

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 08/22/2024
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 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** 47955</p> <p>Based on observation, interview, and record review the facility failed to develop person centered care plan for 2 Residents (#8 & #32) of 16 residents reviewed for person centered care plans.</p> <p>Findings include:</p> <p>Resident #8</p> <p>Review of an Admission Record revealed Resident #8 had pertinent diagnoses which included: need for assistance with personal care and bed confinement status.</p> <p>Review of a Minimum Data Set (MDS) assessment for Resident #8, with a reference date of 7/30/24 revealed a Brief Interview for Mental Status (BIMS) score of 99/15 which indicated Resident #8 was unable to participate in the assessment.</p> <p>Observations were made on 8/20/24 at 10:27 AM., 8/21/24 at 8:37 AM., and 8/21/24 at 12:07 AM., where Resident #8 was observed unkempt, and unshaven, with facial hair that varied in length, and growth and did not appear to be indicative of a beard or other shaped facial hair.</p> <p>In an interview on 8/21/24 at 2:13 PM., Certified Nursing Assistant (CNA) K reported Resident #8 required total care for activities of daily living. CNA K reported Resident #8 required staff to shave his face for him. CNA K reported Resident #8 should be shaved during his shower. CNA K reported Resident #8's shower was due to be given on second shift.</p> <p>Review of Shower List dated 8/21/24 indicated Resident #8 was to be showered weekly on Wednesday and Friday on second shift.</p> <p>In an interview on 8/21/24 at 2:20 PM., CNA L reported shaving was to be completed when the resident received a shower.</p> <p>In an interview on 8/21/24 at 2:26 PM., Director of Nursing (DON) B reported her expectations were, residents were shaved during their scheduled showers and/or as needed.</p> <p>On 8/22/24 9:19 AM., Resident #8 remained unshaven and had received a shower on 8/21/24 at 9:59 PM., per the Shower Assignment.</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: 235625	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/22/2024
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Care Plan for Resident #8 revealed Focus .bed bound .goal .will receive required assistance for ADL (activities of daily living) care needs . revised on 7/24/24 .ADLs Dependent for ADLs .Bathing . one person assists with bathing .</p> <p>During an interview and observation on 8/22/24 at 9:22 AM., DON B confirmed the Shower Assignment sheet for Resident #8 indicated a shower was completed. DON B was present at the bedside of Resident #8 with this surveyor and stated yes, (Resident #8's) face was not shaved during his shower. DON B reported Resident #8 does refuse to let staff shave him. This surveyor asked to see the documentation that Resident #8 refused to be shaved during his shower.</p> <p>During an interview and observation on 8/22/24 at 9:29 AM., Regional Clinical Consultant (RCC) QQ was present with this surveyor and DON B at the bedside of Resident #8 and acknowledged Resident #8's face needed to be shaved. RCC QQ reported her expectation was, shaving should be done during the resident's shower. RCC QQ reported Resident #8 preferred not to be shaved during his shower and it was in his care plan.</p> <p>During an interview on 8/22/24 at 9:36 AM., DON B reported Resident #8 preferred to be shaved by a family member. DON B reported Resident #8's preference should be in his care plan but was unable to locate this intervention.</p> <p>During an interview on 8/22/24 at 9:46 AM., Licensed Practical Nurse (LPN) BB reported Resident #8 refused to be shaved during care many times. LPN BB reported she believed Resident #8 preferred to have his face shaved by a family member. When this surveyor asked LPN BB if Resident #8's preferences were updated on his care plan, LPN BB stated I did not update Resident #8's care plan to reflect his preferences or that he will refuse care.</p> <p>Review of Care Plan for Resident #8 revealed no noted intervention related to Resident #8's preferences or refusals for care related to shaving facial hair.</p> <p>46999</p> <p>Resident #32</p> <p>Review of an Admission Record revealed Resident #32, was originally admitted to the facility on [DATE] with pertinent diagnoses which included: major depressive disorder, post-traumatic stress disorder, and generalized anxiety disorder.</p> <p>Review of a Minimum Data Set (MDS) assessment for Resident #32, with a reference date of 5/28/24 revealed a Brief Interview for Mental Status (BIMS) score of 13/15 which indicated Resident #32 was cognitively intact.</p> <p>Review of a Care Plan for Resident #32, with a reference date of 3/17/21, revealed a focus/goal/interventions of: (Resident name omitted) has the potential for an acute condition change related to his diagnosis of PTSD(post traumatic stress disorder) . Goal: (resident name omitted) will have early identification, management, treatment and resolution of an acute condition change. No interventions related to Resident #32's diagnosis of PTSD were present.</p> <p>(continued on next page)</p>		

