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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235522 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 03/28/2025 |
| NAME OF PROVIDER OR SUPPLIER Hillcrest Nursing and Rehabilitation Community | | STREET ADDRESS, CITY, STATE, ZIP CODE 695 Mitzi St North Muskegon, MI 49445 | |

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) |
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| <p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p> | <p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37872</p> <p>This citation refers to intake MI00151516.</p> <p>Based on observation, interview and record review, the facility failed to implement the hot liquid policy for 1 resident (R1) of 4 residents reviewed, resulting in second degree burn caused by a hot liquid spill.</p> <p>Findings include:</p> <p>A second-degree burn is deeper than the top layer of skin (through epidermis to the dermis) and causes a blister to form with pink, painful skin. The blister may break and leak clear fluid, there is risk of infection. Second-degree burns typically take 1 to 3 weeks to heal and can happen from contact with hot water, coffee, soup, hot surface, or hot grease</p> <p>Resident #1 (R1)</p> <p>Review of Face Sheet reflected R1 was admitted to the facility on [DATE] with pertinent diagnoses of Alzheimer's Disease, muscle weakness, Cognitive communication deficit, reduced mobility and Parkinson's disease.</p> <p>Review of a Quarterly Minimum Data Set (MDS) assessment dated [DATE] reflected R1 had a BIMS (Brief Interview for Mental Status) score of 02 indicating advanced cognitive impairment. R1 requires Supervision or touching assistance - Helper provides Verbal Cues or TOUCHING/STEADING assistance as resident completes the activity for eating.</p> <p>Review of R1's progress note dated 3/24/25 at 5:58 PM revealed, Resident spilled hot chocolate on upper chest and abdomen at dinner. Clothes immediately removed. Skin is red. Applied cool clothes. Will monitor for blisters/burns.</p> <p>Review of R1's progress note dated 3/24/25 at 7:41 PM revealed, Skin to upper right chest now peeling. Skin red and not subsiding. Obtained new orders from (Name of) PA (physician assistant)-antibiotic ointment cover with nonstick gauze. no tape TID (three times a day). Notified (Name of R1's) DIL (daughter-in-law) with update. I have been in contact with DON (Director of Nursing). And attempted to contact Administrator.</p> <p>(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 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>Review of R1's progress note dated 3/25/25 at 4:30 AM revealed, Red areas on chest and abdomen remain red. Area on abdomen appear to have blisters developing, blisters fluid filled and intact. Resident also appears to have scratch mark on chest. Triple antibiotic ointment applied and covered with non-stick dressing with no tape applied. Resident has not c/o pain this shift.</p> <p>Review of R1's progress note dated 3/25/25 at 7:34 AM revealed, Observed chest and abdomen blistered areas, treatment per orders provided. This nurse asked resident if she was in any pain. Resident stated no and shook her head. Blisters are clean, dry and intact. No signs or symptoms of infection at this time. Will continue to monitor.</p> <p>Review of R1's progress note dated 3/25/25 at 9:42 AM revealed, Examination of anterior chest d/t hot liquid incident on 3/24/25. Mid chest with 5cm x 3cm superficial skin loss, no exudate, right breast with 3.5cm x 1.5cm fluid filled blister. Other areas on chest are light pink in color without skin loss. No pain expressed with light palpation to areas.</p> <p>Review of Physician Assistant Certified (PAC) F Progress Note dated 3/26/25 for R1 reflected the following skin assessment, Resident with an open area on the right medial breast measuring 4.2 x 3.4 x 0.1 cm, the wound base is 50% epithelial tissue and 50% granulation tissue, there is moderate serous drainage, no odor, wound edges are intact and attached, I did scrub the wound good and she showed no signs of pain with scrubbing. Resident with a serous filled bullous lesion to the right mid breast measuring 1.8 X 4.8 cm. resident with scattered areas of erythema to the mid and right upper abdomen, no blistering noted in these areas.</p> <p>During an interview on 3/28/25 at 3:00 PM, Certified Nursing Assistant (CNA) M stated, We tried getting her up for dinner on Monday, but she just refused. She wanted to stay in bed. So, she was in bed sitting straight up, she had a towel and a clothing protector on with her table in front of her. I got her hot chocolate for her it was hot (we got a new machine), so I did put a little cold water in it. I gave the cup to (Name of R1) and I waited as she took a couple of sips. She said she was good. I had just got out the door to the beverage cart when I heard her yell, and the cup hit the floor. I ran in stripped everything off her immediately, called to (Name of CNA I) to get a cool towel and grab the nurse. We got the towel on right away.</p> <p>During an interview on 3/28/25 at 3:18 PM, Certified Nurse's Aide (CNA) I revealed they had gotten a new coffee machine that was hot. CNA I stated that her and (Name of CNA M) were passing beverages and waiting on the tray. I was across the hall from (Name of R1's) room when I heard her yell out. (Name of CNA M) beat me in the room and by the time I got in there she had (Name of R1's) clothing off, I grabbed a cool towel for her and then ran to grab (Name of RN B). CNA I revealed that the resident had been sitting up in bed and had double clothing protector on a towel plus her clothing protector. CNA I stated that she had only been working here a few weeks and was concerned that they had no lids for the hot beverages. Stated she thought that was odd because the other places she had worked had lids.