

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235649	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/08/2024
NAME OF PROVIDER OR SUPPLIER Valley Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1015 E Paris Ave SE Grand Rapids, MI 49546	

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** 41027</p> <p>Based on interview, and record review, the facility failed to develop a comprehensive care plan with person-centered interventions for paranoia in 1 resident (Resident #7) of 16 residents reviewed for comprehensive care plans, resulting in the potential for inadequate mental health care.</p> <p>Findings include:</p> <p>Review of an Admission Record revealed Resident #7 was originally admitted to the facility on [DATE], with pertinent diagnoses which included: alzheimer's disease and dementia.</p> <p>Review of Resident #7's Care Plan revealed, .FOCUS: I have diagnoses of depression and anxiety. Date Initiated: 3/4/2019. Revision on: 3/4/2019. INTERVENTIONS: Administer medications as ordered .Date initiated 3/4/2019. Allow me to express thoughts, feelings, and concerns. Listen with non-judgmental acceptance. Revision on 4/6/2019. Encourage family and friends to visit regularly. Date initiated: 3/4/2019. I am followed by Behavioral Care Solutions for medication management .Date Initiated: 9/14/2023. Introduce me to peers and encourage participation in activities. Revision: 4/6/2019.</p> <p>In an interview on 08/07/24 at 02:13 PM, Social Services Coordinator (SS) I reported that Resident #7 suffers from anxiety and paranoia and takes multiple medications to manage her symptoms. SS I reported that Resident #7 failed a GDR (gradual dose reduction) with Remeron (medication for depression and anxiety), because she became extremely paranoid and anxious. SS I reported that Resident #7's care plan does not include her paranoia, and is not personalized for her anxiety and depression needs. SS I reported that the care plan does not include her known triggers related to paranoia, and/or the interventions that are in place. SS I reported that when Resident #7's paranoia starts to escalate, staff should redirect her to activities that she is personally interested in.</p> <p>In an interview on 08/08/24 at 11:32 AM, Shahbaz (care giver) N reported that Resident #7 occasionally became paranoid, and in those instances staff would offer her a magazine to read, provide her fidget apron (with buttons and zippers), and/or to watch a movie. Shahbaz N reported that Resident #7 is easily redirect with those specific interventions.</p> <p>In an interview on 08/08/24 at 02:18 PM, Director of Nursing (DON) B reported that she had been working on personalizing care plans, but that Resident #7's care plan was generic and did not reflect the resident's personal needs.</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 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** 41027</p> <p>Based on observation, interview, and record review the facility failed to maintain standard infection control practices for wound dressings in 1 resident (Resident #3) of 1 resident reviewed for wound care, resulting in the potential for delayed wound healing and infection.</p> <p>Findings include:</p> <p>Review of an Admission Record revealed Resident #3 was originally admitted to the facility on [DATE].</p> <p>Review of a Minimum Data Set (MDS) assessment for Resident #3, with a reference date of 7/12/24 revealed a Brief Interview for Mental Status (BIMS) score of 15, out of a total possible score of 15, which indicated Resident #3 was cognitively intact.</p> <p>During an observation on 08/06/24 at 10:39 AM in Resident #3's room, the resident's left hand was observed swollen, dark red, warm to touch, and with multiple Steri Strips (thin sticky bandages used to seal wounds by pulling the two side of the skin together without making any contact with the actual wound) covering a presumed wound. The steri strip's edges were peeled up, dry, crusted with old blood, and only partially attached in the center. The underlying wound was not visible, but the steri strips appeared to be stuck to the wound because of dried up blood and wound drainage. Resident #3 reported that she bumped her hand a while back, resulting in a skin tear and the facility put the steri strips on it then, and it had not been touched since. Resident #3 reported that occasionally the wound is painful.</p> <p>According to manufacturers instructions for Steri Strips dated July 2009, .Intended use: Steri-Strip skin closures are indicated for use as a skin closure device in the treatment of lacerations and surgical incisions. Steri-Strip skin closures may also be used in conjunction with skin sutures and staples or after their removal for wound support. Contraindications: 1. Steri-Strip skin closures are contraindicated where adhesion cannot be obtained. Potential causes of inadequate adhesion are presence of exudate (drainage), skin oils, moisture, or hair. 2. Use of Steri-Strip skin closures on infected wounds is contraindicated .</p> <p>Review of Resident #3's Skin assessment dated [DATE] revealed, .Back of left hand 4.5 cm skin tear, well approximated (edges pulled together) with steri strips, curved measuring 4.5 cm from end to end .</p> <p>Review of Resident #3's Progress Note dated 7/23/24 at 3:27 AM revealed, .applied steri strips to skin tear on left hand well approximated and covered wit a cosmopor dressing .(Provider) to review orders 7/23/24 .</p> <p>Review of Resident #3's Physician Orders revealed, order date 7/23/24, Monitor skin tear to back of left hand, steristrips and open to air, inform provider of an s/s (signs and symptoms) of infection d/c (discontinue) when healed .</p> <p>(continued on next page)</p>		

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<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 on 08/08/24 at 11:37 AM in Resident #3's room, the resident's left hand was observed swollen, with the same steri strips in place. The steri strips were partially pulling away from the wound and the ends were detached.</p> <p>In an interview on 08/08/24 at 11:45 AM, Shahbaz N reported did not pay close attention to Resident #3's left hand wound, as the licensed nurse monitors wounds. Shahbaz N reported that Resident #3's hand usually looks better than it did at that time.</p> <p>In an interview on 08/08/24 at 01:02 PM, Licensed Practical Nurse (LPN) C reported that Resident #3 tends to get a lot of skin tears, and had a standing order to apply steri strips to the wounds and then allow the strips to fall off the their own. LPN C reported that Resident #3 had the steri strips applied over a skin tear on her left hand about 2 weeks ago, and she could not remove the steri strips, because it would remove the scab and reopen the wound. LPN C reported that the dried, brown crust and the detached edges of the steri strips were normal. The steri strips had been in place, serving as the only wound care, for 17 days.</p> <p>In an interview on 08/08/24 at 02:04 PM, Director of Nursing (DON) B reported that she assessed wounds in the facility along with the phsician, but that she had not gotten a chance to see Resident #3's wound on her left hand. DON B reported that Resident #3 had sustained the skin tear wound on 7/22/24 while she was out of the facility with family. DON B reported that the physician had seen the resident a couple days ago, but DON B was not able to provide documentation of the visit. DON B reported that Resident #3's skin is very moist, and a regular wound dressing would create maceration (moist fragile skin), and that was the reason steri strips were used for the skin tear. DON B reported that Resident #3 had been treated with an antibiotic for cellulitis (skin infection) on her left hand in June 2024, and that monitoring for signs of infection in the current wound was important. DON B reported that the wound was not visible due to being covered with steri strips, but that staff monitor for swelling, redness and warmth of the left hand.</p> <p>According to an article by Cleveland Clinic dated 6/14/24, .If you notice blood soaking through the Steri-Strips, seek medical care .Steri-Strips typically stay on for up to two weeks. They should fall off on their own within that timeframe. If the edges of your Steri-Strips start to curl before two weeks are up, you can carefully trim them with small scissors. After two weeks, you can gently remove Steri-Strips Contact a healthcare provider if you ' re using Steri-Strips and notice: Discoloration, soreness or warmth around the wound. Drainage from the wound. A foul smell coming from the wound. These are signs of a wound infection, which you can ' t treat on your own. You need to seek medical care. Untreated wound infections can spread to other parts of your body and lead to serious complications like cellulitis or septicemia .</p>		