPMENT FOOD-CONTACT SURFACES and UTENSILS shall be clean to sight and touch. (B) The FOOD-CONTACT SURFACES of cooking EQUIPMENT and pans shall be kept free of encrusted grease deposits and other soil accumulations. (C) NonFOOD-CONTACT SURFACES of EQUIPMENT shall be kept free of an accumulation of dust, dirt, FOOD residue, and other debris. During an interview with FSD F, at 10:42 AM on 2/24/25, it was found that dietary staff pull outdated food in the pantry, but the food gets checked in up front before being put in the pantry when its brought in for a resident. Observation of the pantry, at 1:40 PM on 2/24/25. found the following items: two ramekins of salsa with no label or date, a manufacture mac and cheese product with a best by date of 2/17/25, a leftover container of pea soup dated 2/19/25, three unopened bottles of orange juice with best by dates of Jan302025 and Feb162025, a plastic grocery bag containing a leftover chicken dinner labeled and dated 2/9/25, a fast food salad labeled with no date, a grocery bag with small containers of mac and cheese and cooked vegetables with no date, two bologna sandwiches and one peanut butter and jelly sandwich dated with use by dates of 2/22. According to the 2017 FDA Food Code section 3-501.17 Ready-to-Eat, Time/Temperature Control for Safety Food, Date Marking. (A) Except when PACKAGING FOOD using a REDUCED OXYGEN PACKAGING method as specified under S 3-502.12, and except as specified in (E) and (F) of this section, refrigerated, READY-TOEAT, TIME/TEMPERATURE CONTROL FOR SAFETY FOOD prepared and held in a FOOD ESTABLISHMENT for more than 24 hours shall be clearly marked to indicate the date or day by which the FOOD shall be consumed on the PREMISES, sold, or discarded when held at a temperature of 5 C (41 F) or less for a maximum of 7 days. The day of preparation shall be counted as Day 1. (B) Except as specified in (E) -(G) of this section, refrigerated, READY-TO-EAT TIME/TEMPERATURE CONTROL FOR SAFETY FOOD prepared and PACKAGED by a FOOD PROCESSING PLANT shall be clearly marked, at the time the original container is opened in a FOOD ESTABLISHMENT and if the FOOD is held for more than 24 hours, to indicate the date or day by which the FOOD shall be consumed on the PREMISES, sold, or discarded, based on the temperature and time combinations specified in (A) of this section and: (1) The day the original container is opened in the FOOD ESTABLISHMENT shall be counted as Day 1; and (2) The day or date marked by the FOOD ESTABLISHMENT may not exceed a manufacturer's use-by date if the manufacturer determined the use-by date based on FOOD safety . According to the 2017 FDA Food Code section 3-501.18 Ready-to-Eat, Time/Temperature Control for Safety Food, Disposition. (A) A FOOD specified in 3-501.17(A) or (B) shall be discarded if it: (1) Exceeds the temperature and time combination specified in 3-501.17(A), except time that the product is frozen; (2) Is in a container or PACKAGE that does not bear a date or day; or (3) Is inappropriately marked with a date or day that exceeds a temperature and time combination as specified in 3501.17(A) . During an observation of meal service, starting at 11:48 AM on 2/24/25, it was observed that [NAME] MM did not wash his hands after changing his gloves to start plating lunch service. It was noticed that a clean dry wiping cloth was on the steam table ledge in front of [NAME] MM and he was observed routinely wiping his gloves on the rag when they became dirty. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235261	A. Building B. Wing	02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Skld Leonard	1700 Leonard St N E Grand Rapids, MI 49505

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Observation of cook MM at 12:04 PM on 2/24/25, found that he stepped off the serving line to take a drink out of his personal drink. After taking a drink, [NAME] MM stepped back on the serving line with no hand washing or glove changes. According to the 2017 FDA Food Code section 2-301.14 When to Wash. FOOD EMPLOYEES shall clean their hands and exposed portions of their arms as specified under S 2-301.12 immediately before engaging in FOOD preparation including working with exposed FOOD, clean EQUIPMENT and UTENSILS, and unwrapped SINGLE-SERVICE and SINGLE-USE ARTICLES and:(A) After touching bare human body parts other than clean hands and clean, exposed portions of arms; (B) After using the toilet room; (C) After caring for or handling SERVICE ANIMALS or aquatic animals as specified in 2-403.11(B); (D) Except as specified in 2-401.11(B), after coughing, sneezing, using a handkerchief or disposable tissue, using tobacco, eating, or drinking; (E) After handling soiled EQUIPMENT or UTENSILS; (F) During FOOD preparation, as often as necessary to remove soil and contamination and to prevent cross contamination when changing tasks; (G) When switching between working with raw FOOD and working with READY-TO-EAT FOOD; (H) Before donning gloves to initiate a task that involves working with FOOD; and (I) After engaging in other activities that contaminate the hands. According to the 2017 FDA Food Code section 3-304.15 Gloves, Use Limitation. If used, SINGLE-USE gloves shall be used for only one task such as working with READY-TO-EAT FOOD or with raw animal FOOD, used for no other purpose, and discarded when damaged or soiled, or when interruptions occur in the operation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235261	A. Building B. Wing	02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Skld Leonard	1700 Leonard St N E Grand Rapids, MI 49505