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 08/22/2024
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 8/21/24, at 3:55 p.m., Social Services Director (SSD) DD reported Resident #32 did not have PTSD. When made aware of Resident #32's PTSD diagnosis, SSD DD reported she was not aware of any triggers the resident had related to his PTSD but the resident was prone to angry outbursts.</p> <p>In an interview on 8/22/24 at 10:37 a.m., Licensed Practical Nurse (LPN) I reported she regularly cared for Resident #32, who struggled to trust others, became angry very quickly, and needed to have his his needs met immediately upon request to avoid him becoming stressed. LPN I reported she referred to the care plan to gain information about each resident's mental, physical and psychosocial needs. LPN I reported she was not aware Resident #32 had PTSD and it would be important for his triggers to be outlined in his care plan in order to avoid potential retraumatization and additional angry outbursts.</p> <p>Review of a facility policy titled Care Planning Process: Admission, Comprehensive & Short Term with a reference date of 11/2017 revealed: Purpose: to ensure .delivery of high standard Person-Centered Care and to communicate resident needs .Definition: Person Centered Care includes making an effort to understand what each resident is communicating, verbally and nonverbally, identifying what is important to each resident .and having an understanding of the resident(sic) life before coming to reside in this center. Within a section labeled Comprehensive, statement 4 revealed: in situations where a residents (sic) choice to decline care(e.g., due to autonomy or preferences) poses a risk .the comprehensive care plan will identify the care or service being declines (sic) . Section 5 stated: interventions are listed to provide the necessary care and services to accomplish the goal .</p>		

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 08/22/2024
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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48637</p> <p>This citation pertains to MI00146198.</p> <p>Based on interview and record review, the facility failed to update the transfer status of one resident (Resident #268) of 16 residents reviewed for comprehensive care plans resulting in a skin tear.</p> <p>Findings include:</p> <p>Resident #268 (R268)</p> <p>Review of the Face Sheet and Minimum Data Set (MDS) dated [DATE] revealed R268 admitted to the facility on [DATE] with diagnoses of unsteadiness on feet, need for assistance with personal care and difficulty walking. Brief Interview for Mental Status (BIMS) reflected a score of 13 out of 15 which indicated R268 was cognitively intact (13 to 15 cognitively intact). The most recent MDS completed on 7/18/2024 indicated a BIMS couldn't be completed. She passed away under Hospice care on 7/19/2024.</p> <p>Review of the Investigation Summary of the Facility Reported Incident (FRI) revealed On 7-8-2024 (R268) was sent to the hospital and had an inpatient stay and readmitted to the facility on [DATE]. Upon readmission her care plan transfer status was a 1 (person) assist as it was prior to her transfer out on 7-8-2024. On 7-15-2024 therapy did complete a screen on her and given her increased weakness and the therapist indicated that her transfer status had changed, and she required more assistance for transfers. Her care plan was not revised to reflect their recommendation. On 7-18-2024 she sustained a skin tear to her right lower leg during a transfer. The plan of care was followed as it was at that time. However, given her weakness and based on therapy's screen completed on 7-15-2024, her transfer status should have been changed to a 2 (person) assist but was not. Post incident the Nurse (RN G), did change her plan of care to reflect her transfer status as a 2 assist.</p> <p>During an interview on 8/22/2024 at 7:35 AM, Registered Nurse (RN) G stated on 7/18/2024, CNA J went to him and said that CNA MM was working with R268 and she noticed R268 had a skin tear while she was sitting on the toilet. RN 'G said he observed R268 was on the toilet and CNA MM transferred her there by himself. RN G stated at that point it wasn't communicated to nursing that R268 was a 2 person transfer but they knew she needed more help. RN 'G said R268's care plan indicated she was a 1 person assist and he changed the care plan on 7/18/2024 after the incident to a 2 person assist, per therapy's recommendation on 7/15/2024.</p> <p>During an interview on 8/21/2024 at 11:53 AM, CNA MM said R268 was a 1 person assist per the care plan and that's what he was following. He stated R268's care plan like all other resident care plans were kept inside the closet. CNA MM stated they should be updated and the CNAs rely on the nurses to tell them about any immediate changes.</p> <p>Review of R268's care plan revealed R268 was a 1 person assist for transfers which was initiated on 1/18/2024 and she was changed to a 2 person assist with transfers with a revision date of 7/18/2024 after the skin tear occurred.</p> <p>(continued on next page)</p>		

