

Department of Health & Human Services  
Centers for Medicare & Medicaid Services

Printed: 10/09/2026  
Form Approved OMB  
No. 0938-0391

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>235377                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                                 | (X3) DATE SURVEY<br>COMPLETED<br><br>07/16/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Valley View Care Center                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>1050 Four Mile NW<br>Grand Rapids, MI 49544 |                                                 |
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| F 0689<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Few                                                          | <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> This citation pertains to intake 3064222. Based on observation, interview, and record review the facility failed to ensure a sit-to-stand lift (mechanical mobility device that helps transition a resident from sitting to standing) was used correctly for 1 (Resident #1) of 3 residents reviewed for falls resulting in a fall, right femur (thigh bone) fracture (broken bone), increased pain, and a hospitalization to have a fracture surgically repaired. Findings include: Review of Resident #1 (R#1)'s admission Record, dated 7/14/26, indicated she had a responsible party (a designated individual acting on the resident's behalf)/Power of Attorney (POA; legal document that gives an individual authority to make decisions on behalf of someone else). R#1 had pertinent diagnoses of right femur (thigh bone) fracture, osteoarthritis (occurs when the protective tissue that cushions the ends of your bones gradually wears away), obesity, muscle weakness, and cognitive communication deficit (an impaired ability to speak, listen, read, write, or socialize). Review of R#1's fall investigation summary, undated, stated, Resident: (R#1). Incident Date/Time: 06/20/2026 at approximately 1845 (6:45 PM). Location: Resident Bathroom. Type of Incident: Assisted Lowering/Fall During Sit-to-Stand Lift Transfer. Resident (R#1) was involved in a witnessed assisted lowering to the floor during a transfer utilizing a sit-to-stand lift in the bathroom. The nurse observed the resident partially off the standing platform with the right knee resting on the platform and right foot on the floor while the left leg remained on the lift platform. Resident was alert but unable to explain the circumstances of the incident due to cognitive impairment. Assessment revealed complaints of right knee pain with movement, a superficial (on or near the surface) skin tear, and developing ecchymosis (bruise) to the right knee. Imaging (x-ray) revealed a displaced (bone fracture where the broken pieces are not aligned properly) distal (located away from the center of the body/point of attachment) right femur fracture with posterior (situated at or toward the back of the body) and lateral (away from the center/midline) displacement (bone not in its normal alignment) of the distal fracture. The assigned CNA (CNA J) reported that after assisting the resident to the toilet utilizing the sit-to-stand lift, the resident was cleaned and prepared for transfer back to bed. While exiting the bathroom, the resident began leaning to the left and her right leg started slipping from the platform. The CNA obtained assistance. Upon further review, the CNA stated the safety belt and shin/leg support buckle were not secured during the transfer. A second staff member reported arriving in the bathroom and observing the resident with one knee bent down while both arms remained on the lift. Investigation determined the incident occurred during a sit-to-stand lift transfer when the resident slipped from the lift platform. Review of witness statements identified that required safety devices, including the transfer belt and shin support buckle, were not secured during the transfer process. Resident was transferred to the hospital. Hospital imaging confirmed an oblique (a bone break that occurs diagonally) distal right femur fracture with (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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER<br>REPRESENTATIVE'S SIGNATURE | TITLE     | (X6) DATE                                                          |
| FORM CMS-2567 (02/99)<br>Previous Versions Obsolete                      | Event ID: | Facility ID:<br>235377<br><br>If continuation sheet<br>Page 1 of 6 |