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36221 This deficient practice has two DPS's: DPS A Based on observation, interview, and record review, the facility failed to implement posted Enhanced Barrier Precautions (EBP) and don required Personal Protective Equipment (PPE) prior to providing direct resident care in 4 of 5 residents (Resident #9, #35, #24, & #10) reviewed for Enhanced Barrier Precautions, resulting in the potential for cross-contamination and the development and/or spread of infection to a vulnerable population. Findings include: Resident #9 Review of an Admission Record revealed Resident #9 was a female, with pertinent diagnoses which obstructive uropathy (a blockage that hinders flow through the urinary system), dysphagia (difficulty swallowing), neuromuscular dysfunction of the bladder (a condition where the nerves controlling the bladder are damaged or not functioning properly), muscle atrophy (loss of muscle), and weakness. Review of a Minimum Data Set (MDS) assessment for Resident #9, with a reference date of 12/27/24, revealed a Brief Interview for Mental Status (BIMS) score of 15, out of a total possible score of 15, which indicated she was cognitively intact. Review of an Order Summary Report for Resident #9 revealed the active physician order .Resident requires Enhanced Barrier Precautions related to Urinary Catheter & Tube Feeding . with a start date of 9/6/24. Review of a current Care Plan for Resident #9 revealed the focus .Resident requires Enhanced Barrier Precautions related to Urinary Catheter & Tube Feeding . with interventions which included .Utilize Enhanced Barrier Precautions when providing high contact resident care activities (dressing, bathing, transferring, personal hygiene, changing linens, changing briefs/assisting with toileting, device care: central lines, urinary catheters, feeding tubes, tracheostomy/ventilators, wound care) . and .Use gown and gloves when providing direct care. Face protection may be needed if performing activity with risk of splash or spray . all initiated 4/29/24. In an observation on 2/24/25 at 10:55 AM, Certified Nursing Assistant (CNA) EE and CNA V assisted Resident #9 with a transfer from her bed to her electric wheelchair in her room. Noted a sign on the wall outside Resident #9's room which indicated Enhanced Barrier Precautions were in place. Observed CNA EE and CNA V utilize a sit-to-stand lift to complete the transfer for Resident #9. Noted no gowns or gloves were worn by CNA EE and CNA V while transferring Resident #9. In an interview on 2/24/25 at 1:02 PM, Resident #9 reported staff don't typically wear gowns and gloves when assisting her with transferring. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235261	A. Building B. Wing	02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Skld Leonard	1700 Leonard St N E Grand Rapids, MI 49505

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	In an observation on 2/26/25 at 9:43 AM, CNA Q and CNA U assisted Resident #9 with a transfer from her bed to her electric wheelchair in her room. Noted a sign on the wall outside Resident #9's room which indicated Enhanced Barrier Precautions were in place. Observed CNA Q and CNA U utilize a sit-to-stand lift to complete the transfer for Resident #9. Noted no gowns or gloves were worn by CNA Q and CNA U while transferring Resident #9. In an interview on 2/26/25 at 11:01 AM, CNA U reported gowns and gloves should be worn when providing direct care for Resident #9, which included transfers. In an interview on 2/26/25 at 11:11 AM, CNA Q reported gowns and gloves are to be worn when providing catheter care for Resident #9. CNA Q reported gowns and gloves are not required for transfers for Resident #9. In an interview on 2/26/25 at 11:19 AM, CNA T reported for residents on Enhanced Barrier Precautions, gowns and gloves should be worn when providing catheter care or wound care. CNA T reported gowns and gloves would not be required for transferring. In an interview on 2/26/25 at 12:00 PM, Director of Nursing (DON) B reported for residents on Enhanced Barrier Precautions, gowns and gloves (PPE) should be worn when providing direct care, which included transfers. 41424 Resident #35: Review of an Admission Record revealed Resident #35 was a male with pertinent diagnoses which included colostomy, unhealed peg tube wound, and open tracheostomy wound. Review of Orders for Resident #35 revealed, .On Enhanced Barrier Precautions d/t (due to) unhealed surgical wounds, every shift for unhealed surgical wounds . (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235261	A. Building B. Wing	02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Skld Leonard	1700 Leonard St N E Grand Rapids, MI 49505

