

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235327	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/27/2025
NAME OF PROVIDER OR SUPPLIER Laurels of Hudsonville (the)		STREET ADDRESS, CITY, STATE, ZIP CODE 3650 Van Buren Hudsonville, MI 49426	

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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37577</p> <p>This citation is related to intake # MI00151285</p> <p>Based on interview and record review, the facility failed to administer medications according to professional standards for one (Resident #1) of three residents reviewed.</p> <p>Findings:</p> <p>Resident #1 (R1)</p> <p>Review of an Admission Record revealed R1 was a [AGE] year old female, last admitted to the facility on [DATE], with pertinent diagnoses of a stroke causing paralysis and weakness to the right side of the body, blindness in one eye, and dependent of staff for all daily cares.</p> <p>Review of an electronic medication administration record (Emar) for R1, dated February 2025, reflected an order for Methocarbamol (a muscle relaxer) 500 mg (milligrams) one tab three times daily for muscle spasm's (start date 11-27-24) and an order for Methocarbamol 750 mg one tab in the morning for muscle spasm's (start date 01/24/25).</p> <p>Review of the same Emar for R1 revealed an order for Baclofen (a muscle relaxer) 10 mg one tab three times daily for muscle spasm's (start date 02/17/25). The first dose of Baclofen was signed out as given at noon on 02/17/25.</p> <p>Review of hospital records for R1 dated 02/18/25 reflected the following: (a) patient is somnolent (sleepy) and unarousable, (b) patient came to the emergency department (ER) from dialysis following unusual behavior and unresponsiveness, (c) the ER nurse reported that the nursing home staff had been accidentally giving (R1) both Baclofen and Methocarbamol at the same time, and (d) an ER nurse also reported that the facility prescriber reported starting the Baclofen but had not yet discontinued the Methocarbamol.</p> <p>During an interview on 03/27/25 at 12:45 PM, the Director of Nursing confirmed that R1 had in fact been administered two muscle relaxer's at the same time and the medication error was not recognized by nursing.</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
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<p>F 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37577</p> <p>This citation pertains to intake # MI00149246</p> <p>Based on observation, interview, and record review, the facility failed to follow professional guidelines for three residents (Resident #4, Resident #5, and Resident #9) out of 4 residents reviewed for tube feeding.</p> <p>Findings:</p> <p>Resident #4 (R4)</p> <p>Review of an Admission Record revealed R4 was a [AGE] year old female, last admitted to the facility on [DATE] with pertinent diagnoses of cerebral palsy. R4 was completely dependent on staff to have all of her needs met and received nutrition and hydration through a tube feed.</p> <p>During an observation on 03/26/25 at 8:30 AM, R4 laid in bed resting with her eyes closed with the tube feed running. R4's lips were dry and cracked and the head of the bed was positioned at 20 degrees with the resident slid down in the bed and R4's head was positioned at 10 degrees.</p> <p>During an observation on 03/27/25 at 8:03 AM, R4 laid in bed with her eyes closed and the tube feed running. The head of the bed was elevated to 12 degrees.</p> <p>During an observation on 03/27/25 at 8:35 AM, certified nurse aide (CNA) M exited R4's room. R4 was observed laying in bed resting with her eyes closed and the head of the bed remained at 12 degrees. During an interview at the same time, CNA M reported having been in the room to check on R4. When asked at what level the head of the bed should be. CNA M stated that she did not know.</p> <p>Review of a Care Plan for R4 reflected .elevate head of bed to 30 degrees during and 30 minutes after tube feed.</p> <p>Resident #5 (R5)</p> <p>Review of an Admission Record revealed R5 was an [AGE] year old male, last admitted to the facility on [DATE], with pertinent diagnoses of cognitive communication deficit, pneumonitis due to inhalation of food and vomit, and acute respiratory failure. R5 received nutrition and hydration through a tube feed.</p> <p>During an observation on 03/26/25 at 8:35 AM, R5 laid in bed resting with his eyes closed and the tube feed was running. The head of the bed was raised to 22 degrees and the Osmolite 1.5 did not have a time on the label indicating when it was initiated.</p> <p>During an observation on 03/27/25 at 8:15 AM, R5 laid in bed resting with his eyes closed and the tube feed was running. R5's head was elevated to 20 degrees and the kangaroo flush bag that was dated 03/26/25 did not have a start time indicated.</p> <p>(continued on next page)</p>		

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<p>F 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of a Care Plan for R5 revealed .elevate the head of bed to semi-Fowlers position (head of the bed position at 30 to 45 degrees) during and 30 minutes after tube feed.</p> <p>Resident #9 (R9)</p> <p>Review of an Admission Record revealed R9 was an [AGE] year old male, last admitted to the facility on [DATE], with pertinent diagnoses of Parkinson's Disease, cancer of the mouth and throat, and Alzheimer's.</p> <p>During an observation on 03/26/25 at 8:20 AM, R9 laid in bed resting with his eyes closed and the tube feed running. The kangaroo flush bag that provided hydration to R9 was not labeled with a date and time that it was initiated.</p> <p>During an interview on 03/27/25 at 9:00 AM, the Director of Nursing indicated that the standard of practice for the facility regarding tube feeding practices was to (a) elevate the head of the bed to 30-45 degrees when the tube feed was running, (b) to label the tube feed solution and kangaroo flush bag with the date and time each was initiated.</p> <p>Review of the facility policy Enteral Nutrition reflected .(8) the resident should be in the semi-Fowlers position during administration and for 30 minutes to one hour afterward to prevent aspiration.</p>