STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235441	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/16/2025
NAME OF PROVIDER OR SUPPLIER: Skld Wyoming		STREET ADDRESS, CITY, STATE, ZIP CODE: 625 36th St SW Wyoming, MI 49509	

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 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Reasonably accommodate the needs and preferences of each resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37577 This citation pertains to intake #MI00148807 Based on observation, interview, and record review, the facility failed to ensure call lights were within reach for one of five residents (Resident #305 and the resident residing in bed 104-A) reviewed for accommodation of needs. Findings: Resident #305 (R305) Review of an Admission Record revealed R305 was a [AGE] year-old female, last admitted to the facility on [DATE], with pertinent diagnoses of dementia, unsteadiness on her feet, cognitive communication deficit, and lack of coordination. R305 required assistance from at least one staff person for transfers, bed mobility, going to the bathroom, and getting cleaned up each day. During an observation on 01/14/25 at 9:46 AM, R305 sat in bed with eyes open and the call light laid on the floor under the bed, out of sight and out of reach of the resident. When asked how she would alert staff if she had any needs, R305 stated that she does everything for herself and would just do it. During an observation on 01/14/25 at 3:40 PM, R305's call light laid on the floor under the bed. During an observation on 01/15/24 at 8:35 AM, R305 laid in bed and the call light remained on the floor under the bed, out of sight and out of reach of of the resident. During an observation on 01/15/25 at 10:01 AM, R305 sat up in a wheelchair in her room, her bed had been made and the call light remained on the floor under the bed out of sight and out of reach of the resident. During an observation on 01/15/25 at 3:05 PM, the resident in bed 104-A laid awake watching television and the call light cord was hooked through the bed frame at the head of the bed and the call light laid on the floor at the head of the bed, out of sight and out of reach of the resident. When asked if she could reach the call light, the resident looked around her bed and stated that she did not know where it was. (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235441	A. Building B. Wing	01/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Skld Wyoming	625 36th St SW Wyoming, MI 49509

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 01/15/25 at 3:10 PM, Certified Nurse Aide (CNA) R stated that all staff are expected to check call light placement each time they enter a room.

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Skld Wyoming	625 36th St SW Wyoming, MI 49509

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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37577 This citation pertains to intake #MI00148807 Based on interview and record review, the facility failed to adhere to professional standards for one of three residents (Resident #307) reviewed for medication administration of narcotics. Findings: Resident #307 (R307) Review of an Admission Record revealed R307 was a [AGE] year-old male, last admitted to the facility on [DATE], with pertinent diagnoses of seizure disorder, frequent falls, weakness, and unsteadiness on his feet. R307 requires assistance from at least one staff person to get dressed, go to the bathroom, transfer, and bed mobility. Review of a Order Summary for R307 reflected an order for the controlled substance Vimpat (Lacosamide) 50 milligrams (mg) twice daily for seizure disorder. Review of a Control Substance Record for R307 revealed documentation for dates and times the medication Vimpat was given to the resident. The last date and time the medication was given, per this record, was 01/12/25 at 7:00 AM. At that time, the medication had run out and no other Vimpat pills were available to be dispensed. Review of an additional Control Substance Record for R307 showed that the facility received 30 tablets of Vimpat on 01/16/25 and the medication was administered to R307 at 7:00 AM on 01/16/25. Review of an Electronic Medication Administration Record (Emar) for R307 and dated January 2025 reflected that R307 was given one tablet of Vimpat 50 mg the evening of 01/14/25. This dose of Vimpat was not accounted for on either of the above mentioned Control Substance Record for R307. During an interview on 01/16/25 at 10:30 AM, Unit Manager (UM) K reviewed the January 2025 Emar for R307 and checked to see if the medication Vimpat had been available to administer via a back up system. It was determined that the Vimpat was not available in the building to administer to R307 the evening of 01/14/25 and UM K could not explain why the Vimpat was signed out as administered to R307 on the evening of 01/14/25. The Professional Standard of Quality for documentation of the residents health care in a medical record is the information must be true and complete. (Fundamentals of Nursing, Concepts, and Practice. Mosby. [NAME], P.A., [NAME], A.G., 2023)