

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235360	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/08/2025
NAME OF PROVIDER OR SUPPLIER  Arbor Manor Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  151 2nd St Spring Arbor, MI 49283	

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 - 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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 27446</p> <p>This citation pertains to intake number MI00149135.</p> <p>Based on observation, interview, and record review the facility failed to ensure for one out of three residents (Resident #1) proper and safe transfer with an assistive device was conducted resulting in harm to the resident.</p> <p>Findings Included:</p> <p>Review of Resident #1's (R1) electronic medical record (EMR) revealed R1's had resided at the facility since 2013; Diagnosis included multiple sclerosis and muscle weakness.</p> <p>Review of a progress note dated [DATE], revealed R1 had a fall. The note revealed R1 was noted to be on the floor with her back to the bed, and the assistive device (sit to stand-a device that lifts a person from a sitting to a standing position) in front of her. The note revealed that R1 made a statement that her legs gave out. This was noted in the note to have occurred while the sit to stand was in use on R1.</p> <p>Further review of R1's progress notes revealed that on [DATE] at R1 had complained of pain to both lower legs. The note revealed R1's pain was more so in the right hip and knee so the Physician was notified, and X-rays were ordered.</p> <p>Review of the X-rays dated [DATE], revealed R1 had a fracture to the top area of the right femur (top leg bone).</p> <p>R1's progress notes dated [DATE], revealed R1 was transferred to the hospital related to the right femur fracture.</p> <p>Continued review of R1's progress notes revealed R1 returned to the facility on [DATE] with a surgical incision to her right hip.</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
-----------------------------------------------------------------------	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235360	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/08/2025
NAME OF PROVIDER OR SUPPLIER  Arbor Manor Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  151 2nd St Spring Arbor, MI 49283	
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 - Actual harm</p> <p>Residents Affected - Few</p>	<p>Review of progress notes revealed that on [DATE], the Interdisciplinary Team (IDT) documented the circumstances of R1's fall on [DATE]. The notes revealed R1 was seated on the edge of the bed, the lift (assistive device) had been lowered to the mattress. Staff were disconnection R1 from the lift after R1 had been placed on the bed, R1 was not able to follow directions, and would not let go of the lift handle bars after being seated, staff had attempted to assist R1 to remain safely on the bed but had to lower R1 to the floor. The note did not document a reason R1 had to be lowered to the floor instead of being assisted to scoot back onto the bed. The note also revealed R1 was sent to the hospital due to a fracture.</p> <p>Review of a documented interview with Nurse Aid (NA) C and D dated [DATE], that was not signed but provided by Nursing Home Administrator (NHA) A, revealed R1 was transferred with a sit to stand lift, placed on the bed, the lift belt was disconnected, R1 was at the edge of the bed, R1 was directed to let go of the lift bars so NA C and D could move R1 back further onto the bed, but R1 would not let go so R1 started to slide off the bed, which caused NA C and D to grab onto the lift belt and lower R1 to the floor.</p> <p>In an interview on [DATE] at 2:35 PM, NA D stated that she and NA C were transferring R1 from wheelchair to bed with a sit to stand device. NA D said the sit to stand device was R1's personal sit to stand that R1 owned. NA D said the battery to the sit to stand died so NA C left R1's room to find another battery, but when NA C returned she was not able to find another battery. NA D said the battery had worked fine when her and NA C had taken R1 to the bathroom, but said on the way back the battery stopped working once they got R1 to the bed. NA D stated that there was no indicator on the lift that showed the amount of battery power left in the battery. NA D said she was not able to hold R1 up any longer by herself so when NA C returned from looking for a battery the two of them guided R1 to the floor. NA D said she was the only one in R1's room when NA C left to get another battery that was why she could not hold R1 up by herself any longer.