

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235373	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/29/2024
NAME OF PROVIDER OR SUPPLIER Heartwood Lodge Trinity Health		STREET ADDRESS, CITY, STATE, ZIP CODE 18525 Woodland Ridge Drive Spring Lake, MI 49456	

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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45410</p> <p>This citation pertains to intake #MI00147647.</p> <p>Based on interview and record review, the facility failed to report an allegation of abuse timely for 1 resident (Resident #101), of 3 residents reviewed for abuse.</p> <p>Findings include:</p> <p>Review of an Admission Record revealed Resident #101 (R101) admitted to the facility on [DATE] with pertinent diagnoses which included dementia and anxiety.</p> <p>Review of R101's Facility Reported Incident (FRI) Investigation Report, MI-FRI #00057977, revealed R101's allegation of abuse was discovered on 10/10/2024 at 12:30 PM, the Nursing Home Administrator (NHA) was notified of the allegation on 10/10/2024 at 3:41 PM, and the incident was reported to the State of Michigan on 10/10/2024 at 9:54 PM.</p> <p>In an interview on 10/28/2024 at 1:28 PM, Regional Nurse Consultant C reported she was assisting at the facility on 10/10/2024. Regional Nurse Consultant C reported R101 told the facility Nurse Practitioner at approximately 11:30 AM on 10/10/2024 that he had been assaulted by staff the previous day. Regional Nurse Consultant C reported the NHA was notified of this allegation of abuse in the afternoon. Regional Nurse Consultant C reported both the NHA and Director of Nursing (DON) were away from the facility on 10/10/2024.</p> <p>Review of R101's Nurse Practitioner note, dated 10/10/2024 at 2:48 PM, revealed R101 reported two staff members had assaulted him the previous day.</p> <p>In a telephone interview on 10/28/2024 at 3:15 PM, Former NHA A reported she was notified of R101's allegation of physical abuse the afternoon of 10/10/2024 but was unable to report this to the State of Michigan in the 2-hour required timeframe because of extenuating personal circumstances that required her to be away from the facility.</p> <p>In an interview on 10/28/2024 at 12:30 PM, the Interim NHA reported R101's allegation of abuse the afternoon of 10/10/2024 was not reported to the State of Michigan until almost 10:00 PM that evening, outside the required 2-hour time frame.</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
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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of facility policy/procedure Abuse, Neglect, and/or Misappropriation of Resident Funds or Property and Exploitation Prohibition, revised August of 2022, revealed .Reporting . Incidents and/or alleged violations involving abuse, neglect, exploitation, or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately to the Administrator/designee . table . When . All alleged violations-Immediately but not later than . 2 hours if the alleged violation involves abuse .</p>		