STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235723	A. Building B. Wing	10/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Healthbridge Post-Acute Rehabilitation	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)
F 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Allow residents to self-administer drugs if determined clinically appropriate. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 31771 Based on observation, interview, and record review, the facility failed to ensure two Residents (R20 and R26) of five residents reviewed for medication were properly assessed and monitored for self-administration of medication and failed to securely store and document medication self-administration after use. Findings: R20 R20 admitted to the facility [DATE] with pertinent diagnoses that included asthma and respiratory failure. Review of the Minimum Data Set (MDS) dated [DATE] reflected a Brief Interview for Mental Status (BIMS) score of 13 which indicted R20 is cognitively intact. On [DATE] at 11:40 AM an observation and interview were conducted in the room of R20. An albuterol 90 micrograms (mcg) multi-dose inhaler in an aero chamber and a bottle of Flonase were observed on the over-the-bed table of R20. R20 reported she has had immediate access to both medications since admission. The policy provided by the facility titled Self-Administration of Medications, last revised [DATE] was reviewed. The Policy Statement reflected Residents have the right to self-administer medications if the interdisciplinary team had determined that it is clinically appropriate and safe for the resident to do so. This indicated a resident would be assessed to determine a resident's ability to self =-administer medication. Under Policy Interpretation and Implementation number 12 reflected 'Nursing staff will review the self-administration medication and as necessary will transfer pertinent information to the medication administration record (MAR) appropriately noting that the doses were self-administered. Review of the Electronic Medical Record (EMR) for R20 did not reflect any documentation that the interdisciplinary team had discussed self-administration of medication or that a self-administration assessment was documented. Review of the EMR Physician Orders reflected a current order for Albuterol Sulfate Inhalation Aerosol Solution 90 mcg 2 puffs every 4 hours as needed for wheezing with a start date of [DATE]. The order did not reflect that R20 may keep medications at bedside or had been approved for self-administration. (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235723	A. Building B. Wing	10/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Healthbridge Post-Acute Rehabilitation	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)
F 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On [DATE] at 9:43 AM a follow-up interview was conducted with R20 in her room. R20 reported that a nurse had removed her albuterol inhaler and the Flonase from her room that morning. R20 reported that she had been using the albuterol inhaler several times a day since her admission. R20 reported that nursing had never asked her if she had used the inhaler or how often. Review of the MAR for September and [DATE] reflected one dose was documented on ,d+[DATE] and one dose on ,d+[DATE] from [DATE] to the date of review on [DATE]. On [DATE] at 9:57 AM an interview was conducted with Licensed Practical Nurse (LPN) D. LPN D reported she had retrieved the albuterol inhaler and the Flonase from R20 that morning. LPN D reported the medications were in a locked area in the room of the Resident. LPN D indicated R20 would be given the medication to use when she asked for it. On [DATE] at 11:35 AM the Director of Nursing (DON) was informed of the medication found at the bedside of R20 and that no self-administration assessment had been found in the EMR. The DON indicated if a resident had been assessed for self-administration documentation of this should be present in the EMR notes and on the MAR. The DON indicated she would review the EMR and provide any pertinent information. As of survey exit no additional information had been provided by the facility. 29073 Resident #26 (R26) Review of an Admission Record Reflected R26 admitted to the facility with diagnoses that included chronic respiratory failure with hypoxia, Chronic Obstructive Pulmonary Disease (COPD) and dependence on supplemental oxygen. Review of the Electronic Medical Record (EMR) revealed a Self-Administration of Medication Evaluation had been completed on admission ([DATE]) and again on [DATE]. R26 was deemed safe to self-administer inhaled (nebulizer & inhalation) medications. During an observation on [DATE] at 11:28 AM, an Albuterol Sulfate 90 mcg (microgram) inhaler was observed on R26's over-the-bed table. R26 said she keeps the inhaler at the bedside and uses it up to four times a day. During an observation on [DATE] at 12:11 PM, the Albuterol Sulfate 90 mcg inhaler was again observed on R26's over-the-bed table. During an observation on [DATE] at 10:18 AM, the Albuterol Sulfate 90 mcg inhaler and a Incruse Elipta 62.5 mcg were noted on R26's over-the-bed table. No licensed nurses were in R26's room. R26 reported she does not document when she uses the albuterol inhaler, and the nurses do not ask her when or how often she uses it. R26 said she uses the albuterol about four times a day and uses the Incruse Elipta once a day. R26 said she does not rinse her mouth after administration of either medication. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235723	A. Building B. Wing	10/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Healthbridge Post-Acute Rehabilitation	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)
F 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the Medication Administration Record (MAR) for September and [DATE] revealed an order for Ventolin HFA Inhalation Aerosol Solution 108 (90 Base) MCT/ACT (Albuterol Sulfate) 2 puff inhale orally every 6 hours as needed for SOB (short of breath)/Wheezing no sooner than 4 hours between all sources of Albuterol. The records did not indicate R26 had ever taken a PRN (as needed) dose of the medication. Further review of all orders reflected on the MAR's did not indicate R26 had a physician order to self-administer inhaled medications. Review of a policy Self-Administration of Medications revised [DATE], reflected 1. For self-administering residents, the nursing staff will determine who will be responsible (the resident or the nursing staff) for ensuring that medications were taken. 2. Self-administered medications must be stored in a safe and secure place. If safe storage is not possible in the resident's room, the medications of residents permitted to self-administer will be stored on a central medication cart or in the medication room. Nursing will transfer the unopened medication to the resident when the resident requests them. 3. Staff shall identify and give to the Charge Nurse any medications found at the bedside that are not authorized for self-administration, for return to the family or responsible party. 4. The facility will reorder self-administered medications in the same manner as other medications, if requested by the resident. 5 .The nursing staff will routinely check self-administered medications and will remove expired, discontinued, or recalled medications. 6. Nursing staff will review the self-administered medication and as necessary will transfer pertinent information to the medication administration record (MAR), appropriately noting that the doses were self-administered. 7. The staff and practitioner will periodically (for example, during quarterly MDS reviews) reevaluate a resident's ability to continue to self-administer medications.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235723	A. Building B. Wing	10/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Healthbridge Post-Acute Rehabilitation	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)
