

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 10/16/2024
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)
<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39056</p> <p>Based on observation, interview, and record review, the facility failed to implement care planned interventions for the prevention of skin breakdown in 2 residents (Resident #20 and #16) out of 10 residents reviewed for comprehensive care plans.</p> <p>Findings:</p> <p>Resident #20 (R20)</p> <p>Review of an Admission Record revealed R20 was an [AGE] year-old female, admitted to the facility on [DATE], with pertinent diagnoses which included: stroke and contractures of the left and right hand.</p> <p>Review of a Minimum Data Set (MDS) assessment for R20, with a reference date of 9/8/24 revealed a Brief Interview for Mental Status (BIMS) score of 99, which indicated R20 was severely cognitively impaired.</p> <p>Review of R20's Rehab Order dated 5/12/22 revealed, Palm Protector schedule: Per therapy recommendation, to be worn after breakfast throughout the day, off at night and for hygiene.</p> <p>Review of R20's Order Summary dated 11/24/22 revealed, BUE (bilateral upper extremity) Palm Protector- ON upon rising, OFF at HS and for hygiene (sic). Special Instructions: Wash hands with warm compress and then apply lotion prior to donning splints. Assess skin integrity with don/doffing- report concerns to PCP (primary care provider) Twice A Day. Upon Rising, (and) At Bedtime.</p> <p>Review of R20's Care Plan revealed, Problem: Resident is at risk for skin breakdown and/or injury r/t (related to) s/p (status post) CVA (cerebral vascular accident/stroke) with left side hemiparesis (paralysis) - requires assistance with repositioning to alleviate pressure .r/t bilateral hand contracture (fingers closing into palm) .r/t use of palm protector bilateral hands.</p> <p>Review of R20's Resident Profile/Care Plan revealed, 05/17/2022 BUE Palm Protector ON upon rising, OFF at HS (bedtime) and for hygiene. Nursing to monitor skin integrity upon application and removal and 01/11/2024 Turn TV on in am upon arising (per family request) Special Instructions: Family request to keep TV on during the day for stimulation.</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.

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: 235522	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/16/2024
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)		
<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an observation on 10/14/24 at 10:12 AM, R20 was in bed and did not have bilateral hand splints in place. Her television was not on.</p> <p>During an observation on 10/14/24 at 11:07 AM, R20 was in bed and did not have bilateral hand splints in place. Her television was not on.</p> <p>During an observation on 10/14/24 at 1:55 PM, R20 was up in a recliner and did not have bilateral hand splints in place.</p> <p>During an observation on 10/14/24 at 4:03 PM, R20 was up in a recliner and did not have bilateral hand splints in place.</p> <p>During an observation on 10/15/24 at 8:45 AM, R20 was in bed and did not have bilateral hand splints in place.</p> <p>During an interview on 10/15/24 at 8:52 AM, Registered Nurse (RN) E reported that R20 did not have hand splints in place because she hates them with a passion.</p> <p>During an observation on 10/15/24 at 12:48 PM, R20 was up in a recliner and did not have bilateral hand splints in place.</p> <p>During an observation on 10/16/24 at 8:12 AM, R20 was in bed and did not have bilateral hand splints in place.</p> <p>During an observation on 10/16/24 at 11:00 AM, R20 was in bed and did not have bilateral hand splints in place.</p> <p>Review of R20's Behavior Logs and Electronic Medical Record revealed only 1 entry of R20 removing splint. A note dated 06/19/24 revealed, Observed resident removing palm protectors-she did eventually remove both. An additional note dated 10/15/24 revealed This RN observed resident removing palm protector to right hand. She managed to remove w/o (without) difficulties. This writer did reapply.</p> <p>During an interview on 10/15/24 at 03:44 PM, Responsible Party (RP) G (power of attorney) reported that R20 was to wear splints in both of her hands but it's hit or miss and the splints were not always placed in her hands. RP G reported that the splint placement was to be part of her morning care and R20 needs to start the day with having them. RP G reported that she had informed the last couple DON's (Director of Nursing) that care planned interventions were not implemented and was told that they would ensure staff were aware of interventions that needed to be completed. RP G did not report that R20 would remove the hand splints or that she did not want to wear them. RP G confirmed refusal of hand splints was not part of her care plan.</p> <p>Resident #16 (R16)</p> <p>Review of an Admission Record revealed R16 was a [AGE] year-old female, admitted to the facility on [DATE], with pertinent diagnoses which included: Alzheimer's disease, weakness, and need for assistance with personal care.</p> <p>(continued on next page)</p>		