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 08/22/2024
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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 8/21/2024 at 12:33 PM, Therapy Director (TD) VV stated R268 was able to transfer herself prior to her fall with injury on 7/8/2024 and then when she came back from the hospital on 7/11/2024 therapy reevaluated her. TD VV said she verbally communicated to RN G and told him and a CNA that R268 changed to a 2 person assist with transfers and she wasn't sure if they communicated that to other staff. TD VV stated that the therapy to nursing communication process changed after the skin tear incident to communicate changes better to nursing staff and so they make sure the care plan is updated.</p> <p>During an interview on 8/22/24 at 10:10 AM, Interim Director of Nursing (DON) B stated R268 was a 1 person assist and then therapy changed her to a 2 person assist which was communicated to nursing and nursing didn't update the care plan. DON B stated now whenever there is a transfer status change, it is emailed to her.</p> <p>Review of the Care Planning Process: Admission, Comprehensive & Short Term Policy with an effective date of 11/2017 revealed, Comprehensive 5. Format d. Interventions are listed to provide the necessary care and services appropriate to accomplish the goal. i. Vital information is communicated to staff via the Safety / ADL plan of care ii. A copy of this vital information is posted at the point of service (typically in the door of the closet or in a manner that otherwise protects the confidentiality of the information.) e. Disciplines responsible for the application of the interventions are listed. f. Alterations to the plan of care are electronically recorded. g. The licensed nurse will review the resident care plan with treatment changes and determine if updates to the plan of care are indicated.</p>		

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 08/22/2024
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>47955</p> <p>Based on observation, interview, and record review the facility failed to provide nail care to dependent residents in 1 of 16 residents (Resident #8) reviewed for activities of daily living needs.</p> <p>Findings include:</p> <p>Review of an Admission Record revealed Resident #8 had pertinent diagnoses which included: need for assistance with personal care and bed confinement status.</p> <p>Review of a Minimum Data Set (MDS) assessment for Resident #8, with a reference date of 7/30/24 revealed a Brief Interview for Mental Status (BIMS) score of 99/15 which indicated Resident #8 was unable to participate in the assessment.</p> <p>Observations were made on 8/20/24 at 10:27 AM., 8/21/24 at 8:37 AM., and 8/21/24 at 12:07 AM., where Resident #8 was observed unkempt, and unshaven, with facial hair that varied in length, and growth and did not appear to be indicative of a beard or other shaped facial hair.</p> <p>During an observation and interview on 8/21/24 at 2:13 PM., Certified Nursing Assistant (CNA) K reported Resident #8 required total care for activities of daily living. CNA K reported Resident #8 required staff to provide nail care. CNA K reported Resident #8's nail care was to be done during showers. CNA K reported Resident #8's shower was due to be given on second shift. Resident #8 was noted to be in his bed, resting with his eyes closed, and his fingernails were noted to be long and soiled.</p> <p>Review of Shower List dated 8/21/24 indicated Resident #8 was to be showered weekly on Wednesday and Friday on second shift.</p> <p>In an interview on 8/21/24 at 2:20 PM., CNA L reported nail care was to be completed when the resident received a shower.</p> <p>In an interview on 8/21/24 at 2:26 PM., Director of Nursing (DON) B reported her expectations were resident's nail care was completed during their scheduled showers or as needed.</p> <p>During an observation on 8/22/24 at 9:19 AM., Resident #8 was in bed, with his breakfast tray on an over the bed table in front of him. Resident #8's fingernails were noted to be long and dirty.</p> <p>Review of the Shower Assignment for Resident #8 dated for 8/21/24 at 21:59 (9:59 PM) revealed a shower was documented as completed.</p> <p>Review of the Care Plan for Resident #8 revealed Focus .bed bound .goal .will receive required assistance for ADL (activities of daily living) care needs . revised on 7/24/24 .ADLs Dependent for ADLs .Bathing . one person assists with bathing .</p> <p>(continued on next page)</p>		

