

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

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Form Approved OMB
No. 0938-0391

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 07/30/2026
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 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are free from significant medication errors. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to prevent significant medication errors in 1 (Resident #14) of 7 residents reviewed for medication errors, resulting in Resident #14 receiving a mood stabilizing medication at a dose greater than the physician had ordered for 26 days. Findings include: Resident #14 Review of an admission Record revealed Resident #14 was originally admitted to the facility on [DATE] with pertinent diagnoses which include Alzheimer's disease with late onset (disease is a progressive neurodegenerative disorder that primarily affects memory, thinking, and behavior) and anxiety disorder. Review of Resident #14's Progress Note dated 3/6/26 and documented by Nurse Practitioner (NP) WW revealed, Chief Complaint: Medication Error . She (Resident #14) follows with (Local Mental Health Provider) for psychiatry. Her Depakote (anticonvulsant and mood-stabilizing medication) was increased last month to 375 mg (milligrams) three times daily due to worsening agitation and irritability. On medication review, it is discovered that patient has been receiving Depakote 375mg three times daily as well as an additional dose of 500 mg nightly since 02/10 During an interview on 7/30/2026 at 1:01 PM, Unit Manager (UM) TT reported she had been made aware of the medication error on 3/6/26 when it was discovered by NP WW during a medication review, and that she was the staff member that had investigated the medication error. UM TT reported that her investigation determined that the medication order change was recommended by Resident #14's Local Mental Health provider and then approved by NP WW. UM TT reported that Licensed Practical Nurse (LPN) RR entered the new medication orders but that she had missed discontinuing one of the previous Depakote orders which resulted in Resident #14 receiving the ordered 375 mg of Depakote three times a day and an additional 500 mg of Depakote every night that was not ordered. UM TT confirmed that Resident #14 received the incorrect dose of Depakote from 2/10/26 to 3/6/26. UM TT confirmed that NP WW had signed off and approved the medication orders, and therefore this error was missed by NP WW when she had approved the orders. UM TT reported that she had educated LPN RR on ensuring that all orders were reviewed when making medication changes. UM TT reported she had not provided any education to NP WW or any other nursing staff in the facility. UM TT reported that the facility did not audit all resident orders to ensure that there were not any other residents residing in the facility with inaccurate medication orders.		

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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