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an observation on 02/24/25 10:12 AM, Certified Nursing Assistant (CNA) PP was standing at the side of the bed on the left side. The hoyer was placed on the right side of the bed. CNA PP did not have on a gown only gloves. CNA P entered the room, raised the head of the bed, and she removed Resident #35's nasal cannula. Resident #35 was observed to have an colostomy and an colostomy bag on his left side. Resident #35's bed was raised, each CNA attached their side of the beds sling loops to the hoyer. CNA P was talking with the resident and informing the resident what was happening next. She had Resident #35 place his hands across his chest while she was talking and provided reassurance to him. CNA PP guided the hoyer forks under the bed while CNAP guided his bottom to get him centered on the side of the bed. CNA PP lowered the bed from under Resident #35 and then she proceeded to move him towards the entrance door to straighten the hoyer out and moved towards his wheelchair. CNA P was behind his wheelchair and she guided the resident back to the seat of the wheelchair, she informed him she was going to position him so when he was lowered he would be seated correctly. CNA P touched his side and then she grabbed the back of the sling to pull him back in the chair while CNA PP slowly lowered him down into the chair. Both CNAs talked to the resident as he was gently lowered into the wheelchair seat. CNA PP' moved the hoyer away while CNA P was adjusting his clothing, making sure he was comfortable. CNA PP proceeded to wipe down the hoyer. Resident #35 asked to have his shirt changed due to some soiling on his shirt. CNA P proceeded to assist with removal his arm from the sleeve and then raised it over his head, and then took the shirt down to his left arm. CNA P placed the shirt over his head and he leaned forward to adjust it on the back after she placed his arms in the sleeves. CNA PP placed the dirty shirt in a plastic bag with other items and exited the room. CNA P had removed her gloves and performed hand hygiene when she left the room. Resident #24: Review of an Admission Record revealed Resident #24 was a female with pertinent diagnoses which included pressure ulcer of left buttock, osteomyelitis right ankle and foot, and chronic ulcer of right lower leg with fat layer exposed, and chronic ulcer of left foot with fat layer exposed, and urinary catheter. Review of Orders dated 2/6/25 revealed, .Enhanced Barrier precautions (EBP) for wound and presence of urostomy. every shift for patient monitoring. Initials indicate precautions maintained throughout shift . During an observation on 02/24/25 at 10:55 AM, Resident #24 was lying in bed. CNA T repositioned the resident in bed as she was leaning to her left side. Resident #24 reported she did not feel well, that her chest hurt. CNA T removed her gloves and exited the room. CNA T did not don a gown when she repositioned the resident. CNA T entered the room, had donned gloves, placed a paper towel on the floor and placed a graduated cylinder on top of it, she cleaned the port opening to the catheter bag with an alcohol wipe and drained the urine from the bag. CNA T did not don a gown prior to emptying the catheter bag. Resident #10: Review of an Admission Record revealed Resident #10 was a female with pertinent diagnoses which included a catheter, kidney disease, urinary tract infections, and need for assistance with personal care. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235261	A. Building B. Wing	02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Skld Leonard	1700 Leonard St N E Grand Rapids, MI 49505

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of Orders dated 9/6/24, revealed, .Catheter care has been provided every day and night shift for management routine . Review of Orders dated 9/6/24, revealed, .Resident requires Enhanced Barrier Precautions related to presence of indwelling urinary catheter every day and night shift to neuromuscular dysfunction of bladder . During an observation 02/26/25 10:21 AM, CNA U exited Resident #10's room and proceeded to bring the hoyer into the room. CNA Q grabbed gloves from the bathroom. There was PPE noted in a container hung on the doorway to the bathroom. CNA U moved to the left side of Resident #10's bed and CNA Q moved to the right of bed, Resident #10 crossed her hands and a catheter bag was observed hanging on the right side of the bed. Both attached the loops to the hoyer sling, slowly lifted her up from the bed, slowly moved her over to her wheelchair. CNA U adjusted the height and positioning of the wheelchair to the position Resident #10 preferred. CNA U was in the back of the sling, and grabbed the back straps, CNA Q moved her legs over and she was slowly lowered