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 08/22/2024
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview and observation on 8/22/24 at 9:22 AM., DON B confirmed the Shower Assignment sheet for Resident #8 indicated Resident #8's shower was completed. DON B was present at the bedside of Resident #8 with this surveyor and stated yes, (Resident #8's) nails are very long, they should have been cut when she picked up Resident #8's hand and looked at his fingernails.</p>		

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 08/22/2024
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 0689</p> <p>Level of Harm - Minimal harm or potential for 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** 48637</p> <p>This citation pertains to MI00146198.</p> <p>Based on observation, interview, and record review the facility failed to implement gait belt use for safety during transfers of 2 of 8 residents (Resident #268, Resident #61) reviewed for transfer status resulting in the potential for injury during transfer.</p> <p>Findings include:</p> <p>Resident #268 (R268)</p> <p>Review of the Face Sheet and Minimum Data Set (MDS) dated [DATE] revealed R268 admitted to the facility on [DATE] with diagnoses of unsteadiness on feet, need for assistance with personal care and difficulty walking. Brief Interview for Mental Status (BIMS) reflected a score of 13 out of 15 which indicated R268 was cognitively intact (13 to 15 cognitively intact). The most recent MDS completed on 7/18/2024 indicated that a BIMS couldn't be completed. She passed away under Hospice care on 7/19/2024.</p> <p>Review of the Investigation Summary of the Facility Reported Incident (FRI) revealed On 7-8-2024 (R268) was sent to the hospital and had an inpatient stay and readmitted to the facility on [DATE]. Upon readmission her care plan transfer status was a 1 (person) assist as it was prior to her transfer out on 7-8-2024. On 7-15-2024 therapy did complete a screen on her and given her increased weakness and the therapist indicated that her transfer status had changed, and she required more assistance for transfers. Her care plan was not revised to reflect their recommendation. On 7-18-2024 she sustained a skin tear to her right lower leg during a transfer The plan of care was followed as it was at that time. However, given her weakness and based on therapy's screen completed on 7-15-2024, her transfer status should have been changed to a 2 (person) assist but was not. Post incident the Nurse (RN G), did change her plan of care to reflect her transfer status as a 2 assist.</p> <p>During an interview on 8/21/2024 at 9:20 AM, Certified Nursing Assistant (CNA) V stated that on 7/18/2024 she heard R268 say Ouch in the shower room so she went in there and noticed that CNA MM was with R268 and that he transferred R268 from her wheelchair to the shower chair and he didn't have a gait belt with him. She said when she asked CNA MM where his gait belt was, he said I know. CNA V said R268 was sitting on the edge of the shower chair and she was afraid R268 was going to fall so she helped CNA MM transfer her without a gait belt.</p> <p>During an interview on 8/21/2024 at 11:53 AM, CNAMM said that on 7/18/2024 CNA WW who no longer works at the facility dressed R268 in the shower room after her shower and they both transferred her into her wheelchair. CNA MM stated that he always uses a gait belt during transfers.</p> <p>During an interview on 8/22/2024 at 7:35 AM, Registered Nurse (RN) G stated that on 7/18/2024, CNA J went to him and said that CNA MM was working with R268 and she noticed R268 had a skin tear while she was sitting on the toilet. RN 'G said he observed R268 was on the toilet and CNA MM and didn't notice a gait belt around her, so he asked CNA MM where the gait belt was and he said, I don't know.</p> <p>(continued on next page)</p>		