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 10/16/2024
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)		
<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of a Minimum Data Set (MDS) assessment for R16, with a reference date of 9/8/24 revealed R16 was severely cognitively impaired.</p> <p>Review of R16's Progress Note dated 10/09/24 revealed, During bed bath with Hospice Aid reddened area noted to coccyx. This RN observed, area is blanchable not open. Measures 7.5cm cm x 3 cm .</p> <p>Review of R16's Progress Note dated 10/11/2024 revealed, .Area is reddened but it is blanchable. Continue to monitor and frequently reposition. Staff education provided.</p> <p>Review of R16's Resident Profile revealed 10/14/2024 provide frequent positional changes and ensure resident is off loading buttocks and 08/20/2024 Soft foam boots on at all times to relieve pressure points BL (bilateral) feet Hospice order.</p> <p>During an observation on 10/15/24 at 7:32 AM, R16 was assisted up to her Broda chair. She did not have foam boots in place.</p> <p>During an observation on 10/15/24 at 9:01 AM, R16 was up in her Broda chair in the dining room. She did not have foam boots in place.</p> <p>During an observation on 10/15/24 at 10:50 AM, R16 was up in her Broda chair in her room. She did not have foam boots in place.</p> <p>During an observation on 10/15/24 at 12:46 PM, R16 was up in her Broda chair in her room. She did not have foam boots in place.</p> <p>During an observation on 10/15/24 at 2:34 PM, R16 was in her bed. She did not have foam boots in place.</p> <p>During an observation on 10/16/24 at 8:10 AM, R16 was up in her Broda chair in the dining</p> <p>During an observation on 10/16/24 at 11:02 AM, R16 was up in her Broda chair in the dining room. She did not have foam boots in place.</p> <p>Review of R16's Behavior Logs and Electronic Medical Record revealed no documentation of behaviors or refusal to wear soft foam boots.</p> <p>During an interview on 10/16/24 at 2:10 PM, Director of Nursing (DON) reported that resident specific care planned interventions should be implemented and followed by the facility staff.</p> <p>(continued on next page)</p>		

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 10/16/2024
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)		
<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Fundamentals of Nursing ([NAME] and [NAME]) 11th edition revealed, A nursing care plan includes nursing diagnoses, goals and/ or expected outcomes, individualized nursing interventions, and a section for evaluation findings (see Chapter 20). The plan promotes continuity of care and better communication because it informs all health care providers about a patient's needs and interventions and reduces the risk for incomplete, incorrect, or inappropriate care measures .The plan gives all nurses a central document that outlines a patient's diagnoses/ problems, the plan of care for each diagnosis/ problem, and the outcomes for monitoring and evaluating patient progress. The plan of care communicates nursing care priorities to nurses and other health care providers. It also identifies and coordinates resources for delivering nursing care. [NAME], [NAME] A.; [NAME], [NAME] Griffin; Stockert, [NAME] A.; Hall, [NAME]. Fundamentals of Nursing - E-Book (p. 249). Elsevier Health Sciences. Kindle Edition.</p> <p>Review of Fundamentals of Nursing ([NAME] and [NAME]) 11th edition revealed, Care plans identify a plan of care based on a patient's appropriate nursing diagnoses, outcomes, and interventions individualized to the patient's unique needs. [NAME], [NAME] A.; [NAME], [NAME] Griffin; Stockert, [NAME] A.; Hall, [NAME]. Fundamentals of Nursing - E-Book (p. 254). Elsevier Health Sciences. Kindle Edition.</p> <p>Review of Fundamentals of Nursing ([NAME] and [NAME]) 11th edition revealed, Care planning is patient centered, taking into consideration the patient's most immediate needs and preferences . be vigilant in monitoring the patient and supervising assistive personnel in carrying out activities to prevent complications and potential injury. [NAME], [NAME] A.; [NAME], [NAME] Griffin; Stockert, [NAME] A.; Hall, [NAME]. Fundamentals of Nursing - E-Book (p. 790). Elsevier Health Sciences. Kindle Edition.</p>		