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| F 0689<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Few                                                          | <p>posterior and lateral displacement. On 06/22/2026, resident (R#1) underwent surgical fixation with insertion of an intramedullary rod (metal device surgically inserted into a bone to stabilize/align a broken bone). Post-operative (after operation/surgery) management included pain control, blood transfusion. The investigation determined the resident's distal right femur fracture was sustained during a sit-to-stand lift transfer when the resident slipped from the lift platform. Identified that required safety restraints and support buckles were not secured at the time of transfer. Review of Resident #1's #2996 Fall incident and accident report, dated 6/20/26, stated, .Date: 6/20/2026 18:45 (6:45 PM) .Incident Location: Resident's (R#1's) Bathroom .Witnessed assisted lowering to the floor. Resident slipped from sit-to-stand lift platform during transfer in bathroom. As an immediate intervention to prevent recurrence, staff will utilize all appropriate straps on the sit-to-stand lift while the resident is on the machine .Endorsing pain to the right knee with movement. Skin tear and developing ecchymosis noted to right knee .Review of Certified Nurse Aide (CNA) J's witness statement (for R#1's 6/20/26 fall), dated 6/21/26, stated, .Moving out of the bathroom and the right leg was slipping. I ran to get CNA E. Got two nurses (Registered Nurses (RN) N and O). It was determined that it would take all of us to get her up .The belt around her (torso/trunk) was not snapped (utilized/secured). The leg/shin seat buckle was not snapped or buckled . Review of R#1's 6/20/26 Falls Assessment, dated 6/21/26, stated, Contributing factors .difficulty maintaining sitting balance .Difficulty maintaining standing position .Does the resident have any of the following internal risk factors? .Pain .Summarize the impact of this problem/need on the resident .This RN completed a post-incident analysis regarding Resident's slip from the sit-to-stand lift. The impact of this event includes impaired skin integrity and acute pain with right knee ROM (range of motion), which currently limits the resident's baseline mobility and safe transfer ability .Potential complications involve a right knee fracture pending X-ray results .and further functional decline secondary to pain. A root-cause-analysis (process to uncover underlying reasons behind a problem) indicates the fall occurred d/t (due to) a situational and procedural failure; specifically, the resident slipped from the platform because all appropriate safety straps were not utilized on the sit-to-stand machine. Review of R#1's progress note, dated 6/20/26 7:00 PM, stated, During shift report, a CNA requested assistance stating Resident was falling out of the sit-to-stand lift. Upon entering the bathroom, this RN observed the resident's right knee on the standing platform with the right foot on the floor, while the left leg remained on the lift platform. BUE (bilateral upper extremities; both arms) were elevated with the right hand gripping the wall grab bar. This nurse, along with CNAs, gently lowered the resident the remaining way to the floor with observation of the day shift RN. The nurse performed PROM (passive range of motion; movement of a joint performed by qualified staff without any effort from the resident's own muscles) on all extremities (arms and legs); resident endorsed pain to the right knee during flexion (bending a joint) and extension (straightening of a joint). Pt (Patient/R#1) was unable to state what occurred prior to the incident. Pt was transferred to bed via [Brand Name Omitted] lift by the nurse and two CNAs. The nurse notified the on-call provider (doctor) of the incident, and an order for a STAT (medical abbreviation for urgent) right knee X-ray was obtained. Assessment of the right knee revealed developing ecchymosis to the inferior (lower portion) aspect and a superficial skin tear. Review of R#1's nurse's (RN N) progress note, dated 6/21/2026 at 4:00 PM, stated, Patient (R#1) in bed all shift, states pain right leg with movement. Remained still with leg supported by pillows. X-ray in to do film (x-ray), nurse observed x-ray screen. Observed possible fx (fracture) of right femur. Send to ER (emergency room) for eval (evaluation) and treat (treatment) .Review of R#1's Pain Level Summary, dated 4/22-6/28/26, showed R#1 had increased pain level scores (0-10 scale; 0 reflected no pain and 10 reflected severe pain) after the 6/20/26 fall compared (continued on next page)</p> |                                                                                          |                                                 |

