

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235731	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/09/2025
NAME OF PROVIDER OR SUPPLIER Corewell Health Rehabilitation & Nursing Center -		STREET ADDRESS, CITY, STATE, ZIP CODE 1001 Leffingwell Avenue NE Grand Rapids, MI 49525	
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 0640 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Encode each resident's assessment data and transmit these data to the State within 7 days of assessment. (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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<p>F 0640</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Based on interview and record review, the facility failed to ensure a Minimum Data Set (MDS) discharge assessment was transmitted to the Centers for Medicare and Medicaid Services (CMS) for 9 (Resident #24, #3, #18, #34, #16, #31, #1, #11, #32) of 9 sampled residents, resulting in the potential for inaccurate tracking of the resident's assessment and discharge status. Findings include: According to the CMS (Centers for Medicare & Medicaid Services) RAI (Resident Assessment Instrument) Version 3.0 Manual 1. 17.1. effective 10/1/2019, .Submission files are transmitted to the QIES [Quality Improvement and Evaluation System] ASAP (Assessment and Submission and Processing) system using the CMS wide area network . Transmission requirements apply to all MDS 3.0 records used to meet both federal and state requirement . must be submitted within 14 days of the MDS Completion Date (Z0500B +14 days] .For each file submitted, the submitter will receive confirmation that the file was received for processing and editing by the QIES ASAP system. This confirmation information includes the files submission identification number (ID), the date and time the file was received for processing as well as the file name . In an interview on 07/09/25 at 12:21 PM, MDS Coordinator (MC) F reported when the resident was discharging, there was a meeting once a week to discuss the resident who was ready to discharge, the resident was placed on a calendar at admission and was accessible to all relevant staff, who then can initial when they have completed their portion of the discharge, and a form noted as Discharge had the date of discharge and notations from all the relevant departments on what was needed prior to discharge. MC F reported the facility only had a handful of long term care residents; some residents stay for one quarterly assessment but the average stay for most residents was 21 days. Resident #24: Review of Resident #24's medical record revealed, Resident #24 was discharged from the facility. Review of MDS Assessments for Resident #24 revealed no MDS Discharge Assessment was submitted for acceptance by Centers for Medicare and Medicaid (CMS). MDS Coordinator (MC) F reported when the Discharge MDS Assessment indicated Ready for Export it indicated it had not been submitted to the (CMS MDS Program). In an interview on 07/09/25 at 12:47 PM, MDS Coordinator (MC) F reported the Care manager would send out an e-mail to the team which included the leadership team, and a discharge would be discussed at the weekly discharge meeting. MC F reported if the Discharge MDS Assessment was received by CMS it would indicate, Accepted. Reviewing Resident #24's MDS Discharge Assessment indicated the discharge date was 2/18/25 and the due date of 3/5/25 indicated when the Discharge MDS Assessment had to be completed by. MC F reported the Discharge MDS Assessment had been completed but not transmitted. MC F reported there was one MDS Coordinator who was responsible for the transmissions to (CMS MDS Program) and she completed the transmissions once per week. Resident #3: Review of Resident #3's medical record revealed, Resident #3 was discharged from the facility on 3/20/25. MC F reported the Discharge MDS Assessment was ready for export which indicated it had not been submitted for acceptance by CMS. MC F showed this writer the Discharge document used to track each resident and for Resident #3 everything had been completed by the necessary staff within 24 hours of discharge. Resident #18: Review of Resident #18's medical record revealed, Resident #18 was discharged (return not anticipated) from the facility on 1/30/25. MC F reported the Discharge MDS Assessment was ready for export which indicated it had not been submitted for acceptance by CMS. MC F reported the Discharge MDS Assessment was due 2/14/25. Resident #34: Review of Resident #34's medical record revealed, Resident #34 was discharged (return not anticipated) from the facility on 2/28/25 but the Discharge MDS Assessment was not completed for export or transmission. Resident #16: Review of Resident #16's medical record revealed, Resident #16 was discharged (return not anticipated) from the facility on 3/6/25. MC F reported the Discharge MDS Assessment was ready for export which indicated it had not been submitted for acceptance by CMS. Resident #31: Review of Resident #31's medical record revealed, Resident #31 was discharged (return not anticipated) from the facility on 2/10/25. MC F reported the Discharge MDS Assessment was ready for export which indicated it had not been submitted for acceptance by CMS. Resident #1: Review of Resident #1's medical record revealed, Resident #1 was discharged (return not anticipated) from the facility on 2/1/25. MC F reported the Discharge MDS Assessment was ready for export which indicated it had not been submitted for acceptance by CMS. Resident #11: Review of Resident #11's medical record revealed, Resident #11 was discharged (return not anticipated) from the facility on 1/30/25. MC F reported the Discharge MDS Assessment was ready for export which indicated it had not been submitted for acceptance by CMS. Resident #32: Review of Resident #32's</p>		