STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235633	A. Building B. Wing	09/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Beacon Hill at Eastgate	1845 Boston Blvd SE Grand Rapids, MI 49506

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)
F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. (continued on next page)

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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F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** This citation pertains to intake #2583761.Based on interview and record review, the facility failed to ensure the proper notifications were made with a change in condition for 1 resident (Resident #101) of 3 residents reviewed for notifications, resulting in Resident #101's responsible party not receiving prompt notification of falls and/or subsequent injuries identified.Findings include:Review of an admission Record revealed Resident #101 was originally admitted to the facility on [DATE], with pertinent diagnoses which included: dementia and anxiety. Review of a Minimum Data Set (MDS) assessment for Resident # 101, with a reference date of 5/28/25 revealed a Brief Interview for Mental Status (BIMS) score of 3, out of a total possible score of 15, which indicated Resident #101 was severely cognitively impaired. In an interview on 9/11/25 at 9:26 AM, Family Member (FM) D reported that Resident #101 had fallen multiple times at the facility, was hospitalized on [DATE] and passed away on 7/24/25. FM D reported that she visited Resident #101 everyday at the facility and that the facility communicated very poorly with her. FM D reported that she was often notified several days after his falls and/or not at all. FM D reported that on 7/16/25 she declined x-rays be taken of Resident #101's back because she did not know he had any injury to his back until the next day when he was in such severe pain that she insisted he be sent to the hospital. FM D reported that she had not been notified of the injuries found on 6/16/25 to the resident's head and back.Review of a list of falls from the past 90 days, provided by Director of Nursing (DON) B did not include Resident #101. Review of Resident #101's Fall Reports revealed the following falls:6/4/25 at 4:30 PM-resident was found kneeling next to bed with no injuries.6/13/25 at 3:15 AM-resident was found on the floor in front of his recliner with bruise on his chest and bruise on right rear iliac crest (back of right hip).6/18/25 at 1:50 AM-resident was found on the floor in front of his recliner with no injuries.6/28/25 at 7:30 PM-resident was found on the floor in the bathroom with no injuries.7/10/25 at 2:00 AM-resident was found on the floor near his recliner with a scratch on his right buttock.7/14/25 at 11:45 PM-resident was found on the floor in front of his recliner with no injuries.In an interview on 9/11/25 at 1:38 PM, Certified Nursing Assistant (CNA) F reported Resident #101 had multiple falls at the bedside and in the bathroom. CNA F reported that the resident fell so many times that the nurse sometimes wouldn't even document it. In an interview on 9/15/25 at 10:48 AM, Clinical Care Coordinator (CCC) E reported Resident #101 had multiple falls in the evening hours. CCC E reported that Resident #101 had 6 known unwitnessed falls on 6/4/25, 6/13/25, 6/18/25, 6/28/25, 7/10/25 and 7/14/25. CCC E reported that the incident reports from the falls did not indicate any major injuries were sustained. CCC E reported that less than 48 hours following his last fall, CCC E found the resident to have a hematoma and bulge on the back of his head and there had been no previous documentation of those injuries. CCC E reported did not report this finding to the provider and/or FM D. CCC E reported that about 4:00 PM that day (7/16/25) another nurse had found a large bruise on the resident's back and notified the provider; an x-ray was ordered for that evening. CCC E reported that FM D was at the bedside when the x-ray department arrived and declined having the x-ray done saying that Resident #101 was having pain in his legs and that she did not know why there would be an order for a back x-ray. CCC E reported that the next morning FM D called the facility upset that she did not know about that Resident #101 was having pain in his back and requested that x-rays also be taken of his legs.In an interview on 9/15/25 at 12:55 PM, Licensed Practical Nurse (LPN) H reported that Resident #101 fell a lot during the night, as he would try to get out of his chair and would attempt to self-transfer to the bathroom. LPN H reported that she notified the provider and DON B after falls and then reported to the day nurse, so that she could call the family. Review of Resident #101's Nurse's Notes dated 7/16/25 at 8:55 PM revealed, Daughter (FM D) called today concerning dads (Resident #101) pain/discomfort. Writer informed that he (Resident #101) was anxious this morning and stated that he was in a lot of pain. She stated that she was upset with the lack of communication and that she did not call and inform her that her dad was in pain. She stated that she declined the x-ray yesterday due to technician saying it was a back x-ray and not for his legs. She then stated that she was going to call and see if she could get an order for an x-ray on his leg.

