

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235378	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/05/2025
NAME OF PROVIDER OR SUPPLIER Resthaven Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 280 W 40th St Holland, MI 49423	

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 0689 Level of Harm - Actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. (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
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<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** This citation pertains to intake # 2574196Based on interview and record review the facility failed to ensure the safety of 1 resident (Resident #1) of 3 residents reviewed for accidents/hazards resulting in Resident #1 having a fall in the facility parking lot while she was left unattended and as a result suffered frontal and temporal lobe hemorrhages, a 4th left rib fracture and a change in capacity.Findings include:Resident #1 (R1)Review of the admission Record and Minimum Data Set (MDS) dated [DATE] revealed R1 admitted to the facility on [DATE] with pertinent diagnoses including cerebral infarction (stroke), chronic fatigue and cognitive communication deficit. R1 was in the hospital from [DATE] to 7/16/2025. Brief Interview for Mental Status (BIMS) on 5/5/2025 reflected a score of 10 out of 15 which indicated R1 was moderately cognitively impaired (8-12 is moderate cognitive impairment) prior to the fall and BIMS on 7/21/2025 reflected a score of 7 out of 15 which indicated R1 was severely cognitively impaired (0-7 is severe cognitive impairment) after the fall.An email correspondence received on 8/1/2025 at 1:08 PM from Family Member (FM) P stated that he was told during transport, the hairstylist stopped to retrieve something from her car, leaving (R1) unattended in the wheelchair. The wheelchair rolled unattended and tipped off a curb, causing (R1) to fall and hit her head on the pavement. It was not stated by the RN but for the wheelchair to move the wheel brakes must not have been engaged. The RN did also mention that there would be some additional training that would be done, referring to the person that was handling the transfer of my mom. She was left unattended during wheelchair transport across a parking lot.and ultimately lost the ability to make her own medical decisions.Review of R1's Fall Risk Assessments dated 11/1/2024, 2/3/2025 and 5/5/2025 revealed that R1 had a history of falls in the past 3 months. Review of R1's Care Plan revealed Focus: I have an ADL self-care performance deficit r/t (related to) activity intolerance, stroke affecting left side. Date initiated 11/1/2024. Interventions/Tasks: Transportation: I use a wheelchair with no footrest, self propel in room, to and from dining, with footrests to activities.Date initiated: 3/31/2025, revision 4/25/2025. Revision on 7/16/2025 revealed Transportation: I use a standard wheelchair for mobility. Please assist me as needed for propulsion.Review of R1's Fall Report dated 7/10/2025 revealed Nursing Description: Direct cares staff informed nurse that resident had fallen out of w/c (wheelchair) outdoors while being transported to the main building to get her hair done. Description: upon arrival resident was noted on ground lying in the fetal position on her left side. Resident was alert and responding appropriately ROM (range of motion) completed to bilateral upper/lower extremities with no verbal visual indicators of discomfort. Resident positioned to the sitting position. A gait belt was placed; resident was assisted to the standing position and placed into w/c (wheelchair) without complication and or indication of discomfort. Resident assisted into facility/room. Swelling/abrasion to left side of forehead evident. Ice pack applied for precautionary measures. Further assessment noted no other s/s (signs/symptoms) of injury. Neuro assessments initiated with no adverse indicators. NP (Nurse Practitioner) notified of occurrence. Voicemail left with POA (power of attorney) with request to contact (facility name omitted) for information associated with fall. Beautician to be educated not to leave residence unattended outdoors.Review of R1's Progress Note dated 7/11/2025 completed by Nurse Practitioner (NP) Q revealed She (R1) did begin complaining of pain in her left side/ribs in the early morning hours today and this was relieved with PRN (as needed) Tylenol. No changes noted to patient mentation as of 0338 today. Provider notified at 0935 today that patient was having some changes in multi-tasking abilities and orientation. In person assessment at 0950. Patient is alert and interactive, LEFT facial droop appears at baseline. Patient oriented to self and location per baseline, with seemingly normal conversational ability. No new focal deficits noted. Patient working on puzzle and several pieces are placed incorrectly which is unusual for her. Patient largely at baseline with some possible mild alteration in mentation. She does take aspirin and clopidogrel related to previous CVA (cerebrovascular accident). Nursing advised to send patient out to ED (emergency department) related to fall with head injury on clopidogrel with possible mentation changes.Review of R1's Progress Note dated 7/11/2025 revealed Transfer Details: Resident Sent To: (Hospital name deleted) Date: 7/11/2025. Reason(s) for Transfer: Trauma (fall-related or other) -- Fall and fluctuating orientation. Transfer is Unplanned. Other: Specify in Explanation area below CT scan of head secondary to fall occurrence dated 7/10/25. Resident also voicing left side discomfort.Review of the hospital notes from R1's hospital stay from 7/11/2025 to 7/16/2025 revealed . She (R1) lives in a facility and was going to get her hair done last night when the person driving the wheelchair forgot to put the brakes on she fell out and struck her left forehead</p>		