F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45410 Based on interview and record review, the facility failed to provide medications upon admission in a timely manner for 1 resident (Resident #207) of 13 residents reviewed for professional standards of practice. Findings include: Resident #207 (R207) Review of an Admission Record revealed Resident #207 admitted to the facility on [DATE] with pertinent diagnoses which included chronic obstructive pulmonary disorder and diabetes. In an interview on 10/6/2024 at 9:12 AM, R207 reported she admitted to the facility on [DATE] at approximately noon and had not been receiving all her medications since admission. Review of R207's Nursing Progress Note, dated 10/5/2024 at 1:42 PM, revealed R207 admitted to the facility on [DATE] at 1:00 PM. In an interview on 10/6/2024 at 9:45 AM, Licensed Practical Nurse (LPN) L reported she admitted R207 to the facility on [DATE]. LPN L stated, There were 5 pages of medications, it took a lot of time to get them into the computer. LPN L reported medications would be delivered at 4:00 PM by the pharmacy if they were entered into the computer quickly enough. She was not able to enter the medications quickly enough to arrive by 4:00 PM, so they were delivered in the night. LPN L reported all R207's medications were now available. LPN L reported R207 complained she did not receive all her medications the previous evening, but she was not sure which as she had gone home for the day and another nurse was taking care of R207 last night. Review of R207's October Medication Administration Record (MAR) revealed- 1-HS (evening) Aggrenox (antiplatelet medication to prevent formation of blood clots) on 10/5/2024 was documented as not given, 9. 2-HS carbamazepine (used to treat seizures, nerve pain, and bipolar disorder) was not given the evening of 10/5/2024, not ordered to start until the morning of 10/6/2024. 3-HS Fiber capsule (bulk stool softener) on 10/5/2024 was documented as not given, 9. 4-HS Mometasone inhaler (used to reduce swelling and irritation in the airways) on 10/5/2024 was documented as not given, 9. 5-HS lamotrigine (used to treat seizures, nerve pain, and bipolar disorder) on 10/5/2024 was documented as not given, 9. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235723	A. Building B. Wing	10/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Healthbridge Post-Acute Rehabilitation	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)
F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	In an interview on 10/7/2024 at 1:44 PM, LPN L reported nursing staff would normally pull medications from stock when they were ordered but not yet available from the pharmacy. LPN L reported if any ordered medications were not available, the medical provider should be notified and further direction requested. In an interview on 10/7/2024 at 1:50 PM, LPN Unit Manager E reported the number 9 on the MAR indicates other, see nurses note. LPN Unit Manager E reported the carbamazepine should have been ordered to start the evening of 10/5/2024 instead of the morning of 10/6/2024 and was available in the backup medication cart. LPN Unit Manager E reported the fiber and lamotrigine were both available in the backup medication cart and she was not sure why they were not administered by the nurse working the evening of 10/5/2024. LPN Unit Manager E reported nursing staff were expected to contact the on call medical provider regarding any ordered medications that were not available to request further direction and then document this direction in the electronic medical record. LPN Unit Manager E reviewed the electronic medical record and could not find any documentation that nursing staff documented in a nurses note as indicated or that the on call medical provider had been notified of the missed doses of medication for R207 the evening of 10/5/2024. Review of facility policy/procedure Medication Administration, dated 1/1/2023, revealed .It is the policy of this home that medications will be administered and documented as ordered by the physician and in accordance with state regulations . Medications are administered within 60 minutes of scheduled time, unless otherwise specified by the physician . Review of facility policy/procedure Documentation of Medication Administration, dated 7/2023, revealed . documentation must include, as a minimum . reason(s) why a medication was withheld, not administered, or refused (as applicable) .

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235723	A. Building B. Wing	10/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Healthbridge Post-Acute Rehabilitation	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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 29073 Based on observation, interview, and record review, the facility failed to assess, monitor and notify the physician of clinical changes in condition for 1 resident (Resident #48) out of 13 residents reviewed for quality care from a total sample of 13 residents. Findings: Resident #48 (R48) Review of an Admission Record reflected R48 originally admitted to the facility on [DATE] with diagnosis that included end stage renal disease, dependence on renal dialysis, and Congestive Heart Failure (CHF). Review of a Minimum Data Set (MDS) admission assessment dated [DATE] reflected R48 was cognitively intact as evidenced by a Brief Interview for Mental Status (BIMS) assessment score of 15/15. Review of a Care Plan initiated on 9/16/24 indicated R48 has altered cardiovascular status r/t (related to) hypertension, hypotension, pacemaker, HLD (hyperlipidemia), CAD (coronary artery disease). The goal of the care plan was that R48 would be free from signs and symptoms of complications of cardiac problems. Interventions included Vital signs as tasked. Notify nurse/physician of any abnormal readings; Monitor/document/report to MD changes in lung sounds on auscultation (i.e. crackles), edema and changes in weight. Review of a hospital Transfer of Care Document indicated R48 was hospitalized from 9/20/24-9/24/24 for Acute on chronic systolic heart failure. Discharge instructions indicated This is a heart failure patient. Plan for managing heart failure at sub-acute rehab: Order: Standing daily weights first thing in the morning after patient empties his/her bladder. Monitor the patient daily and notify facility provider for the following: Weight gain of 2-3 pounds in 1 day or 5 pounds in 1 week. Increased shortness of breath with activity, sleeping, or at rest. Unable to lay flat at night. Complaints of abdominal fullness, nausea, or change in appetite. Increased swelling. Increased 02 (oxygen) needs from baseline or new oxygen requirement. Unable to tolerate medications (beta-blocker, diuretics, ACE/ARB/ARNI-Entresto). Systolic blood pressure of less than 90 or over 140 for more than three consecutive readings. Review of a Late Entry progress note dated 10/01/24 indicated the Registered Dietitian (RD) S spoke w/ (with) provider about pt's (patient's) fluid retention. Pt's dry weight is 220-pounds w/ hospital getting him down to 215 pounds. Pts' weight is at 228.8 pounds. Provider will add abdominal girth daily, and pt is to see his cardiologist today as well. RD will continue to follow. Review of a Late Entry Nursing Progress Note dated 10/3/24 reflected R48 underwent Paracentesis (a procedure that removes fluid from the abdomen with a needle or tube) and 3 liters of fluid were removed. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235723	A. Building B. Wing	10/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Healthbridge Post-Acute Rehabilitation	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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of a Practitioner Short Progress Note dated 10/3/2024 indicated R48 had 3 liters of fluid drained after paracentesis on 10/3/24. The note specified Ascites s/p (status post) paracentesis today with 3L off per patient. Monitor for need of repeat paracentesis, daily abdominal girth measurements ESRD (end stage renal disease) on HD (hemodialysis). Review of R48's October 2024 Treatment Administration Record (TAR) reflected AM-Standing daily weight, standing weight if applicable, if not explain in progress note, and obtain weight by wheelchair, in the morning for monitoring weight to ensure H20 (water) retention is not occurring. Try to get this before breakfast for a more accurate capture of dry weight. -Start Date- 9/28/24. Review of weights recorded on the October 2024 TAR reflected R48 gained over 3 pounds between 10/1/24 and 10/2/24. R48's weight on 10/5/24 was 227.4; on 10/6/24 R48 weighed 233.8 pounds, a 6.4-pound weight gain in one day. On 10/7/24 R48 weighed 240.2, a 6.4-pound weight gain in one day. R48 gained a total of 12.8 pounds in 2 days between 10/5/24 and 10/7/24. The October 2024 TAR also reflected the order Measure and record abdominal girth daily one time a day for Ascites (fluid buildup in the abdomen)-Start Date-10/2/24. The documentation reflects R48's abdominal girth was never measured between 10/2/24 and 10/7/24. During an observation and interview on 10/7/24 at 3:51 PM, R48 was seated in his wheelchair, oxygen tubing was draped over the oxygen supply in the wall over R48's bed. R48 was not wearing supplemental oxygen during the interview. R48 reported that nursing staff have not been measuring his abdominal girth. During an interview on 10/7/24 at 4:00 PM, Registered Nurse (RN) T reviewed R48's electronic medical record, including treatment orders and progress notes and reported there was no evidence nursing staff had notified the provider of R48's weight gains. RN T said there was not another system to document physician notification such as a binder on the nurse station. RN T also confirmed that R48's abdominal girth had not been measured. During an interview on 10/7/24 at 4:21 PM, RD S reported she monitors resident weights Monday - Friday and notifies the provider if there is a 2-pound weight gain in one day or a 5-pound change in a week. RD S showed the surveyor a spreadsheet of residents being monitored. R48's weight gain of over 12 pounds was not noted on the form, indicating that as of 4:21 PM, RD S had not noted R48's 12.8-pound weight change. During an interview on 10/7/24 at 4:30 PM, the Director of Nursing (DON) reported that she does not know why staff are not measuring R48's abdominal girth. The DON did not know why nursing staff were not notifying the provider of R48's weight gains. During a follow-up interview on 10/8/24 at 9:14 AM, R48 was seated on the edge of his bed, supplemental oxygen in place. R48 was pursed-lip breathing (a breathing technique that can help with shortness of breath) as he attempted to work his pants over his knees while seated on the edge of the bed, taking breaks while he spoke to the surveyor. R48 reported he was waiting on staff to weigh him before he ate his breakfast which was sitting on his over-bed table. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235723	A. Building B. Wing	10/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Healthbridge Post-Acute Rehabilitation	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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of a policy Change of Condition dated 1/1/2023 reflected It is the policy of this center to inform the resident, the resident's physician and if indicated the resident's responsible party of change of condition including: . 2. A significant change in the resident's physical, mental or psychosocial status, such as a deterioration in health, mental, or psychosocial status, in life-threatening conditions or clinical complications. The policy also specified 1. After resident changes in condition including but not limited to falls, injuries, changes in health and psychosocial status conduct a thorough assessment and compare against baseline. 3. The attending physician and Responsible Party/family will be notified of the significant change in condition in a timely manner. Unless it is an emergency situation the center has up to 24 hours to make the notification. If you are unable to reach the attending physician, call the alternate physician or the physician on call. If you are unable to reach this physician, call the medical director (if not the attending or alternate physician), or the emergency room physician. Review of a policy Physician Orders dated 1/1/2023 reflected It is the policy to follow written and verbal orders given by the physician, dentist, APN (Advanced Practice Nurse) or PA (Physician Assistant). Review of a policy Heart Failure - Clinical Protocol revised February 2023 indicated As part of the initial assessment, the physician will help identify individuals with a history of heart failure (HF) and will clarify, as much as possible, its severity and underlying causes. Monitoring and follow-up listed in the protocol indicated Vital signs, including weight monitoring will be completed in accordance with the Physician orders. Changes in vital signs and weights will be reported to the Physician in accordance with Physician Orders., if specific orders are present in the resident's clinical record, or in accordance with facility policy and procedures.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235723	A. Building B. Wing	10/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Healthbridge Post-Acute Rehabilitation	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)
F 0686 Level of Harm - Actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45410 Based on observation, interview, and record review, the facility failed to provide pressure ulcer care and treatment consistent with professional standards of practice for one resident (Resident #37) of 3 residents reviewed for care and treatment of pressure ulcers, resulting in harm and the deterioration of Resident #37's pressure ulcer. Findings include: Review of an Admission Record revealed Resident #37 (R37) admitted to the facility on [DATE] with pertinent diagnoses which included chronic obstructive pulmonary disorder and peripheral vascular disease. Review of a Minimum Data Set (MDS) assessment for R37, with a reference date of 8/1/2024 revealed a Brief Interview for Mental Status (BIMS) score of 15, out of a total possible score of 15, which indicated R37 was cognitively intact. Further review of same MDS assessment revealed R37 required assistance with toileting and repositioning. Review of a current Care Plan focus for R37, initiated 7/23/2024, revealed R37 was at risk for impaired skin integrity related to limited mobility, incontinence, and impaired sensation. Further review revealed an intervention directing staff to assist R37 to reposition her body with pillows and devices to protect bony prominence's. Review of current impaired skin integrity Care Plan interventions for R37, initiated 8/13/2024, directed staff to keep R37's skin clean and dry. In an interview on 10/7/2024 at 9:36 AM, R37 reported she had a wound on her backside and the night shift Certified Nursing Assistant (CNA) from the previous night did not check on her between 10:00 PM and 6:00 AM to change or reposition her. R37 reported her brief was soaked this morning because she had not been changed the entire night. In an interview on 10/7/2024 at 2:59 PM, CNA N reported R37 had told her that morning that she had not been check and changed by the night shift CNA the previous evening. CNA N reported night shift CNA R told her rounds were completed at 5:30 AM just prior to shift change but R37's brief was soaked when CNA N checked on her after shift change. CNA N reported it did not appear R37 had been recently changed. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235723	A. Building B. Wing	10/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Healthbridge Post-Acute Rehabilitation	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)
