

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235723	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/14/2026
NAME OF PROVIDER OR SUPPLIER Harbor Post Acute Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2060 Health Drive Wyoming, MI 49519	
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** Based on interview and record review, the facility failed to prevent an elopement for one of three resident's (Resident #100) reviewed for accidents and hazards. The deficient practice was corrected on 01/06/26, prior to the start of this survey and, therefore, this deficiency is considered Past Noncompliance. Resident #100 (R100) Review of an admission Record revealed R100 was an [AGE] year-old female, admitted to the facility on [DATE], with pertinent diagnoses of a recent hip fracture and Alzheimer's disease. During an interview on 01/14/26 at 8:20 AM, R100 laid in bed resting with her eyes open. R100 stated that she remembered being outside the building last week but I couldn't tell you why I did that, I just did. R100 stated that she was not harmed and felt safe and that she wouldn't be doing that again. Review of a Facility Reported Incident dated 01/05/26 reflected the following: (a) at approximately 9:15 PM on 01/05/26, R100 was observed to be standing outside the facility next to the south/east stairwell door, (b) staff brought R100 back into the building and completed a head-to-toe assessment and found no concerns of physical harm, (c) R100 was dressed appropriately for the 35 degree weather minus having one sock and shoes on, (d) the appropriate parties were notified and R100 was placed on a 1:1 for safety, (e) a complete head count was done of all residents, and (f) it was learned that at approximately 9:00 PM Registered Nurse F had heard the second floor door alarm sounding and silenced the alarm without further investigation the reason the alarm had sounded. A review of all at risk for elopement residents was completed and verified that care plans were updated. Multiple staff were interviewed regarding their recent education regarding the policy and procedure for door alarms and elopement to verify fund of knowledge. During an observation on 01/14/26 at 8:40 AM, this surveyor and maintenance technician A verified that all emergency exits were alarmed and functioning properly. During the onsite survey, past noncompliance (PNC) was cited after the facility implemented actions to correct the noncompliance which included an enhanced weekly audit of emergency exit alarms to ensure proper functioning, on-going staff education regarding the elopement procedure, and ongoing review of all residents (including new admissions) deemed at risk for wandering/elopement and updated care plans. The facility was able to demonstrate monitoring of the corrective action and maintained compliance.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 235723
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