

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235625	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/13/2025
NAME OF PROVIDER OR SUPPLIER West Woods of Bridgman		STREET ADDRESS, CITY, STATE, ZIP CODE 9935 Red Arrow Hwy Bridgman, MI 49106	

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 0825</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide or get specialized rehabilitative services as required for a resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47955</p> <p>This citation pertains to Intake MI00152539</p> <p>Based on interview and record review the facility failed to ensure that a therapy evaluation (a process to determine a resident's need for therapy services) was completed at the time of re-admission to the facility following an inpatient hospital stay for 1 (Resident #2) of 3 residents reviewed for therapy evaluation at the time of re-admission, resulting in the potential for the inability to attain or maintain their highest practicable physical, mental, and psychosocial well-being.</p> <p>Findings include:</p> <p>Review of an Admission Record revealed Resident #2 was a female who was originally admitted to the facility on [DATE] and had pertinent diagnoses which included: muscle weakness, need for assistance with personal care, and stiffness of the right and left shoulders.</p> <p>Review of a Minimum Data Set (MDS) assessment for Resident #2, with a reference date of 2/3/25 revealed a Brief Interview for Mental Status (BIMS) score of 15/15 which indicated Resident #2 was cognitively intact.</p> <p>In an interview on 5/12/25 at 1:15 pm Resident #2 reported she had been very sick with a UTI (urinary tract infection) and was hospitalized in April 2025. Resident #2 reported she did not know why she did not receive therapy services when she returned to the facility. Resident #2 reported she was weak and tired more quickly after completing tasks since she returned. Resident #2 reported she was not yet back to her old self.</p> <p>Review of Census for Resident #2 revealed she was discharged from the facility on 4/21/2025 and readmitted on [DATE].</p> <p>Review of Order Summary Report for Resident #2 revealed .ADMIT to skilled care . with a start date of 4/25/2025.</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
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<p>F 0825</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 5/12/25 at 1:10 pm Therapy Manager (TM) Y reported when a resident was admitted to the facility as skilled (skilled care, skilled nursing care, or rehabilitation services are care and services provided by licensed health professionals such as nurses and physical therapists and services are ordered by a physician) they were picked up by therapy for services. TM Y reported Resident #2 was at her baseline when she returned to the facility and was not evaluated by therapy for services. TM Y reported hospitalization alone was not a reason for a resident to be screened for therapy services.</p> <p>In an interview on 5/12/25 at 3:16 pm Clinical Care Coordinator/Registered Nurse (CCC/RN) N reported when a resident returned to the facility at their baseline, the resident did not receive therapy services. CCC/RN N reported the hospital would complete an evaluation for therapy services and would communicate any further need by the resident for therapy services to the facility. CCC/RN N stated Resident #2 went out to the hospital, and she came back to the building at her baseline and had no need for therapy services. CCC/RN N stated a hospital stay is not a reason to be evaluated by therapy, it can contribute to a need for therapy, but if a resident returns to the facility at their baseline there is no need for a referral to therapy and they would not be referred.</p> <p>Review of Occupational Therapy Evaluation for Resident #2, provided by (Name Omitted) hospital with a date of service as 4/22/25 revealed .Discharge Disposition: Return to prior level of care. At baseline, patient dependent with LB (lower body) ADL's (Activities of Daily Living), max/mod (maximum/moderate) assist with UB (upper body) ADLs, mod 1 (moderate of 1) assist with feeding. At this time patient is requiring total assist/max assist indicating further Occupational Therapy is required. Clinical Impression: Patient to benefit from skilled OT (occupational therapy) to address the following impairment balance, cognition, endurance/activity tolerance, grasp/prehension, coordination, motor planning, strength, trunk/postural control. Provide patient with education regarding Occupational therapy role and plan for care as well as mobility techniques and ADLs .</p> <p>Review of Occupational Therapy Evaluation for Resident #2, provided by (Name Omitted) hospital with a date of service as 4/24/25 revealed .Today's OT session focused on ADL. At this time, patient is demonstrating decreased strength/endurance/ROM (range of motion) with bed mobility/ADL tasks, indicating continued need for ongoing skilled Occupational Therapy .</p> <p>Review of Discharge Orders for Resident #2 provided by (Name Omitted) hospital with a date of service as 4/25/2025 revealed .Occupational Therapy Evaluate and Treat at receiving Facility .Physical Therapy Evaluate and Treat at receiving Facility .</p> <p>Review of After Visit Summary for Resident #2 with a date of 4/25/2025, retrieved from Resident #2's facility medical record on 5/12/25 revealed .Discharge Instructions . Occupational Therapy Evaluate and Treat at receiving Facility .Physical Therapy Evaluate and Treat at receiving Facility .</p> <p>In an interview on 5/13/25 at 2:55 pm Regional Clinical Support/Interim Director of Nursing (RCS/IDON) B reported her expectations were that every resident admitted or readmitted should be evaluated by the therapy department for any therapy needs. RCS/IDON B confirmed that Resident #2 was not evaluated by therapy for services when she returned to the facility.</p>		