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 10/16/2024
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)		
<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39056</p> <p>Based on interview and record review, the facility failed to follow professional standards of nursing practice for comprehensive assessments and medication administration for 2 residents (Resident #25 and #30), out of 10 residents reviewed for the provision of nursing services.</p> <p>Findings:</p> <p>Resident #25 (R25)</p> <p>Review of an Admission Record revealed R25 was an [AGE] year-old male, admitted to the facility on [DATE], with pertinent diagnoses which included: lymphedema, urine retention, heart failure, and kidney disease.</p> <p>Review of R25's Progress Note dated 09/25/2024 at 03:00 AM revealed, Resident with episode of confusion-states I think I am a little confused. B/P (blood pressure) 128/50, T (temperature)-98.9, P (pulse)-92, R (respirations)-19 SPO2 (oxygen level) 96%. Urine in Foley cath (catheter) clear dark yellow urine (dark urine is an abnormal finding). Resident also with increased anxiety. Currently sitting in w/c (wheelchair). Resident asked if he wanted to go the hospital and he responded no. Resident respiration even and non-labored. Asked if he wanted to go to the hospital and states no. Encouraged to sit in recliner chair. A comprehensive physical and neurological examination were not completed/documented (including a pain assessment and palpation of the abdomen). There was no documentation that the provider was notified of the change of R25's neurological status (increased confusion/altered mental status).</p> <p>Review of R25's Progress Note dated 09/25/2024 at 07:05 AM revealed, Just after shift change resident heard to be screaming from room. This RN (registered nurse) observed resident in panic state wanting this RN to stop his stationary chair from moving around the room .Increased confusion, and he is very weak. Unable to hold objects in hands w/o (without) dropping them .We called her and girlfriend had concerns with AMS (altered mental status) and immediately called residents daughter. Daughter did speak with resident and encouraged him to go to hospital. Obtained order to send. All paperwork sent with resident. VS (vital signs) (oxygen level) 90% RA (room air) 120 pulse 110/60 (blood pressure) 97.8 (temperature) 17 (respirations) . Approximately 4 hours from the initial documented change in condition.</p> <p>Review of R25's Vitals Report from 7/17/24-9/25/24 revealed no blood pressure assessments or pulse assessments were documented in the report.</p> <p>(continued on next page)</p>		

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 10/16/2024
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)		
<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of R25's Hospital Records dated 9/25/24 revealed, .Pt (patient) was brought to the ER (emergency room) today with concerns for fever and hallucinations. He was found to be hypotensive (low blood pressure) and tachycardic (elevated heart rate). Afebrile (no temperature) .Pt denies abdominal pain but does admit to poor appetite and 4-5 days of mid back pain. On exam, he does have RUQ (right upper quadrant abdomen) tenderness to deep palpation. Pt has been given 3 L (liters) of fluids in ER and BP (blood pressure) is improving. He remains tachycardic .Recommend continuation of resuscitation with IV fluids and antibiotics .Upon arrival to the emergency department, patient is afebrile. He is tachycardic with a heart rate in the 110s and hypotensive with a BP as low as 72/58 .Severe sepsis with acute renal failure without septic shock .As evidenced by tachycardia and leukocytosis .</p> <p>During an interview on 10/16/24 at 8:10 AM, Licensed Practical Nurse (LPN) D reported that when a resident is experiencing a change of condition/medical emergency a comprehensive assessment should be completed and documented in the resident's progress notes. Vital signs, physician notification, guardian/emergency contact notification, the comprehensive assessment, and transfer to hospital documentation should be recorded in the resident's Electronic Medical Record.</p> <p>During an interview on 10/16/24 at 2:10 PM, Director of Nursing (DON) reported that she was unable to find any additional vital sign assessments prior to R25's transfer to the hospital on 9/25/24. DON reported that she would have expected vital sign assessments leading up to R25's decline/discharge. DON reported that vital signs should be assessed monthly unless an identified change in condition.</p> <p>Request for documentation that the provider was notified of R25's change in condition as well as additional vitals signs and assessments was requested via email on 10/15/2024 4:43 PM and 10/16/2024 12:35 PM. No additional documentation was received prior to survey exit.</p> <p>Review of the facility policy Notification of Change dated 07/2017 revealed, The residents physician and responsible party must be notified when an event involving the resident occurs or when the resident experiences a change in condition, potential discharge, room transfer or death .INTERVENTIONS: The Licensed nurse will use professional judgment any time that in their opinion the resident requires immediate medical attention. ASSESSMENT: 1. When made aware of a change in condition of a resident the Licensed nurse will perform an assessment based on their professional judgement that may include: *Vital signs *Mental status * Major diagnosis .Monitor and reassess the residents status and response to interventions. The physician should develop a working diagnosis and guide nursing staff in what to look for, what to monitor, and when to re-contact the physician if the residents progress deviates from the anticipated or expected course.</p> <p>Review of Fundamentals of Nursing ([NAME] and [NAME]) 11th edition revealed, It is important to recognize early indicators of acute illness in older adults .A key principle of providing age-appropriate nursing care is timely detection of these cardinal signs of illness so that early treatment can begin. Mental status changes commonly occur as a result of disease and psychological issues. [NAME], [NAME] A.; [NAME], [NAME] Griffin; Stockert, [NAME] A.; Hall, [NAME]. Fundamentals of Nursing - E-Book (p. 178). Elsevier Health Sciences. Kindle Edition.</p> <p>(continued on next page)</p>		