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| <p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>                                                   | <p>to pain levels from before. From 4/22-6/19/26 R#1's pain values never reached a 9 or a 10. R#1's pain level summary indicated: - 6/20/26 at 7:17 AM (before the fall), R#1's pain score was 4.- 6/20/26 at 7:37 PM (after the fall), R#1's pain score was 10.- 6/21/26 at 7:15 AM, R#1's pain score was 10.- 6/27/26 at 10:13 PM, R#1's pain score was 7.Review of R#1's Radiology (medical imaging; x-ray) Results Report (The x-ray obtained at the facility), dated 6/21/26, stated, .X-Ray .Knee 1 or 2 Views, Right .Findings: There is a displaced fracture of the distal femoral diaphysis (shaft or central part of the femur) .Conclusion: Fracture of the distal femur .Review of R#1's Transfer Form, dated 6 21 26, stated, .Sent To: [Hospital Name Omitted] .Date: 6/21/2026 (at) 15 30 (3:30 PM) .Reason(s) for Transfer: Abnormal X-ray .Pain .Pain Level: 9 (9 out of 10, 10 being most high level pain) .Date: 6/21/2026 11:53 (11:53 AM) .Pain Location .Right leg .Most Recent Pain Mediation .Orders: Tramadol (pain medication/opioid) HCl (hydrochloride) Oral Tablet 50 MG (milligrams) .Last Administration: 06/21/2026 11:50 (11:50 AM) Usual Mental Status .Alert, oriented, follows instructions .Usual Functional Status .Not ambulatory .ADLs (activities of daily living) .Transfers .Need Assistance .Toileting .Need Assistance .Assistive device .Yes .[Lift Company's Name Omitted] transfer at baseline (sit-to-stand device) .Review of R#1's hospital notes, dated 6/21-6/25/2026, stated, .Reason for Visit.Chief Complaint.Leg Pain (Per EMS.she (R#1) had a fall yesterday.Visit Diagnoses Closed (broken bone didn't puncture the skin) displaced fracture of distal epiphysis (rounded end of the bone) of right femur .Procedure performed: insertion, intramedullary rod, femur . The hospital notes indicated R#1's pain at rest to the right hip/leg was a 9 out of 10 (10 being the highest level of pain) at 4:57 PM on 6/21/26. During an interview on 7/14/2026 at 9:56 AM, Director of Nursing (DON) B confirmed R#1 experienced a fall with injury during a transfer when CNA J did not use the sit-to-stand lift's lower leg strap.During an observation and interview on 7/14/2026 at 12:59 PM, R#1 was seated upright in her wheelchair in her room. R#1 pointed to her right leg and reported it was broken after staff didn't have her legs strapped into the sit-to-stand lift during a transfer recently. R#1 reported she hit her right leg on the floor, her pain level was a 10 (0-10 pain scale; 0 represented no pain and 10 represented severe pain) at the time of the fall, and she had increased pain after the fall. During an observation and interview on 7/16/2026 at 10:45 AM, R#1 was seated upright in her wheelchair in her room. R#1 reported she was having pain in her right leg, pointed to her right leg, and reported her right leg pain was a 7 out of 10.During a phone interview on 7/14/2026 at 1:09 PM, CNA J reported she was assisting R#1 transfer on and off the toilet with a sit-to-stand lift in R#1's bathroom on 6/20/26. CNA J reported she used the sit-to-stand lift to assist with the transfer, the resident was leaning slightly to the left, when R#1 was standing up from the toilet her legs were not strapped/buckled as they should have been, R#1's right leg slid backwards and off the platform, and confirmed she had forgot to secure the strap again when she was getting off the toilet. CNA J reported she quickly got assistance from CNA E, RN N, and RN O who helped lower R#1 to the floor completely and then they used a different full body lift (a lift that suspends a resident in the air in a full body sling while transferring). to get R#1 off the floor. CNA J reported R#1's right foot was stuck between the toilet and the stand that goes over the toilet. CNA J stated, I believe so when asked if R#1 was in pain after the fall.During an interview on 7/15/2026 at 8:14 AM, RN O reported on 6/20/26, CNA J came to her, and reported R#1 had fell and went to her room to assist. RN O reported when she saw R#1 in her bathroom, the lower strap of the sit-to-stand lift and the torso sling's strap were not buckled/secured. RN O reported R#1 was holding onto the bathroom wall's grab bar with her right hand. RN O confirmed both the upper torso sling/strap and lower leg strap should be used for safety and to assist the resident properly. RN O reported R#1's left knee was bent resting on the sit-to-stand lift and her right leg was twisted behind her. RN O confirmed R#1's right foot was behind the platform (continued on next page)</p> |                                                                                          |                                                 |