F 0686 Level of Harm - Actual harm Residents Affected - Few	In an observation and interview on 10/7/2024 at 2:22 PM in R37's room, Lead CNA I pulled R37's brief down to prepare for her dressing change and revealed the wound on her coccyx to be exposed to the air and without a dressing in place. R37's brief appeared to be wet with urine. Lead CNA I reported R37 must not have had a dressing in place since her shower earlier that morning. R37 reported she had the shower at approximately 10:00 AM. Licensed Practical Nurse (LPN) M reported the CNA had told her R37's dressing had come off in the shower earlier that morning. LPN M reported she normally tried to replace dressings just after showers but had been too busy to replace the dressing. LPN M took a washcloth, applied bar soap from the room sink, and inserted the washcloth into R37's large open coccyx pressure ulcer to clean the ulcer, turning the washcloth as she applied pressure to the wound bed. LPN M reported she normally liked to use wound cleanser but did not have any and the order was to use soap and water. Review of R37's active Physician's Orders, started 10/1/2024, revealed an order to cleanse R37's wound with soap and water daily prior to placing the new dressing. Review of R37's October 2024 Treatment Administration Record (TAR) revealed nursing staff documented they cleaned R37's coccyx wound with soap and water prior to placing the new dressing on 10/2/2024, 10/3/2024, 10/4/2024, 10/5/2024, 10/6/2024, and 10/7/2024. Review of R37's weekly Wound Assessments revealed the coccyx pressure wound was documented as 4.0 by 4.5 by 0.2 cm's on 9/16/2024, 3.5 by 6.0 by 1.7 cm's on 9/23/2024, and 3.0 by 4.5 by 2.0 cm's on 10/1/2024. Wound assessment treatment documentation prior to 10/1/2024 was to wash the wound with soap and water prior to placing the dressing. On 10/1/2024 the treatment changed from washing the wound with soap and water to cleansing the wound with wound cleanser prior to placing the dressing. In an interview on 10/7/2024 at 3:06 PM, LPN Unit Manager E reported a dressing should be replaced immediately after a shower or as soon as possible and within 30 minutes. LPN Unit Manager E reported it did not sound right to be packing R37's coccyx wound with soap and that wound cleanser would be appropriate. LPN Unit Manager E reported the facility Wound Registered Nurse (RN) O was responsible for accurately updating wound treatment orders in the electronic medical record. In a telephone interview on 10/8/2024 at 10:29 AM, Wound RN O reported the contract wound specialist evaluated R37's coccyx ulcer for the first time on 10/1/2024 because the wound was worsening. Wound RN O reported the treatment recommendation changed from washing the coccyx wound with soap and water to using wound cleanser on 10/1/2024 because of the deteriorating depth of the wound. Wound RN O reported if R37's coccyx dressing order was still directing staff to wash the wound with soap and water this was a mistake on her part as she intended to change the order from soap and water to wound cleanser on 10/1/2024 per the wound specialist's recommendation. Wound RN O reported R37's dressings should be replaced after showers right away or as soon as possible. Wound RN O reported 4 hours was too long to wait for a dressing to be replaced after taking a shower. Review of R37's Wound Specialists Initial Evaluation Note, dated 10/1/2024, revealed .Post-Debridement Measurement: 3by4.5by2.1 cm . active dx: Pressure ulcer of sacral region, stage 3 . Plan: Wound #1 sacral pressure treatment recommendations: 1. Cleanse with wound cleanser . In an observation on 10/8/2024 at 11:27 AM in R37's room, LPN Unit Manager E measured R37's coccyx wound to be 3.3 by 4.0 by 3.8 cm's, the wound depth increasing from 2.1 cm's after debridement on 10/1/2024 to 3.8 cm's deep on 10/8/2024. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235723	A. Building B. Wing	10/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Healthbridge Post-Acute Rehabilitation	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)
F 0686 Level of Harm - Actual harm Residents Affected - Few	In an interview on 10/8/2024 at 1:51 PM, concerns regarding the recent deterioration of R37's pressure ulcer were discussed with the Nursing Home Administrator (NHA). The NHA requested that I view the wound again with the wound specialist that afternoon because wound measurements could be different based on who measured the wound. In an observation and interview on 10/8/2024 at 1:51 PM in R37's room with the Wound Specialist Physician's Assistant (PA) and the Director of Nursing (DON), Wound Specialist PA P measured R37's coccyx wound to be 2.7 by 4 by 2.6 cm's. Wound Specialist PA P stated the wound was much deeper than the initial evaluation that took place on 10/1/2024. Wound Specialist PA P reported there was undermining (erosion under the wound edges) of the wound that was not present on 10/1/2024. Wound Specialist PA P told the DON R37 needed to be sent to the hospital urgently for surgical debridement. Wound Specialist PA P stated, I think we need to send her to the hospital. This is getting really deep; it seems to be getting worse. If we don't get this taken care of it could cause infection throughout your whole body. Wound Specialist PA P reported she could feel bone with her finger. In an interview on 10/8/2024 at 2:00 PM, Wound Specialist PA P reported soap and water was not indicated for a deep pressure ulcer such as R37's coccyx wound because the washcloth is rough on granulated tissue, and you could leave soap inside that would irritate the wound. Wound Specialist PA P reported wound cleanser was the best practice for the treatment of pressure ulcers and she recommended wound cleanser on 10/1/2024 for the treatment of R37's pressure ulcer. Wound Specialist PA P reported the dressing should be replaced immediately after taking showers or as soon as possible. Wound Specialist PA P reported leaving a pressure ulcer open to the air allowed urine, stool, flies, and other things to contaminate the wound. Review of facility policy/procedure Skin Treatment- Guidelines for Pressure Injuries, updated 3/2020, revealed . It is the policy of this center to utilize treatment guidelines when providing care for residents with pressure injury and to prevent further deterioration of pressure injury . A physician order will be obtained for the pressure injury treatment . Positioning interventions redistribute pressure and shearing force to the skin. Elevating the head of the bed to 30 degrees or less decreases the chance of pressure ulcer development from shearing forces (WOCN, 2010). Change the immobilized patient's position according to tissue tolerance, level of activity and mobility, general medical condition, overall treatment objectives, skin condition, and comfort (NPUPA, EUPAP, PPPIA, 2014). A standard turning interval of to 2 hours does not always prevent pressure ulcer development. Consider repositioning the patient at least every 2 hours if allowed by his or her overall condition. When repositioning, use positioning devices to protect bony prominence's (WOCN, 2010). The WOCN guidelines (2010) recommend a 30-degree lateral position (Figure 48-15), which should prevent positioning directly over the bony prominence. To prevent shear and friction injuries, use a transfer device to lift rather than drag the patient when changing positions (see Chapter 39). [NAME], [NAME] A.; [NAME], [NAME] Griffin; Stockert, [NAME]; Hall, [NAME]. Fundamentals of Nursing - E-Book (Kindle Locations 72244-72253). Elsevier Health Sciences. Kindle Edition.