</p> <p>In an interview and observation on [DATE] at 3:10 PM, R1 stated that she did not really recall the fall, but was aware that she had a fracture to her right femur. While in R1's room a sit to stand was observed to be in her room, and had a label that had her name typed on it. Two batteries were also observed with R1's name on them. One battery was in place on the charger, and the other on the floor next to it. A battery that did not match the two batteries was observed to be plugged into the lift.</p> <p>In an interview on [DATE] at 2:04 PM, NA C stated R1 was sit to stand lift for transfers. NA C said her and NA D were transferring R1 from her wheelchair to the bed when R1 said her legs were giving out. NA C said they were able to get R1 to the bed, but R1 was only sitting on the edge of the bed, they removed the lift straps from the lift, but stated R1 would not let go of the bars on the lift. NA C said she tried to scoot R1 back onto the bed further, but stated that herself and NA D had not placed a gait belt (belt that goes around the waist for staff to hold onto for guidance and safety of the resident) on R1, and R1 would not let go of the lift bars so her and NA D had to lower R1 to the floor. NA C stated that she was supposed to have placed a gait belt on R1 prior to transferring R1.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235360	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/08/2025
NAME OF PROVIDER OR SUPPLIER  Arbor Manor Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  151 2nd St Spring Arbor, MI 49283	
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 - Actual harm</p> <p>Residents Affected - Few</p>	<p>In a further interview NA C stated she had left R1's room when R1 was up in the lift at the bed to find another battery because the one in the lift had died . NA C said when the battery died the lift lowered to approximately one inch above the bed mattress. NA C said she got another battery then her and NA D lower R1 to the floor. NA C stated that she did not believe there was a battery indicator on R1's sit to stand lift. NA C: said that was the first time she had ever used R1's sit to stand lift.</p> <p>In an observation with NA C at 2:25 PM on [DATE] of R1's room, R1's lift was not in the room at the time. The battery charger and the extra battery were in the room. NA C stated that neither herself nor NA D knew that those were the batteries for R1's sit to stand lift, but knew they were there, just did not know what they were. NA C said that when she left R1's room to get a battery, R1 was standing up in the sit to stand until she returned and changed the battery, but by that time said R1's legs had given out so her and NA D guided R1 to the floor. NA C was asked if the window that was observed underneath the battery on the lift, which showed rectangular bars, was the battery power indicator window, NA C said no she did not think so nor did she know. NA C was not able to identify how to know when the battery needed to be changed on the lift prior to the battery running out of power completely.</p> <p>In an interview on [DATE] at 1:35 PM, Licensed Practical Nurse (LPN) E stated she was called to R1's room by NA D, and she got there she saw NA C standing next to the sit to stand, and R1 was on the floor. NA C or D told me the battery had dead, and neither of them seemed to know there were two batteries in R1's room, LPN E said she asked both NA C and D where the gait belt was and why there was not gait belt on R1. LPN E said she was livid, and both NA C and D had just been trained on the use of lifts, and said she scolded them for not using a gait belt.</p> <p>In an interview and observation on [DATE] at 3:18 PM, Certified Nurse Aid (CNA) F stated that all the sit to stands and hoysers lifts (full lifts) had a window that show the battery life that remained in the battery. R1's lift was observed with CNA F, and CNA F stated that the battery indicator window was the window with the bars which was right underneath the battery.</p> <p>Record review of a care plan with a Focus of ADL (activities of daily living)-I (R1) have impaired mobility r/t (related to) my dx (diagnosis) of MS (multiple sclerosis) and dementia. The care plan was initiated on [DATE] and revised on [DATE]. The care plan included an intervention for R1 to have, TRANSFERS: EZ Stand (sit to stand) with assist x3 (3 person to assist with transfer) . This intervention was dated [DATE], and was not resolved nor canceled therefore the intervention remained active.</p> <p>Review of the CNA Kardex (a document that list how to care for a resident that a CNA uses) revealed under the Transfers section, TRANSFERS: EZ Stand with assist x3 .</p>		