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| F 0689<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Few                                                          | <p>on the floor and her right knee was resting on the edge of the foot platform. RN O reported R#1 reported her knee hurt with movement after the fall. RN O reported R#1's inner right knee had started to bruise and had a curved line mark/impression from having had her right knee resting directly on the edge of the foot platform. RN O confirmed R#1 no longer used a sit-to-stand lift and was transferred with a full mechanical lift. RN O reported when she came back to work the night shift on 6/21/26, day shift nursing staff reported R#1 had been having more pain with movement and when turned by staff it caused pain to her right femur area. During a phone interview on 7/15/2026 at 10:38 AM, CNA E reported on 6/20/2026, CNA J came out of R#1's room into the hall and requested her help with R#1 as she had just fell. CNA E reported upon entering R#1's bathroom she observed R#1 in an awkward position, R#1 was partially standing up in the sit-to-stand lift, her left leg was bent down behind her and kneeling on her right knee. CNA E reported R#1 was wincing, the wincing was new and not her usual behavior, and her arms were still holding onto the bar. CNA E confirmed R#1 was in more pain than usual at that time. CNA E reported when RN O was checking R#1's right leg R#1 was saying, Ouch. CNA E confirmed both feet were off the lift's foot platform and the lower leg safety straps were not in place. During an interview on 7/15/2026 at 3:48 PM, Therapy Director C confirmed facility staff should have used all straps on the sit-to-stand lift when R#1 was transferred on 6/20/26. Therapy Director C reported all residents at the facility who use a sit-to-stand lift should have their feet on the platform and use both straps when transferring. Review of R#1's physician progress note, dated 6/26/26, stated, .(R#1) .is seen today for readmission. after hospitalization for right hip fracture. Per hospital notes, The patient is an [AGE] year-old female in a skilled nursing facility who is on (sic; non) ambulatory. Apparently last night she was going from a sit to stand position and fell striking her right upper leg. She had pain today. An outpatient x-ray reportedly shows a right femur fracture of unknown location. She's sent here by EMS (emergency medical services; ambulance) for further evaluation. She states her leg does hurt. She's a poor historian. She points mostly to her mid (middle) to distal femur. Patient was hospitalized from [DATE] - 6/25/26 .Review of the facility's Fall Reduction Program policy, dated 4/14/2025, stated, .Purpose: To provide a safe environment for residents, modify risk factors, and reduce risk of fall-related injury. All residents who are admitted are at risk for falls .Implement and indicate individualized interventions on Care Plan/Kardex . During the onsite survey, past noncompliance (PNC) was cited after the facility implemented actions to correct the noncompliance which included the affected resident (R#1) was assessed and treated, identified and assessed other residents who had the potential to be affected, 1:1 education with the staff who improperly transferred R#1, all nurses and CNAs were educated on safe transfers and use of lift equipment including demonstration, policy and procedure review, initiated ongoing audits to monitor sit-to-stand lift use, and ongoing review of the audit findings at the facility's quality assurance meetings. The facility was able to demonstrate monitoring of the corrective action and maintained compliance.</p> |                                                                                          |                                                 |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>235377                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                                 | (X3) DATE SURVEY<br>COMPLETED<br><br>07/16/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Valley View Care Center                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>1050 Four Mile NW<br>Grand Rapids, MI 49544 |                                                 |
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| <p>F 0580</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>This citation pertains to intake 3064222. Based on interview and record review the facility failed to ensure a resident's responsible party/power of attorney was notified immediately following a fall with injury for 1 (Resident #1) of 3 residents reviewed for notifications resulting in a responsible party not being kept updated on a resident's condition and changes. Findings include: Resident #1 (R#1): Review of R#1's admission Record, dated 7/14/26, indicated R#1's Responsible Party (RP; a designated individual acting on the resident's behalf)/Power of Attorney (POA; legal document that gives an individual authority to make decisions on behalf of someone