STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	366181	A. Building B. Wing	04/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Grand Rapids Care Center	24201 W 3rd St Grand Rapids, OH 43522

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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37451 Based on medical record review, staff interview, and review of facility policy, the facility failed to ensure resident care plans were revised to included supports and interventions for depression and related antidepressant use. This affected one resident (#3) of five residents reviewed for unnecessary medications. The facility census was 30. Findings Include: Review of Resident #3's medical record revealed an admitted [DATE]. Diagnoses included type II diabetes, heart disease, peripheral vascular disease, depression, osteomyelitis, pain, kidney cancer, prostate cancer, and lymphedema. Review of Resident #3's Minimum Data Set (MDS) assessment, 04/07/24, revealed Resident #3 was cognitively intact. Resident #3 displayed no behaviors during the review period. Review of Resident #3's physician orders revealed an order dated 12/18/23 for mirtazapine tablet 7.5 milligrams (mg), administer one tablet at bedtime for depression. An order dated 01/22/24 included Zoloft 25 mg and 50 mg for a total of 75 mg once a day for diagnosis of depression. Review of Resident #3's care plan revised 03/04/24 revealed no care plan support or intervention was found related to Resident #3's depression or antidepressant use. Interview on 04/11/24 at 10:53 A.M. with the Director of Nursing (DON) verified there were no care plan supports for Resident #3's depression. Review of the facility policy titled,Comprehensive Care Planning Policy revised 03/02/21 revealed the facility must develop a comprehensive person centered care plan for each resident which included measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs. The comprehensive care plan was to be reviewed and updated at least every 90 days.

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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NAME OF PROVIDER OR SUPPLIER Grand Rapids Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 24201 W 3rd St Grand Rapids, OH 43522	

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0791 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide or obtain dental services for each resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35033 Based on review of the medical record, observation, interview, and policy review, the facility failed to ensure a resident was timely referred for dental services for missing dentures. This affected one (#5) of one resident reviewed for dental services. The facility census was 30. Findings include Review of the medical record revealed Resident #5 had an admitted [DATE]. Diagnoses included chronic obstructive pulmonary disease, congestive heart failure, chronic kidney disease stage three, atrial fibrillation, vascular dementia, hypertension, osteoarthritis, and fibromyalgia. Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed the resident had intact cognition. Review of the plan of care initiated 01/24/24 revealed the resident had impaired dental/oral hygiene related to no natural teeth and the resident wore full dentures. Interventions included to encourage the resident to remove dentures at bedtime and store dentures in proper container to soak, obtain dental consult as needed, and provide assistance for oral hygiene as needed. Review of an oral cavity observation assessment dated [DATE] at 11:39 A.M. revealed the resident's dentures were described as having a good fit. Observation on 04/09/24 at 11:08 A.M. revealed the resident was edentulous (no teeth) and was not wearing dentures. Interview on 04/09/24 at 11:08 A.M., Resident #5 revealed her dentures were lost and she had not seen the dentist. Resident #5 revealed she lost her dentures a couple of months ago. Resident #5 revealed she reported the lost dentures to Social Services Designee (SSD) #536. Resident #5 revealed she was able to put in her own dentures and take them out but staff assisted her by getting the storage container. Interview on 04/10/24 at 11:41 A.M., SSD #536 revealed he was not aware the resident was missing her dentures. SSD #536 revealed he would get the resident a dental consult. Interview on 04/10/24 at 2:33 P.M. State tested Nursing Assistant (STNA) #530 revealed Resident #5 required set up for oral care. STNA #530 revealed staff provided the resident her dentures and the resident was able to apply them. STNA #530 revealed the last time she cared for the resident a couple of weeks ago the resident's dentures were missing. STNA #530 was unaware how long the resident's dentures were missing. STNA #530 revealed she reported the missing dentures to the Director of Nursing (DON). Interview on 04/11/24 at 9:37 A.M., the DON revealed staff had not reported the resident's missing dentures recently. The DON revealed the resident had lost her dentures a couple of times but they had been found. (continued on next page)

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NAME OF PROVIDER OR SUPPLIER: Grand Rapids Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE: 24201 W 3rd St, Grand Rapids, OH 43522	

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F 0791 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Interview of 04/11/24 at 3:38 P.M., STNA #522 revealed the resident's dentures had been missing since the end of February or the beginning of March. STNA #522 revealed she notified the DON about the missing dentures. Interview on 04/12/24 7:35 A.M., Licensed Practical Nurse (LPN) #512 revealed she completed the resident's oral cavity assessment on 03/20/24. LPN #512 verified the assessment documentation was incorrect. LPN #512 verified she never saw the resident's dentures during the assessment. Review of the policy titled Dental Services Policy, last revised 04/02/24, revealed the would make prompt referrals for residents with lost or damaged dentures. Further review of the policy revealed the Director of Nursing Services or designee or any clinical staff member was responsible for notifying Social Services of a resident's need for dental services. The facility would promptly, within three days, refer residents with lost or damaged dentures for dental services.

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F 0851 Level of Harm - Potential for minimal harm Residents Affected - Many	Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data. 37451 Based on the review of the facility's Payroll-Based Journal (PBJ) Staffing Data Report, staffing schedule, posted daily staffing sheets, staff time sheets, and staff interview, the facility failed to submit accurate information in the PBJ for the first quarter of 2024. This had the potential to affect all residents. The facility census was 30. Findings Include: Review of the Payroll-Based Journal (PBJ) Staffing Data Report revealed the facility triggered for not having licensed nursing coverage 24 hours a day in the first quarter of 2024. The specific days identified were 10/05/24, 12/24/23, 12/25/23, 12/26/23, 12/27/23, 12/28/23, 12/29/23, 12/30/23, and 12/31/23. Review of the Staffing Schedule, Posted Daily Staffing sheets, and corresponding time cards for nursing staff for 10/05/24, 12/24/23, 12/25/23, 12/26/23, 12/27/23, 12/28/23, 12/29/23, 12/30/23, and 12/31/23 revealed there was 24 hour nursing coverage for all the specified days indicated in the PBJ staffing data report. Interview on 04/10/24 at 8:13 A.M. with the Director of Nursing (DON) verified there was 24 hour nursing coverage for the days indicated in the PBJ as not having coverage. The DON reported it was corporate who entered the PBJ data and verified the data was not entered correctly.