</p> <p>(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>During an interview on 3/27/25 at 11:13 AM, Registered Nurse (RN) B revealed I usually only work 1st shift but that day I did a double. Resident usually goes down to the dining room for assistance, but that night refused to go down for dinner. Resident was sitting upright in bed with the bedside table in front of her. The aides started passing the beverages while they were waiting for room trays. R1 spilled her hot chocolate somehow right down her neck and somehow missed her clothing, hand towel and clothing protector. I was helping another resident when the aides yelled and by the time I got to her room the aides had stripped her clothing off and had applied cool towels. At the time the skin was red on her upper chest and belly. At 7 pm noticed the upper right chest was starting to peel and antibiotic ointment and loose gauze were applied. By morning resident had a blister under her right breast along with scattered red areas. RN B stated she then notified the DON, residents' physician and family. RN B further revealed her care plan states she is supposed to be up at a table for meals and her hot chocolate did not have a lid on it. RN B stated (Name of R1) yelled out in pain when the initial burn happened, and she provided the resident with some Tylenol for pain, but she has denied any pain since.</p> <p>During an interview on 3/28/25 at 2:22 PM, R1's Daughter In Law (DIL) D stated when she was visiting (Name of R1) in the dining room at lunch time (about 2 weeks ago) she stated that (Name of R1) said the coffee was too hot to drink. I checked it and the coffee was too hot, and I had to ask an employee for ice. DIL D stated she was told by the employee the new coffee machine was holding the coffee hot. Feels her Mother-in-Law is not awake enough to drink (hot beverages) in her room by herself because she often is sleepy at meal times and has to be assisted. DIL D revealed the coffee/hot water use to be in white crafts and was usually served lukewarm which meant (Name of R1) could drink it right away.</p> <p>During an interview and record review on 3/27/25 at 12:09 PM, Dietary Manager (DM) C revealed they recently had gotten a new Coffee Machine and that as of 3/25/25 they had implemented a new temperature log form. DM C revealed they started the new form due to R1 receiving a burn and further revealed their previous forms did not have a space for hot liquids, but the current form does. Review of the daily Food Usage and Temperature Log from 3/20/25 - 3/23/25 reflected 3-meals are handwritten in and include food items and their temperatures. The daily log for 3/24/25 (the day R1 sustained a hot liquid burn) reflected information for breakfast and lunch, however, the dinner portion was not filled out. Milk and Juice temps were included on the logs, however hot beverage temps were not recorded.</p> <p>DM C reported during the interview that (Name of R1) is usually in the dining room for all meals and usually sits at the table with other residents that need assistance. DM C stated that for meals (Name of R1) has a divided plate and believes she needs a lid on her hot liquids usually hot chocolate.</p> <p>Review of Daily Temperature Log for Trayline a Sunday - Saturday form for Breakfast, Lunch and dinner reflected a space to document coffee/tea with a temperature of 155 written in and 165-180 crossed out. Temperature noted for coffee/tea from breakfast on 3/25/25 to lunch on 3/27/25 were between 148- 155 degrees.</p> <p>Review of DIETARY MANUAL for Management of Hot Food/Liquids Revised 1/25 reflects the following policy: It is the policy of this facility to manage resident consumption of hot liquids in order to prevent burns or resident injury.</p> <p>(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>Review of the Procedure reflected facility failed to ensure the following areas were being followed:</p> <ol style="list-style-type: none"> 1. A Hot Food/Liquid Assessment will be performed upon admission, quarterly, and with a resident significant change in condition by a facility clinical leader, and if needed in collaboration with Occupational Therapy. 2. Clinical Risk Review: Resident with a yes response in clinical section of the Hot Food/Liquid Assessment will have interventions selected to reduce risk of potential injury. 6. Residents identified as at risk will have selections listed on diet card in addition to an include Hot Spill Risk to alert staff during delivery of meal is at high risk for burn injury. 7. The individual resident care plan will reflect resident specific risk factors and appropriate interventions to assist in preventing burn injuries. 8. The dietary department will monitor hot food/beverage temperatures on the tray line on a daily basis to ensure appropriate temperatures are maintained. <p>Review of R1's most current Hot Foods and Liquid Assessment (prior to her 3/24/25 burn) was completed on 2/25/23 (more than two years old) for a quarterly review. Further review of the assessment reflected Yes, the resident is considered to be a high-risk injury for hot food and liquids. Interventions included: Consume hot liquids/food while sitting at a table only. Clothing protector or cloth napkin over lap & chest.</p> <p>During an interview on 3/27/25 at 12:40 PM, with DON and DM C revealed the resident had refused to go down to the dining room the night she was burned. The DON further revealed (Name of R1) was wearing double protection (hand towel on top of her clothing then a clothing protector over the towel.) DON stated she believes the resident spilled the hot chocolate in such a way that it went right down her chest and burned more heavily on her right side. DON further stated they did not have a lid policy before on hot beverages, but she is changing that now. During the interview DON confirmed R1's last Hot Food/Liquid Assessment was on 2/25/23 and stated, No, they (the assessments) were not being done quarterly per policy.</p> | | |