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 10/16/2024
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)		
<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Fundamentals of Nursing ([NAME] and [NAME]) 11th edition revealed, Measurement of vital signs provides data to determine a patient's usual state of health (baseline data). Many factors such as the temperature of the environment, the patient's physical exertion, and the effects of illness cause vital signs to change, sometimes outside an acceptable range. An alteration in vital signs signals a change in physiological function. Assessment of vital signs provides data to identify nursing diagnoses, implement planned interventions, and evaluate outcomes of care . Vital signs are a part of the assessment database. You include them in a complete physical assessment (see Chapter 30), routinely per a health care provider's order, or obtain them individually to assess a patient's condition. Establishing a database of vital signs during a routine physical examination serves as a baseline for future assessments. [NAME], [NAME] A.; [NAME], [NAME] Griffin; Stockert, [NAME] A.; Hall, [NAME]. Fundamentals of Nursing - E-Book (p. 467-468). Elsevier Health Sciences. Kindle Edition.</p> <p>Review of Fundamentals of Nursing ([NAME] and [NAME]) 11th edition revealed, Document the following activities or findings at the time of occurrence: o Vital signs o Pain assessment o Administration of medications and treatments o Preparation for diagnostic tests or surgery, including preoperative checklist o Change in patient's status, treatment provided, and who was notified (e.g., health care provider, manager, patient's family) o Admission, transfer, discharge, or death of a patient o Patient's response to treatment or intervention. [NAME], [NAME] A.; [NAME], [NAME] Griffin; Stockert, [NAME] A.; Hall, [NAME]. Fundamentals of Nursing - E-Book (pp. 371-372). Elsevier Health Sciences. Kindle Edition.</p> <p>Resident #30 (R30)</p> <p>Review of an Admission Record revealed R30 was a [AGE] year-old female, admitted to the facility on [DATE], with pertinent diagnoses which included: chronic pain.</p> <p>Review of R30's Order Summary dated 6/1/24 revealed, pregabalin (Lyrica) capsule; 75 mg; amt: 1; oral twice a day (Upon rising and at bedtime).</p> <p>Review of R30's Controlled Substances Proof of Use reviewed on 10/14/24 at 11:40 AM revealed that R30's pregabalin was not signed out as administered the morning of 10/14/24.</p> <p>During an observation on 10/14/2024 at 2:10 PM, LPN F and LPN C were completing a narcotic count on the South Hall medication cart. During the count, LPN C identified that the amount of the controlled drug remaining did not match the number documented in the Controlled Substances Proof of Use form. LPN F reported she had not documented the administration of the medication earlier and signed it out at that time.</p> <p>During an interview on 10/16/24 at 7:53 AM, LPN D reported that the date, time, and nurse signature is documented at the time a controlled medication is removed from the medication cart in order to ensure the correct count of the medication.</p> <p>Review of the Controlled Substance Log on the South Hall medication cart revealed that a nurse removed medication on 10/10/24 and 10/11/24 and did not have a witness signature.</p> <p>During an interview on 10/16/24 at 2:10 PM, DON reported the licensed nurses were expected to follow the facility policy and professional standards of practice when receiving and administering controlled medications.</p> <p>(continued on next page)</p>		