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235723	A. Building B. Wing	10/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Healthbridge Post-Acute Rehabilitation	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)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45410 This citation contains 2 Deficient Practice Statements (DPS), DPS A and DPS B. DPS A Based on observation, interview, and record review, the facility failed to implement their smoking policy and procedure for 1 resident (Resident #25) of 1 resident reviewed for smoking. Findings include: Review of an Admission Record revealed Resident #25 (R25) admitted to the facility on [DATE] with pertinent diagnoses which included chronic pain syndrome, legal blindness, and chronic obstructive pulmonary disorder. Review of a Minimum Data Set (MDS) assessment for R25, with a reference date of 6/18/2024 revealed a Brief Interview for Mental Status (BIMS) score of 15, out of a total possible score of 15, which indicated R25 was cognitively intact. Review of a current smoking Care Plan intervention for R25, initiated 9/6/2024, revealed resident smoked independently and was required to sign in and out as he left facility property to smoke. Review of R25's admission Smoking Policy Rules and Acknowledgement, signed by R25 6/28/2024, revealed .(facility) is not a smoke-free environment and does allow for monitored smoking within designated areas. If the resident wishes to smoke on premises, they must abide by the following smoking criteria: Smoking will occur only in designated location. Day to day cigarettes are kept locked in the medication cart of the respective floor. Extra packs/cartons are kept locked in the medication cart of the respective floor . Review of facility policy/procedure Smoking Policy- Residents, updated 1/2023, revealed .The facility will permit supervised smoking in designated areas only . The designated smoking area is _____ (line blank) . Residents must keep all smoking materials (lighters, matches, cigarettes, pipes, cigars, smoking tobacco, tobacco, electronic cigarettes, etc.) at the nursing station. At no time are the residents permitted to keep smoking materials in their room . Smoking material will not be distributed to the resident until they are in the designated smoking area . Residents who sign themselves out of the center are prohibited from smoking on the center's property . Residents may not sign themselves out to smoke between scheduled smoke times unless they are leaving the center's property . In an observation and interview on 10/6/2024 at 10:31 AM, R25 was sitting on the bed in his room with a package of cigarettes visible in his sweatshirt pocket. R25 reported he kept his lighter and cigarettes on his person. R25 reported he was not required to sign out when leaving the 2nd floor to smoke. R25 reported he smoked in a designated area outside of the front door on the 1st floor. R25 walked to the elevators and left the 2nd floor without signing out of the unit leave of absence book. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235723	A. Building B. Wing	10/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Healthbridge Post-Acute Rehabilitation	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)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	In an observation on 10/6/2024 at 12:50 PM, R25 was sitting on a bench just outside the facility front door smoking a cigarette while having a conversation with the Nursing Home Administrator (NHA). A no smoking sign was visible above the bench near where R25 was smoking. In an interview on 10/6/2024 at 1:10 PM, the NHA reported R25 was able to smoke independently and was not allowed to smoke on facility property. In an interview on 10/6/2024 at 2:26 PM, Licensed Practical Nurse (LPN) L reported R25 was not required to sign out when leaving the unit to smoke unless he was leaving the property. Review of the leave of absence book revealed R25 signed out when leaving the facility to go to a local grocery store on 10/5/2024 but did not sign out when going outside to smoke. In an observation on 10/7/2024 at 9:03 AM, two packages of cigarettes and a lighter were on R25's bed and unattended while R25 was in his bathroom. In an interview on 10/7/2024 at 9:11 AM, Lead Certified Nursing Assistant (CNA) I reported R25's cigarette supplies were usually locked in the covey in his room and given to him when he asked to smoke. In an interview on 10/7/2024 at 9:13 AM, LPN Unit Manager E reported R25's smoking supplies were kept locked up with his supplies in his room. In an interview on 10/7/2024 at 12:25 PM, the NHA reported he considered the facility to be a nonsmoking facility regardless of the admission Smoking Policy Rules and Acknowledgement and the facility smoking policy. Discrepancies between current facility practice, the admission Smoking Policy Rules and Acknowledgement, and the facility smoking policy including smoking location for independent smokers, the procedure for storage of smoking supplies, and the procedure for signing off the unit when smoking were discussed. The NHA reported there were not currently any residents that required supervision while smoking and there were no designated areas to smoke on the facility grounds. The NHA reported he needed to review the facility policy and procedure with his company to clarify how the facility would handle smoking in the future. DPS B Based on observation, interview, and record review, the facility failed to ensure residents were transferred according to the current care plan for 1 resident (Resident #37) of 13 residents whose care plans were reviewed, resulting in the potential for residents to fall and for residents to not meet their highest practicable physical, mental, and psychosocial well-being. Findings include: Review of an Admission Record revealed Resident #37 (R37) admitted to the facility on [DATE] with pertinent diagnoses which included chronic obstructive pulmonary disorder and peripheral vascular disease. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235723	A. Building B. Wing	10/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Healthbridge Post-Acute Rehabilitation	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)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of a Minimum Data Set (MDS) assessment for R37, with a reference date of 8/1/2024 revealed a Brief Interview for Mental Status (BIMS) score of 15, out of a total possible score of 15, which indicated R37 was cognitively intact. Further review of same MDS assessment revealed R37 required assistance with toileting, transferring, and repositioning. Review of a current Care Plan focus for R37, initiated 7/23/2024, revealed R37 was at an increased risk for falls related to hypertension, emphysema, and chronic pain. Review of a current activities of daily living Care Plan intervention for R37, revised 8/21/2024, revealed R37 required the assistance of two staff with the sit to stand lift when transferring. In an observation and interview on 10/7/2024 at 2:22 PM, Lead Certified Nursing Assistant (CNA) I transferred R37 from her bedside chair to her bed using a sit to stand lift by herself and without the assistance of another staff member. Lead CNA I reported R37 allowed her to transfer her without the assistance of another staff member but technically she should not. In an interview on 10/7/2024 at 3:06 PM, Licensed Practical Nurse (LPN) Unit Manager E reported R37 required the assistance of two staff with the sit to stand lift when transferring.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235723	A. Building B. Wing	10/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Healthbridge Post-Acute Rehabilitation	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)