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 08/22/2024
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the FRI Attachment 1, pg. 2 witness statement handwritten by CNA MM revealed .Underarm 2 person transfer no gait belt in use for this transfer indicating when he transferred R268 with CNA WW from the shower chair to her wheelchair.</p> <p>During an interview on 8/21/2024 at 2:00 PM, Therapy Director (TD) VV stated that a gait belt is expected at every transfer whether it is a 1 or 2 person assist, unless staff is using a mechanical lift.</p> <p>During an interview on 8/21/2024 at 2:00 PM, Interim Director of Nursing (DON) B stated that they don't have a gait belt policy. DON B said it is a standard of care so it's expected.</p> <p>Review of the gait belt education list that was provided to nursing staff after the incident on 7/18/2024 revealed that 5 staff members didn't receive current gait belt training. Of the 5 staff, 1 was a Registered Nurse, 1 a Licensed Practical Nurse and 3 were CNAs. 1 CNA didn't receive gait belt education since 10/14/2008.</p> <p>Review of CNA MM's Annual CNA Performance Review and Skills Checklist revealed that his date of hire was 6/12/2024 and he completed gait belt education at orientation on 6/13/2024. He had another skills checklist completed on 7/29/2024 after he returned from suspension.</p> <p>During another interview on 8/22/24 at 10:10 AM, DON B stated that she went over the whole skills check list with CNA MM upon his return from suspension since he did not use a gait belt with R268.</p> <p>46999</p> <p>Resident #61</p> <p>Review of an Admission Record revealed Resident #61 was originally admitted to the facility on [DATE] with pertinent diagnoses which included: neurocognitive disorder with lewy bodies(dementia characterized by changes in sleep, behavior, cognition, and movement), and history of falling.</p> <p>Review of a Minimum Data Set (MDS) assessment for Resident #61, with a reference date of 6/24/24 revealed a Brief Interview for Mental Status (BIMS) score of 05/15 which indicated Resident #61 was severely cognitively impaired. Section GG of the MDS revealed Resident #61 required maximal assistance (helper does more than half the effort) for transferring to a standing position and for transferring to the toilet. Section J of the MDS revealed Resident #61 had 2 falls during the quarter.</p> <p>Review of a Care Plan for Resident #61, with a reference date of 3/20/24, revealed a focus/goal/interventions of: Focus: Altered functional mobility .Goal: (Resident name omitted) will be assist(sic) with ADL's(activities of daily living) to his highest functional capability .Interventions: .Ambulation: Non-ambulatory .</p> <p>During an observation on 8/20/24 at 12:49pm, Certified Nursing Assistant (CNA) O entered Resident #61's room and was told by Resident #61's spouse that the resident needed to use the restroom. CNA O assisted Resident #61, who sat in his wheelchair, to the doorway of the bathroom. CNA O then place her arms around Resident #61's upper torso and assisted him with standing while he held on to a grab bar with one hand. CNA O then pulled down Resident #61's pants and brief, then pivoted him to the toilet while both of her arms were around Resident #61's torso.</p> <p>(continued on next page)</p>		

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 08/22/2024
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 8/20/24 at 12:54pm, Family Member (FM) XX reported she had regularly observed staff transfer Resident #61 without the use of a gait belt.</p> <p>In an interview on 8/22/24, at 12:48pm, Clinical Care Coordinator (CCC) N reported staff should always use a gait belt when transferring a resident who had impaired mobility. CCC N not using a gait belt with a resident who had impaired mobility could result in injury either from improperly supporting the residents body and/or the resident suffering a fall during the transfer.</p>		