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** This citation pertains to intake #2583761Based on interview and record review, the facility failed to complete thorough post-fall assessments and adequate monitoring following falls for 1 resident (Resident #101) of 3 residents reviewed for falls, resulting in the delay of care for fractures of ribs, fractures of the pubic rami (a group of bones in the lower pelvis) and sacrum (tailbone). Findings include:Review of an admission Record revealed Resident #101 was originally admitted to the facility on [DATE], with pertinent diagnoses which included: dementia and anxiety. Review of a Minimum Data Set (MDS) assessment for Resident # 101, with a reference date of 5/28/25 revealed a Brief Interview for Mental Status (BIMS) score of 3, out of a total possible score of 15, which indicated Resident #101 was severely cognitively impaired. Review of the Functional Abilities revealed that Resident #101 required substantial/maximal assistance (helper does >50% of the effort) to transfer to and from wheelchair and to use the toilet.Review of Resident #101's Care Plan revealed, I am at HIGH risk for falls r/t (related to) anti-depressant use, vascular dementia, depression, deconditioning related to dialysis. Dated initiated: 5/20/25. Interventions: 6/13/25: Dycem (thick pressure reducing pad) added to resident's person recliner. 6/18/25: Increase rounding on resident at night. 6/4/25: make sure call light and other important items are within reach. 7/10/25: Staff will offer option of being in bed or sitting in recliner at bedtime. 5/20/25: Anticipate and meet the resident's needs. 6/18/25: Appropriate footwear: nonskid or grippy socks. 7/15/25: Bedside commode next to recliner. 5/20/25: Clear pathway to the bathroom and bedroom doors. 5/20/25: Do not leave resident unattended in bathroom. 5/20/25: Encourage resident to wear shoes or slippers with non-slip soles when ambulating. 6/28/25: ensure wheelchair is not in reach and walker is in reach for resident. d/t (due to) resident uses w/c (wheelchair) as a walker.In an interview on 9/11/25 at 9:26 AM, Family Member (FM) D reported that Resident #101 had fallen multiple times at the facility, was hospitalized on [DATE] and passed away on 7/24/25. FM D reported that she visited Resident #101 everyday at the facility and that the facility communicated very poorly with her. FM D reported that she was often notified several days after Resident #101 had a fall and/or not at all. FM D reported that on 7/16/25 she declined x-rays be taken of Resident #101's back because she did not know he had any injury to his back until the next day when he was in such severe pain that she insisted he be sent to the hospital.Review of a list of all falls from the past 90 days, provided by Director of Nursing (DON) B revealed no falls for Resident #101. Review of Resident #101's Fall Reports revealed the following falls:6/4/25 at 4:30 PM-resident was found kneeling next to bed with no injuries.6/13/25 at 3:15 AM-resident was found on the floor in front of his recliner with bruise on his chest and bruise on right rear iliac crest (back of right hip). 6/18/25 at 1:50 AM-resident was found on the floor in front of his recliner with no injuries.6/28/25 at 7:30 PM-resident was found on the floor in the bathroom with no injuries.7/10/25 at 2:00 AM-resident was found on the floor near his recliner with a scratch on his right buttock.7/14/25 at 11:45 PM-resident was found on the floor in front of his recliner with no injuries. Review of Resident #101's Neurological Checks that corresponded with falls on 6/4/25, 6/13/25, 6/18/25, 6/28/25, 7/10/25 and 7/14/25 were all documented as normal. There was no documentation of weakness or unusual movement of arms or legs during the 72 hours following each fall listed above.Review of Resident #101's Hospital Records dated 7/17/25 revealed, . presents to emergency department with complaint of fall 3 days ago.complain of pain everywhere.CT (detailed x-ray images) thorax (chest) and pelvis.Final Result: 1. Acute (sudden onset) fractures involving the right superior and inferior pubic rami. 2. New fracture at the anterior cortex of the S3 segment (the front outer bones of the sacrum). 3. New acute fracture involving the posterolateral left 11th rib.Hospital Course: . admitted to internal medicine service. Overall his pain was very difficult to control. Frequently shouting out for help and moaning in pain. He is unlikely to walk again.elected to pursue hospice. These records had a label across the top indicating printed by (Clinical Care Coordinator (CCC) E) on 7/18/25 at 7:43 AM.Review of Resident #101's Nurse's Notes dated 7/17/25 at 6:21 PM revealed, Daughter came in.Stating that she is taking him to the hospital now and that she was not going to wait any longer for mobile x-ray to come out. Review of Resident #101's Nurse's Notes dated 7/16/25 at 8:55 PM revealed, Daughter (FM D) called today concerning dads (Resident #101) pain/discomfort. Writer informed that he was anxious this morning and stated that he was in a lot of pain. She stated that she was upset with the lack of communication and that she did not call and inform her that her dad was in pain. She stated that she declined the x-ray yesterday due to technician saying it was a back x-ray and not for his legs. She then stated that she was going to call and