F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 29073 Based on observation, interview, and record review, the facility failed to ensure respiratory equipment was maintained according to professional standards of practice for 4 residents (Resident #26, Resident #27, Resident #43 and Resident #48) out of 4 residents reviewed for respiratory care. Findings: Resident #26 (R26) Review of an Admission Record Reflected R26 admitted to the facility with diagnoses that included chronic respiratory failure with hypoxia, Chronic Obstructive Pulmonary Disease (COPD) and dependence on supplemental oxygen. During an observation on 10/06/24 at 11:28 AM, nebulizer equipment in R26's room was uncovered, assembled, resting on R26's bedside table without a barrier in place and appeared to have been used as evidenced by droplets in the equipment. During an observation and interview on 10/08/24 at 10:19 AM, R26's nebulizer equipment was assembled and in an undated clear plastic bag. R26 reported that staff sometimes clean her nebulizer equipment. Resident #27 (R27) Review of an Admission Record reflected R27 admitted to the facility on [DATE] with pertinent diagnoses that included acute respiratory failure with hypoxia and chronic obstructive pulmonary disease (COPD) with acute exacerbation. Review of R27's Treatment Administration Orders for October 2024 reflected Oxygen at 2L (liters)/min per nasal cannula intermittently every shift for COPD. Further review of the treatment orders did not indicate orders for the maintenance of R27's oxygen equipment. During an observation and interview on 10/06/24 at 9:44 AM, R27 reported she uses oxygen at night. R27 was seated in a recliner chair with her feet elevated. The oxygen tubing was not secured in a plastic bag but was hanging loose off the oxygen supply apparatus on the wall. Resident #43 (R43) Review of an Admission Record reflected R43 admitted to the facility on [DATE] with diagnoses that included Chronic Obstructive Pulmonary Disease (COPD), asthma, and emphysema. During an observation on 10/06/24 at 9:02 AM, R43 was in bed, the nebulizer equipment was assembled, uncovered, resting on the bedside table without a barrier with visible droplets in the equipment. The face mask was visibly dirty with smudges. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235723	A. Building B. Wing	10/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Healthbridge Post-Acute Rehabilitation	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)
F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an observation on 10/07/24 at 12:07 PM, R43 was sitting on the side of his bed. R43's oxygen tubing was draped over the handle of a wheelchair in his room, not secured in a plastic bag. Resident #48 (R48) Review of an Admission Record reflected R48 originally admitted to the facility on [DATE] with diagnosis that included end stage renal disease, dependence on renal dialysis, and Congestive Heart Failure (CHF). Review of a Care Plan initiated on 9/30/2024 reflected R48 had altered respiratory status/difficulty breathing related to atelectasis (complete or partial collapse of a lung or a section (lobe) of a lung). Interventions in the care plan described oxygen settings and monitoring but did not specify care and maintenance of the oxygen equipment. During an observation and interview on 10/7/24 at 3:51 PM, R48 was seated in his wheelchair, oxygen tubing was draped over the oxygen supply in the wall over R48's bed. R48 was not wearing supplemental oxygen during the interview. Review of a policy Respiratory Therapy Equipment: Oxygen and Nebulizer Administration dated 11/02/2023 reflected, It is the policy of this center that residents receiving oxygen or nebulizer therapy will have appropriate treatment. Only trained licensed staff will administer respiratory therapy. Respiratory equipment used to provide therapy will be maintained appropriately. The procedure outlined steps that included 7. Change oxygen cannula and tubing every seven (7) days and as necessary. 8. Keep oxygen cannula and tubing used PRN (as needed) in a plastic bag when not in use. Directions outlined for nebulized medication specified: 3. After completion of therapy: Remove nebulizer container; Rinse container with fresh tap water; Dry with clean paper towel or gauze sponge. 4. Reconnect to administration set-up. 5. Use caution not to contaminate internal nebulizer tubes. 6. Wipe mouthpiece with damp paper towel or gauze sponge. 7. Store circuit in plastic bag, marked with date and resident's name, between uses. 8. Wash hands. 9. Discard administration set-up every seven days. Review of a policy Oxygen Administration Revised October 2010 reflected equipment and supplies included 6. Clear plastic bag for storage.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235723	A. Building B. Wing	10/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Healthbridge Post-Acute Rehabilitation	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)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. 29073 Based on observation, interview, and record review, the facility failed to ensure licensed personnel followed medication administration policy and procedures when a nurse pre-poured medications for eight residents (R9, R27, R30, R31, R35, R39, R50) and documented the administration of medications that had not been given to residents. Findings: During an observation on 10/7/24 at 7:33 AM, Licensed Practical Nurse (LPN) Q was asked to complete a medication pass. LPN Q was asked to open the top drawer of the medication cart for inspection, and it was discovered medications had been preset for 8 residents on the unit (R9, R27, R30, R31, R35, R39, R50). Pills, tablets and capsules were noted in plastic medication cups, a smaller paper medication cup was placed over the medications in each plastic cup with a number written on each paper cup. LPN Q said the numbers were rooms on the unit. LPN Q reported there were no controlled substances in any of the preset medication cups. A narcotic count was conducted to verify that no controlled substances had been preset that morning. During an interview and observation on 10/7/24 at 7:55 AM, the Director of Nursing (DON) and Unit Manager (UM), LPN K observed the medication cups in the top drawer of the medication cart. The DON reported that the facility did not allow nurses to preset resident's mediations. The DON said the medications would be wasted in a drug buster (a container with a mixture used to destroy medications that need to be wasted) and each medication pass would be administered correctly. Review of Medication Administration Records (MARS) for the residents identified during the observation on 10/7/24 at 7:33 AM indicated LPN Q had already documented the medications that had been preset had been administered. During a follow-up interview on 10/7/24 at 10:30 AM, UM/LPN K reported that she and the DON had re-pulled and administered the morning medication pass for the residents on LPN Q's assignment. LPN K said that she interviewed each resident identified as having preset medications to confirm they did not receive their medication. LPN K reported that she and the DON would then delete LPN Q's initials from the electronic MAR and enter their own initials as proof the medications had been administered. Review of a policy Medication Administration dated 01/01/2023 reflected 3. Medications are administered at the time they are prepared. Review of Policies and Procedures Pharmacy Services for Nursing Facilities dated September 1, 2023, reflected When medications are administered by mobile cart taken to the resident's location (room, dining area, etc.) medications are administered at the time they are prepared. Medications are not pre-poured either in advance of the med pass or for more than one resident at a time. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235723	A. Building B. Wing	10/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Healthbridge Post-Acute Rehabilitation	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)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of a policy Documentation of Medication Administration dated July 2023 reflected The facility shall maintain a medication administration record to document all medications administered. 2. Administration of medication must be documented immediately after it is given.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235723	A. Building B. Wing	10/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Healthbridge Post-Acute Rehabilitation	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)
F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 29073 Based on interview and record review, the facility failed to ensure antipsychotic medications were prescribed to treat a condition as diagnosed and documented with rationale in the clinical record for 1 resident (Resident #24) out of 5 residents reviewed for unnecessary medications. Findings: Review of an Admission Record reflected R24 admitted to the facility on [DATE] with diagnoses that included Covid-19, acute respiratory failure with hypoxia, Chronic Obstructive Pulmonary Disease (COPD) and cognitive communication deficit. Review of a Minimum Data Set (MDS) assessment dated [DATE] reflected R24 was moderately cognitively impaired as evidenced by a Brief Interview for Mental Status (BIMS) score of 8/15. Review of a Preadmission Screening(PAS)/Annual Resident Review(ARR) Level I Screening dated 9/5/2024 reflected R24 did not have a mental illness or dementia and was prescribed oral trazadone (an antidepressant) for delirium in the hospital. No chronic behavioral health diagnoses. Review of a hospital After Visit Summary reflected R24 was prescribed RisperiDONE 0.5 mg (milligram) disintegrating tablet commonly known as RisperDAL M-TABS Take I tablet (0.5 mg total) by mouth at bedtime for 2 days. Review of an Order Audit Report reflected R24 was prescribed 0.5 mg Risperidone upon admission to the facility on [DATE]- 9/12/24. R24 did not take the mediation for 2 days from 9/12/24-9/14/24. Risperidone 0.5 mg tablet, give 0.5 mg by mouth in the evening for agitation for 14 days was started again on 9/14/24-9/28/2024. R24 did not take Risperidone for two days, then the medication was restarted on 9/30/2024-10/14/2024. Review of a Care Plan initiated on 9/16/2024 indicated I (R24) use anti-psychotic medications. No diagnoses associated with the use of anti-psychotic medications were documented. The Goal of the care plan was that R24 would maintain the lowest effective dosage of my antipsychotic medication without significant side effects . Review of Nursing Progress Notes dated 9/12/24 reflected R24 was on droplet precautions due to being Covid-19 positive and would wander in the halls and be re-directed without distress. Review of a Late Entry Nursing Progress Note dated 9/14/24 reflected R24 was a 1:1 due to increased confusion; staff encouraged R24 to stay in her room due to Covid-19 droplet precautions. Review of a Nursing Infection Note dated 9/16/24 indicated R24 was removed from droplet precautions. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235723	A. Building B. Wing	10/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Healthbridge Post-Acute Rehabilitation	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)
F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of a Nursing Progress Note dated 9/18/24 reflected R24 was noted to wander around unit. Patient (R24) very pleasant and easily redirected . Review of a Nursing Progress Note dated 10/02/24 indicated R24 had wandering behaviors and was pleasant and cooperative with cares, No behaviors noted. Review of all Practitioner Short Progress Notes for the dates 9/12/24, 9/17/24, 9/19/24, 9/20/24, and 10/7/24 did not reflect a discussion of R24's behaviors or prescribed antipsychotic medications. During an interview on 10/08/24 at 1:29 PM Licensed Practical Nurse (LPN) Unit Manager (UM) R reviewed R24's Electronic Medical Record (EMR) and explained the provider asked her to enter a verbal order for Risperidone after not having it for two days on 9/14/24. LPN/UM R reported there was no behavior monitoring in place. LPN/UM R reviewed the progress notes and reported that R24 would have wandering behaviors and was not very compliant with remaining in her room when she was in Covid-19 droplet precautions due to being unfamiliar with the facility, which was understandable. LPN/UM R reported staff increased supervision for R24, who was redirectable and without behavioral concerns. LPN/UM R confirmed there was not an order for a consultation with behavioral health providers. Review of a policy Behavior Management-Psychoactive Medication-Antipsychotic Drug Therapy dated 1/1/2023 reflected It is the policy of this center to use antipsychotic medications per CMS (Centers for Medicare and Medicaid Services) guidelines and to perform dose reductions and monitoring as required by regulation, to promote the highest level of resident care and safety. The policy specified 4. Specific conditions for which antipsychotic drugs may be used: Schizo-affective disorder; delusional disorder; psychotic mood disorders (including mania and depression with psychotic features); acute psychotic episodes brief reactive psychosis; Schizophreniform disorder; atypical psychosis; Tourette's disorder; Huntington's disease, Organic mental syndromes (including dementia and delirium) with associated psychotic and/or agitated behaviors: which have been quantitatively (number of episodes) and objectively (biting, kicking, scratching) documented, which are not caused by preventable reasons, which are causing the resident to 1) present a danger to her/himself or to others, 2) Continuously scream yell or pace if these specific behaviors cause an impairment in functional capacity, 3) Experience psychotic symptoms (hallucinations, paranoia, delusions) not exhibited as dangerous behaviors or as crying, screaming, yelling, or pacing but which cause the resident distress or impairment in functional capacity; Short term (seven day) symptomatic treatment of hiccups, nausea, vomiting, or pruritus. 5. Conditions for which antipsychotic drugs should NOT be used (as an only indication): wandering, poor self-care, restlessness, impaired memory, anxiety, depression (without psychotic features), insomnia, unsociability, indifference to surroundings, fidgeting, nervousness, uncooperativeness, agitated behaviors which do not represent danger to the resident or others.