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 08/22/2024
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 0699</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care or services that was trauma informed and/or culturally competent.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46999</p> <p>Based on observation, interview, and record review, the facility failed to identify PTSD (Post Traumatic Stress Disorder) triggers and implement interventions to mitigate triggers for 1 of 1 residents (Resident # 32) reviewed for trauma informed care, resulting in the potential for previous traumas to be retriggered causing mental distress.</p> <p>Findings include:</p> <p>Review of Trauma-Informed Care in Behavioral Health Services, U.S Department of Health and Human Services, 2014, revealed: Beyond identifying trauma and trauma-related symptoms, the initial objective of TIC(Trauma-Informed Care) is establishing safety .safety has a variety of meanings. Perhaps most importantly, the client has to have some degree of safety from trauma symptoms .trauma reactions can be triggered by sudden loud noises, tension between people, certain smells, or casual touches .</p> <p>Review of an Admission Record revealed Resident #32, was originally admitted to the facility on [DATE] with pertinent diagnoses which included: major depressive disorder, post-traumatic stress disorder, and generalized anxiety disorder.</p> <p>Review of a Minimum Data Set (MDS) assessment for Resident #32, with a reference date of 5/28/24 revealed a Brief Interview for Mental Status (BIMS) score of 13/15 which indicated Resident #32 was cognitively intact.</p> <p>Review of a Care Plan for Resident #32, with a reference date of 3/17/21, revealed a focus/goal/interventions of: (Resident name omitted) has the potential for an acute condition change related to his diagnosis of PTSD(post traumatic stress disorder) . Goal: (resident name omitted) will have early identification, management, treatment and resolution of an acute condition change. No interventions related to Resident #32's diagnosis of PTSD were present.</p> <p>Review of a Trauma Informed Care Life Event Screening for Resident #32 with a reference date of 3/10/21 revealed the resident had experienced the following traumatic events: a transportation accident, and a serious accident at work, home or during a recreational activity. No other traumatic events were identified and no additional trauma assessments by facility staff were present.</p> <p>In an interview on 8/21/24, at 3:55pm, Social Services Director (SSD) DD reported Resident #32 did not have PTSD. When made aware of Resident #32's PTSD diagnosis, SSD DD reported she was not aware of any triggers the resident had related to his PTSD but the resident was prone to angry outbursts.</p> <p>Review of a Psychiatry Progress Note for Resident #32 with a reference date of 5/13/24 revealed: (Resident #32) was playing a game with peers. He became frustrated with a female resident. He made a comment to her. A male resident told (Resident #32), you cant' talk to her like that. (Resident #32) became angry .got up from the table and slammed his chair into the table .(staff member) approached (Resident #32) .(Resident #32) came at (staff member) aggressively with his fists raised .</p> <p>(continued on next page)</p>		

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 08/22/2024
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 0699</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 8/22/24, at 11:27am, Social Services Director (SSD) DD confirmed Resident #32 did have a diagnosis of PTSD, had a longstanding history of physical violence toward those he lived with, and had experienced physical and sexual abuse by his father as a child, the loss of both parents at [AGE] years old, and the death of a teenage son. SSD DD reported Resident #32 had displayed physical aggression at the facility by breaking a window, throwing a chair, and approaching staff in a threatening manner with clenched fists. SSD DD reported she did not know if Resident #32 had any triggers related to his PTSD.</p>

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 08/22/2024
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 0868</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Have the Quality Assessment and Assurance group have the required members and meet at least quarterly</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48637</p> <p>Based on interview and record review, the facility failed to ensure that Quality Assessment and Process Improvement (QAPI) meetings had the Medical Director as a mandatory attendee at least quarterly resulting in the potential for the Medical Director to not be notified of quality deficiencies occurring in the facility.</p> <p>Findings include:</p> <p>Review of the [NAME] Woods of [NAME] Quality Assurance/Process Improvement Meeting sign in sheets dated 1/17/2024 and 2/14/2024 revealed that the Medical Director did not attend.</p> <p>Review of the [NAME] Woods of [NAME] Infection Control Meeting that was used as the sign-in sheet for the Quality Assurance/Process Improvement Meeting dated 3/13/2024 and 4/14/2024 revealed that the Medical Director did not attend.</p> <p>During an interview on 8/22/2024 at 11 AM when discussing the QAPI Program, Nursing Home Administrator (NHA) A acknowledged the Medical Director didn't attend the meetings for 4 consecutive months and failed to attend at least 1 meeting in the quarter.</p> <p>Review of the Quality Assurance Performance Improvement Plan Policy with a review date of 5/10/2024 on page 14 revealed Appendix A-QAPI Committee Team Members Attendees: Medical Director .</p>

