

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 05/29/2025
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)
<p>F 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45410</p> <p>Based on interview and record review, the facility failed to ensure that only trained staff paused and restarted enteral feeding (feeding directly into the gastrointestinal tract through a tube) for 1 resident (R102) of 4 residents reviewed for nursing services.</p> <p>Findings include:</p> <p>Review of an Admission Record revealed R102 admitted to the facility on [DATE] with pertinent diagnoses which included esophageal cancer and esophageal obstruction.</p> <p>Review of R102's Physician's Orders active 2/4/2025 revealed he received enteral feeding.</p> <p>In a telephone interview on 5/27/2025 at 12:05 PM, former Certified Nursing Assistant (CNA) H reported late the evening of 2/3/2025 or early the morning of 2/4/2025 she provided care to R102. CNA H reported she paused his tube feeding prior to providing care and then restarted the tube feeding after care was completed.</p> <p>In an interview on 12/27/2025 at 12:30 PM, the Director of Nursing (DON) reported CNAs were not trained to pause and restart tube feeding.</p> <p>In a telephone interview on 12/27/2025 at 12:57 PM, Licensed Practical Nurse (LPN) E reported CNAs were not supposed to pause or restart tube feeding. LPN E stated, they are supposed to get the nurse for that.</p> <p>In an interview on 5/27/2025 at 1:24 PM, CNA F reported CNAs were able to pause and restart tube feeding during care and this occurred regularly. CNA F stated, why, are you not able to do that?</p> <p>In an interview on 5/29/2025 at 1:30 PM, the DON reported only trained staff such as licensed nurses and med techs were able to pause and restart tube feeding to prevent complications such as aspiration.</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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