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235723	A. Building B. Wing	10/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Healthbridge Post-Acute Rehabilitation	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)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 37872 Based on observation, interview, and record review, the facility failed to: 1. Ensure working spray bottles are labeled as to content, 2. Ensure water filters were being replaced as required on equipment, 3. Ensure ice machines food contact surface/equipment are clean and maintained, and 4. Ensure the 2nd & 3rd floor kitchenette/pantries flooring is clean and free of debris and the cooler unit's door, door seals, openings and bottoms, resulting in an increased potential of contaminated foods and an increased risk of food borne illness possibly affecting 52 residents that consume food from the kitchen and kitchenettes/pantries. Findings include: A follow-up kitchen inspection took place on 10/07/24 at 8:23 AM, with Dining Services Manager (DSM) C, the following issues were observed: Observation of a working chemical spray bottle was found unlabeled as to the chemical content. Review of the FDA 2017 Food Code Section, 7-102.11 (Labeling and Identification) Common Name Reflected the following Working containers for storing POISONOUS OR TOXIC MATERIALS such as cleaners and Sanitizers taken from the bulk supplies shall be clearly and individually identified with the common name of the material. Observation of the kitchen water filters for the Combi Oven (A oven that can use steam, convection, can proof, sous vide, broil, toast food etc .) was labeled as 7/23. The date/label does not identify/reflect as install or replacement date. The 3 large water filters (located in the kitchen janitor's closet) that connect to ice machine and direct plumbed equipment were found to be undated/labeled. Observation of 2nd and 3rd floor kitchenette/pantries revealed: 2nd floor ice machine filter had a date/label of 4/20. 3rd floor ice machine filter was undated/labeled. Review of the FDA 2017 Food Code Section, 5-205.15 System Maintained in Good Repair. Reflected, A PLUMBING SYSTEM SHALL be: (A) Repaired according to LAW; and (B) Maintained in good repair. During an environmental tour of the facility on 10/07/24, Environmental Services Manager (EVSM) A revealed that a new company had taken over the maintenance of the chemical dispensers, the chemicals and the water filters. EVSM A revealed the water filters would be installed and dated once they came in. Observations of the 2nd and 3rd floor kitchenettes/pantries revealed dirt and debris under equipment and along the floor/wall junctures. The 2nd & 3rd floor cooler doors, door seals, door opening, and bottoms of the unit need a cleaning to remove build-up and debris. Further observation of the kitchenettes/pantries revealed that the 3rd floor ice machine had a slight pink/orange slime build- up. The 2nd floor ice machine had some scale build-up. Clean as often as necessary to prevent build-up and debris on inside food/non-food contact surfaces. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235723	A. Building B. Wing	10/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Healthbridge Post-Acute Rehabilitation	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)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Review of the FDA 2017 Food Code Section, 6-501.12 Cleaning, Frequency and Restrictions. Reflected, (A) PHYSICAL FACILITIES shall be cleaned as often as necessary to keep them clean. Review of the FDA 2017 Food Code Section, 4-602.13 Nonfood- Contact Surfaces. Reflected, NonFOOD-CONTACT SURFACES of EQUIPMENT shall be cleaned at a frequency necessary to preclude accumulation of soil residues. Review of the FDA 2017 Food Code Section, 4-602.11 Equipment Food-Contact Surfaces and Utensils. Reflect, . (4) In EQUIPMENT such as ice bins and BEVERAGE dispensing nozzles and enclosed components of EQUIPMENT such as ice makers, cooking oil storage tanks and distribution lines, BEVERAGE and syrup dispensing lines or tubes, coffee bean grinders, and water vending EQUIPMENT: (a) At a frequency specified by the manufacture, or (b) Absent manufacture specifications at a frequency necessary to preclude accumulation of soil or mold.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235723	A. Building B. Wing	10/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Healthbridge Post-Acute Rehabilitation	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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45410 Based on observation, interview, and record review, the failed to ensure proper use of Personal Protective Equipment (PPE) for residents in Enhanced Barrier Precautions for 1 resident (Resident #37) of 13 residents reviewed for infection control. Findings include: Review of an Admission Record revealed Resident #37 (R37) admitted to the facility on [DATE] with pertinent diagnoses which included chronic obstructive pulmonary disorder and peripheral vascular disease. Review of a Minimum Data Set (MDS) assessment for R37, with a reference date of 8/1/2024 revealed a Brief Interview for Mental Status (BIMS) score of 15, out of a total possible score of 15, which indicated R37 was cognitively intact. Further review of same MDS assessment revealed R37 required assistance with toileting, transferring, and repositioning. Review of a current impairment to skin integrity Care Plan intervention for R37, initiated 8/13/2024, directed staff to maintain enhanced barrier precautions (gown and glove use) during high contact cares such as dressing, bathing, transferring, changing linens, providing hygiene, toileting, device care, and wound care. Further review directed staff to practice proper infection control interventions. Review of R37's active Physician's Orders, started 8/13/2024, revealed an order to maintain enhanced barrier precautions (gown and glove use) during high contact care such as dressing, bathing, transferring, changing linens, providing hygiene, changing briefs or assisting with toileting, device care, and wound care. In an observation and interview on 10/7/2024 at 2:22 PM, Lead Certified Nursing Assistant (CNA) I entered R37's room, transferred R37 from the bedside chair to her bed using a sit to stand lift, positioned her on her side, and pulled her brief down without donning a gown or gloves and using bare hands. Signage on the door indicated R37 required enhanced barrier precautions for high contact care such as transfers and toileting. Lead CNA I reported enhanced barrier precautions were only required for R37 during wound care. In an interview on 10/7/2024 at 3:06 PM, Licensed Practical Nurse (LPN) Unit Manager E reported gown and glove use is required for residents on enhanced barrier precautions during transfers and all high contact cares and not only during dressing changes. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235723	A. Building B. Wing	10/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Healthbridge Post-Acute Rehabilitation	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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of facility policy/procedure Enhanced Barrier Precautions, reviewed 12/2020, revealed .It is the policy of this facility to implement enhanced barrier precautions for preventing transmission of novel or targeted multidrug-resistant organisms . enhanced barrier precautions refer to the use of gown and gloves for certain residents during specific high-contact resident care activities that have been found to increase risk for transmission of multidrug-resistant organisms . An order for enhanced barrier precautions will be obtained for residents with any of the following: Wounds and/or indwelling medical devices . High-contact resident care activities- dressing, bathing, transferring, providing hygiene, changing linens, changing briefs or assisting with toileting, device care or use, wound care .