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 10/16/2024
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)		
<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the facility policy Inventory Control of Controlled Substances last revised 8/1/24 revealed, .With respect to Schedule II controlled substances: 1.1 Facility should maintain separate individual controlled substance records on all Schedule II medications and any medication with a potential for abuse or diversion in the form of a declining inventory using the Controlled Substances Declining Inventory Record. These records should include: 1.1.1 Resident name,</p> <p>1.1.2 Prescription number,</p> <p>1.1.3 Medication name, strength, dosage form, dosage,</p> <p>1.1.4 Total quantity received by facility,</p> <p>1.1.5 Date and time of administration,</p> <p>1.1.6 Quantity remaining, and</p> <p>1.1.7 Name and signature of person administering the medication .</p> <p>Facility should ensure that the incoming and outgoing nurses count all Schedule II controlled substances and other medications with a risk of abuse or diversion at the change of each shift or at least once daily and document the results on a Controlled Substance Count Verification/Shift Count Sheet. Facility should: 1.3.1 Reconcile the total number of controlled medications on hand, add newly received medications to the inventory, and remove medications that are completed or discontinued from the inventory, pursuant to the Controlled Substance Verification/Shift Count Sheet; and</p> <p>1.3.2 Reconcile the number of doses remaining in the package to the number of remaining doses recorded on the Controlled Substance Verification /Shift Count Sheet.</p> <p>1.3.3 The facility should routinely reconcile the number of doses remaining in the package to the number of doses recorded on the Controlled Substance Verification/ Shift Count Sheet to the medication administration record .</p>		

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 10/16/2024
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)		
<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>30120</p> <p>Based on observation, interview, and record review, the facility failed to secure 1 of 2 medication carts (North Hall Medication Cart), resulting in the potential for misappropriation of resident medications.</p> <p>Findings include:</p> <p>During an observation on 10/14/24 at 01:45 PM, the North Hall Medication Cart was left unlocked (the lock was in a pulled out position and the red/orange dot- which would indicate the cart was unlocked- was clearly visible) and unattended in the hallway outside of a resident room. Registered Nurse (RN) B had been observed minutes before partially closing the top drawer of the medication cart, walking away from it, going down the hallway, and turning the corner towards the medication room/nurse's stations. The surveyor was able to pull open the top drawer (which was partially open) of the medication cart without any staff noticing. The medication cart was observed unattended for approximately five minutes and staff were observed walking by the medication cart during this time, but no one locked it. Residents and visitors were also observed in the hallway at the time of the observation.</p> <p>During an observation on 10/14/24 at 01:50 PM, RN B returned to her medication cart. As she was nearing the medication cart, she pulled out the medication cart keys with her right hand. When she approached the cart, she still had the keys in her right hand, but reached out with her left hand and opened the top drawer of the medication cart. She did not gesture towards the lock with the keys in her right hand (this would indicate she knew the medication cart was unlocked). She then grabbed something from the medication cart, locked it, and walked down the hallway to a resident's room.</p> <p>During an interview on 10/14/24 at 01:55 PM when RN B returned back to the medication cart from a resident's room, RN B was asked by the surveyor if her medication cart had been left unlocked not more than five to ten minutes ago. She stated she did not leave her medication cart unlocked and insisted it had not been left unlocked even after the surveyor stated they had seen it unlocked. RN B stated she always locks the medication cart when she walks away from it. She then proceeded to walk away from the surveyor.</p> <p>During an interview on 10/15/24 at 08:40 AM, Licensed Practical Nurse (LPN) C stated she always locks her medication cart when she walks away from it. She stated she does this to keep residents or staff members from stealing meds (medication) from it.</p> <p>During an interview on 10/16/24 09:00 AM, the Director of Nursing (DON) stated she would expect that the nurses lock their medication carts before they walk away from them and leave them unattended.</p> <p>A review of the facility's Storage and Expiration Dating of Medications and Biologicals policy, revised 8/1/24, revealed, 5. Facility should ensure that all medications and biologicals, including treatment items, are securely stored in a locked cabinet/cart or locked medication room that is inaccessible by residents and visitors.</p> <p>(continued on next page)</p>		