into the wheelchair. Resident #10 feet were positioned in the foot rests, and she was adjusted back into the seat of the chair, as far back as she could go, like she liked as she had a table which crossed over her lap in the chair. Both CNAs provided adjustment to the resident in the wheelchair so she was comfortable. Both CNAs were observed with no gown on when Resident #10 was transferred. In an interview on 02/26/25 at 12:40 PM, Registered Nurse (RN) M reported with enhanced barrier precautions she should wear a gown and gloves when care was provided to the resident and then if there was a splash propensity, then she would wear eye protection. In an interview on 02/26/25 at 12:56 PM, Certified Nursing Assistant (CNA) Q reported she was under the impression that the only time the staff would wear personal protective equipment was when they were doing brief changes, and catheter bag emptying. CNA Q reported she wasn't aware that she was supposed to be wearing PPE during transfers of a resident under EBP. CNA Q reported that she was educated today that she has to wear personal protective equipment anytime she is to have hands-on care with the resident. In an interview on 02/26/25 at 09:11 AM, Infection Preventionist (IFP) OO reported during the last all staff meeting on 2/19/25, she provided enhanced barrier education on why and when staff were required to wear personal protective equipment (PPE) to the staff who attended. IFP OO reported she worked the floor third shift and she was able to provide surveillance of proper PPE use during third shift but was not able to monitor staff use during first and second shift. In an interview on 02/26/25 10:08 AM Director of Nursing (DON) B reported for residents with enhanced barrier precautions (EBP) the staff should follow the sign on the doorways. DON B reported the sign also indicated which bed number for EBP. DON B reported the staff recently received education and handouts for EBP. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235261	A. Building B. Wing	02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Skld Leonard	1700 Leonard St N E Grand Rapids, MI 49505

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of the policy/procedure Enhanced Barrier Precautions, dated 3/27/24, revealed .It is the policy of this facility to use Enhanced Barrier Precautions (EBP) to expand the use of PPE and to refer to the use of gown and gloves during high-contact resident care activities that provide opportunities for transfer of MDROs (Multi-Drug Resistant Organisms) to staff hands and clothing. MDROs may be indirectly transferred from resident-to resident during these high-contact care activities .Even if the resident is not known to be infected or colonized with a MDRO, an order for enhanced barrier precautions will be obtained for residents with any of the following .Wounds .Indwelling medical devices (e.g., central lines, urinary catheters, feeding tubes, tracheostomy / ventilator tubes) .Infection or colonization with a CDC-targeted MDRO when Contact Precautions do not otherwise apply .Examples of high-contact resident care activities requiring gown and glove use for Enhanced Barrier Precautions include .Bathing/Showering .Transferring .Providing personal hygiene .Changing linens .Changing briefs or assisting with toileting .Device care . 38905 DPS B Based on observation and interview the facility failed to maintain equipment and surfaces in a manner that would reduce the risk of bacterial harborage. This resulted in the increased likelihood of domestic water and clean and sanitary supplies becoming contaminated. FindingsiInclude: During a tour of the 100 hall soiled utility room, at 2:11 PM on 2/24/25, found the hopper sprayer atmospheric vacuum breaker did not have a top cap and was leaking heavily when turned on. No water was able to come out of the sprayer, indicating a stagnant line. During a tour of resident room [ROOM NUMBER]'s shared bathroom, at 2:13 PM on 2/24/25, it was observed the back of the toilet had a slow leak revealing a six by six inch puddle on the floor. This area on the floor behind the toilet was found to be discolored with black staining. When asked if she could see the leak, Housekeeping Manger (HKM) NN, nodded her head. During a tour of the central supply room, at 2:19 PM on 2/24/25, it was observed that eight racks of shelving were found to help stack and store supplies, including clean and sanitary items. Further review found that the eight racks used press board shelving, which is not smooth and easily cleanable. Shelving should be able to be wiped as a clean surface without absorbing moisture and possible contamination. When asked how long the shelves had been here, HKM NN stated that the facility just got them in awhile ago. During an observation of the 200 hall spa, at 2:35 PM on 2/24/25, it was observed that an approximate 12 x16 inch portion of the top back wall was found chipping and pealing. When asked about the patch, HKM NN stated that it was something that maintenance was working on.