else) L was listed as Contact Type. Responsible Party. POA - Care (healthcare). Emergency Contact #1 (first to be called). R#1's Family Member M was listed as Contact Type. Emergency Contact #2. R#1 had pertinent diagnoses of right femur (thigh bone) fracture, osteoarthritis (occurs when the protective tissue that cushions the ends of your bones gradually wears away), obesity, muscle weakness, and cognitive communication deficit (an impaired ability to speak, listen, read, write, or socialize). Review of R#1's Advance Directive Durable Power of Attorney for Healthcare (Patient Advocate Designation) form, signed 7/15/22, stated, .Accepting the Role of Patient Advocate .I, (R#1), am assigning the Patient Advocate(s) listed below .I, (R#1's RP/POA L), have agreed to be the Patient Advocate for the person named above .Date: 07-15-2022 .During a phone interview on 7/9/2026 at 5:00 PM, R#1's RP/POA L reported she never received notification/a phone call that R#1 had a fall on 6/20/26. R#1's RP/POA L reported she became aware of R#1's 6/20/26 fall when the facility called her on 6/21/2026 at approximately 2 or 3 PM to inform her that R#1 was being sent to the hospital. R#1's RP/POA L confirmed she was the primary contact person, emergency contact number one on the call list, and expected to be notified timely after a fall. During an interview on 7/15/2026 at 2:09 PM, Social Work Director (SWD) P reported R#1 was deemed incapable of making medical decisions on 6/4/26. SWD P reported RP/POA L signed and returned the acceptance of being R#1's POA the week of 6/7-6/13/26. SWD P confirmed RP/POA L was the activated POA for R#1 on 6/20/26 and RP/POA L was the #1 (primary) emergency contact. During an interview on 7/16/2026 at 10:45 AM, R#1 was in her room and reported RP/POA L was her power of attorney and would have wanted RP/POA L to have been notified after the fall on 6/20/26. Review of Resident #1's #2996 Fall incident and accident report, dated 6/20/26, stated, .Date: 6/20/2026 18:45 (6:45 PM) .Incident Location: Resident's (R#1's) Bathroom .Witnessed assisted lowering to the floor. Resident slipped from sit-to-stand lift platform during transfer in bathroom. As an immediate intervention to prevent recurrence, staff will utilize all appropriate straps on the sit-to-stand lift while the resident is on the machine .endorsing pain to the right knee with movement. Skin tear and developing ecchymosis (bruise) noted to right knee .Agencies/People Notified .Substitute Decision Maker .(R#1 Family Member M who was not power of attorney/responsible party/emergency contact #1) .Date 6/20/2026 (at) 19:30 (7:30 PM) . Review of R#1's change in condition assessment, dated 6/20/26 at 6:45 PM, stated, .The change in condition, symptoms or signs I (facility staff making the notification) am calling about is/are .Falls .This started on: 06/20/2026 .What time of day did this start? Afternoon .Pain Evaluation .Is the resident cognitively able to rate their pain scale? Yes .Site .Right knee (front) .Description 10/10 ( 0=no pain, 4-5=moderate pain, 10=excruciating pain) pain .Name of family/healthcare agent notified: Daughter (Note: This was not R#1's Responsible Party/Power of Attorney L) .Date and time of family notification 06/20/2026 (at) 19:30 (7:30 PM) . Review of R1's progress notes, dated 6/20/26 and 6/21/2026, indicated R#1's RP/POA L was not notified of the 6/20/26 fall until R#1 was being sent (continued on next page)</p> |                                                                                          |                                                 |

Department of Health & Human Services  
Centers for Medicare & Medicaid Services

Printed: 10/09/2026  
Form Approved OMB  
No. 0938-0391

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| F 0580<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | out to the hospital on 6/21/2026 at approximately 4:00 PM. The progress note, dated 6/21/26 at 4:00 PM, stated, Patient in bed all shift, states pain right leg with movement. Remained still with leg supported by pillows. x-ray in to do film .possible fx (fracture) of right femur .send to ER (emergency room) for eval (evaluation) and treat .(R#1's RP/POA L) notified . (Note: R#1's RP/POA L was not notified immediately of the 6/20/26 fall and approximately 21 hours passed before the notification was made.)Review of the facility's Change of Condition - Resident Family/Responsible Party Notification policy, dated 4/12/26, stated, .Family and/or responsible party are notified anytime there is a change in the resident's condition or plan of care .notify family and/or responsible party any time there is a .Change in condition .The designated person on the face sheet will be the contacted party .Notification of any change in the resident's condition will be done in a timely manner .Notify appropriate party and record in resident's medical record. |                                                                                          |                                                 |