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 10/16/2024
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)
<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the facility's General Dose Preparation and Medication Administration policy and procedure, revised 1/1/22, revealed, 7. Facility should ensure that medication carts are always locked when out of sight or unattended.</p>

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 10/16/2024
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)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39056</p> <p>Based on observation, interview, and record review, the facility failed to implement transmission-based precautions and utilize appropriate personal protective equipment for 1 resident (Resident #25) of 10 residents reviewed for transmission-based precautions, resulting in the potential for cross-contamination, disease exposure, and the development and spread of infection to a vulnerable population.</p> <p>Findings:</p> <p>Per the Centers for Disease Control and Prevention (CDC), .Isolate patients with possible C. diff immediately, even if you only suspect CDI (clostridium difficile infection) . https://www.cdc.gov/c-diff/hcp/clinical-overview/index.html (Article dated 3/5/24).</p> <p>Resident #25 (R25)</p> <p>Review of an Admission Record revealed R25 was an [AGE] year-old male, admitted to the facility on [DATE], with pertinent diagnoses which included: lymphedema, urine retention, heart failure, and kidney disease.</p> <p>Review of R25's Order Summary dated 10/10/24 revealed, Collect stool sample DX (diagnosis) C diff/diarrhea . Confirming R25 was suspected to have C Diff and was subsequently tested for the infection.</p> <p>Review of R25's Laboratory Result dated 10/11/24 revealed, Negative for C. difficile toxin, however, may represent C difficile colonization. If suspicion for C difficile infection remains high and there is no other explanation for diarrhea, consider empiric treatment and/or consult Infections Diseases for guidance. The laboratory result was not reviewed/signed by the provider until 10/14/24 with an order to test again.</p> <p>Review of R25's Electronic Medical Record revealed no order for R25 to be placed in contact precautions pending the laboratory result for C Diff.</p> <p>Review of R25's Progress Note dated 10/14/2024 at 02:27 PM revealed, Results back from (name omitted) lab for C Difficile interpretation. (Physician assistant) notified and orders received to re-test for C. diff and consult with I&D (Infectious Diseases). Resident will remain in contact precautions until re-test results return as a precaution. Confirming R25 should have been in contact precautions while testing was in progress.</p> <p>Review of R25's Order Summary dated 10/14/24 at 2:09 PM revealed, General Contact Isolation re: positive VRE (vancomycin/antibiotic resistant bacteria) and suspected C-diff. Do not use hand sanitizer-must use soap and water. Use bleach sani-wipes and EPA registered disinfectants for C-diff. Confirming the delay in the implementation of transmission-based precautions/isolation.</p> <p>(continued on next page)</p>		

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 10/16/2024
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)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an observation and interview on 10/14/24 at 10:11 AM, R25 did not have signage on his door indicating he was in contact precautions/isolation with the PPE required (personal protection equipment utilized when a resident is in transmission-based precautions). A therapy staff member was in his room completing his ordered services and R25 had a visitor in his room. The therapy staff member was not wearing PPE. R25 reported he was unable to complete his therapy at that time due to having diarrhea and the therapy staff member exited his room. R25 reported he had been having diarrhea since returning from the hospital on 10/1/24. During the interview, Certified Nursing Assistant (CNA) A entered the room to perform care on R25 and did not don PPE.</p> <p>During an interview on 10/16/24 at 08:21 AM, Director of Nursing (DON)/Infection Control Preventionist (DON) reported that facility staff were to place residents in isolation that had a suspected communicable infection, even if testing was ordered but not yet resulted. DON reported that R25 was being tested for C-diff and the contact isolation sign had been placed on the wrong resident's door. DON reported that she had given the sign to a staff member to put on R25's room door but had not ensured it was placed on the correct door. DON reported R25 had tested negative for C-diff, but the lab result had indicated R25 could be colonized (the bacteria is present but not causing symptoms) with C-diff. DON reported that the provider had ordered an additional stool sample to be collected.</p> <p>During an interview on 10/16/24 at 2:10 PM, DON reported R25 was to be in contact precautions/transmission-based precautions following the laboratory interpretation of his stool sample. DON reported that the laboratory result did not give a definitive result, and she would be reaching out to the local health department for guidance but in the meantime R25 would remain in contact precautions to prevent the potential spread of infection to other residents and staff.</p>		