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 08/22/2024
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>47955</p> <p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, interview, and record review the facility failed to ensure proper use of personal protective equipment (PPE) for enhanced barrier precautions in 2 (Resident #1 and Resident #18) of 8 residents reviewed for implementation of enhanced barrier precautions, resulting in the potential for the spread of infection, cross contamination and disease transmission.</p> <p>Findings include:</p> <p>Resident #1</p> <p>Review of an Admission Record revealed Resident #1 had pertinent diagnoses which included: cerebral infarction (stroke), need for assistance with personal care and type 2 diabetes (disease that does not allow the body to regulate blood sugar) mellitus without complications.</p> <p>Review of a Minimum Data Set (MDS) assessment for Resident #1, with a reference date of 8/5/24 revealed a Brief Interview for Mental Status (BIMS) score of 15/15 which indicated Resident # was cognitively intact.</p> <p>Resident #18</p> <p>Review of an Admission Record revealed Resident #18 had pertinent diagnoses which included: cerebral palsy (a neurological (brain) disorder that appears in early childhood and permanently affects body movement and muscle coordination) and aphasia (inability to understand or to communicate).</p> <p>Review of a Minimum Data Set (MDS) assessment for Resident #18, with a reference date of 6/10/24 revealed a Brief Interview for Mental Status (BIMS) score of 99/15 which indicated Resident #18 was unable to participate in the assessment.</p> <p>Review of Order Summary for Resident #1 dated 8/20/24 revealed .enhanced barrier precautions during high contact resident care activities every shift for routine care .</p> <p>Review of Order Summary for Resident #1 dated 8/21/24 revealed .wound to coccyx and left buttock: Cleanse with normal saline, apply chamosyn Honey with each incontinent episode .for every shift for wound care .</p> <p>During an observation on 8/21/24 at 11:20 AM., Certified Nurse Assistant (CNA) L was observed assisting Resident #1 into her room. Noted signage posted on Resident #1's room door indicated that enhanced barrier precautions were in place and that PPE was to be worn during care. CNA L did not apply PPE before entering Resident #1's room.</p> <p>During an observation on 8/21/24 at 11:22 AM., CNA S knocked on Resident #1's closed room door and entered. CNA S did not apply PPE before entering the room.</p> <p>During an observation on 8/21/24 at 11:22 AM., CNA L and CNA S were providing incontinent care to Resident #1 in her bed and neither CNA L nor CNA S were wearing a gown.</p> <p>(continued on next page)</p>		

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 08/22/2024
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 8/21/24 at 11:37 AM., CNA S reported that she did not know what the enhanced barrier precautions signage on Resident #1's room door meant.</p> <p>In an interview on 8/21/24 at 11:38 AM., CNA L reported that the signage on Resident #1's door meant the staff needed to wear a gown and gloves when performing care. When asked CNA L reported that she did not wear a gown during care.</p> <p>Review of Order Summary for Resident #18 dated 2/2/24 revealed .Gastrostomy tube (PEG) (tube in the abdomen to provide nutrition) .</p> <p>Review of Order Summary for Resident #18 dated 4/1/24 revealed .Enhanced Barrier Precautions during high contact resident care activities every shift for routine care .</p> <p>During an observation on 8/20/24 at 9:45 AM and 8/21/24 at 7:35 AM., Resident #18 did not have enhanced barrier signage on the door to his room to indicate that staff were required to use PPE when providing direct resident care.</p> <p>In an interview on 8/22/24 at 7:35 AM., Licensed Practical Nurse (LPN) BB stated (Resident #18) has a PEG tube that he receives his medications and feedings. PPE should be worn when performing cares while handling the tube for infection control prevention.</p> <p>In an interview on 8/21/24 at 3:24 PM., Clinical Care Coordinator/Registered Nurse (CCC/RN) N reported that her expectation for enhanced barrier precautions was that staff wore the PPE indicated on the signage when providing care to residents. CCC/RN N reported that Resident #1 and Resident #18 were on enhanced barrier precautions.</p> <p>In an interview on 8/21/24 at 4:08 AM., Director of Nursing (DON) B reported that the expectation was the enhanced barrier precautions be implemented if the resident met criteria.</p> <p>Review of facility policy Enhanced Barrier Precautions with an effective date of March 2024, revealed .it is the policy of this facility to implement enhanced barrier precautions for the prevention of transmission of multidrug-resistant organisms .high-contact resident activities include: transferring, providing hygiene, changing briefs .device care .feeding tube . post clear signage on the door or the wall outside of the resident room indicating the type of precautions and required PPE (e.g., gown and gloves) .</p>		