

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366181	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/16/2026
NAME OF PROVIDER OR SUPPLIER Grand Rapids Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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 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. Based on observation, staff interview, and review of facility policy, the facility failed to ensure food and drink items were stored in a manner to prevent spoilage. This had the potential to affect all 28 residents who received food and drink from the kitchenette. The facility identified one (#8) resident who received nothing by mouth. The facility census was 29. Findings include: Observation on 06/14/26 at 8:05 A.M. of the kitchenette refrigeration unit revealed pizza stored in an unlabeled and undated pizza box and a sandwich in an unlabeled and undated baggie. Further observation revealed outdated yogurt cups, expired juices, a large container of spaghetti that was unlabeled and not dated, leftover food containers not labeled with a name or date, two half full twenty-ounce soda pops not labeled or dated, an open bottle of seltzer water that expired December 2025, pretzels in individual snack bags not dated, and an onion wrapped in foil and not dated. Interview on 06/14/26 at 8:10 A.M. with Dietary Aide #317 verified all of the above food and drink items that were not properly labeled and dated, outdated, and expired. Interview on 06/14/26 at 8:34 A.M. with Dietary Manager (DM) #316 confirmed the kitchenette refrigerator was intended for use only by residents of the facility. DM #316 also confirmed all food items should be properly dated and labeled, and only food belonging to residents should be stored in the kitchenette refrigerator. Review of the facility policy titled, Food Brought in From Outside the Facility Policy, with a last review/revision date of 11/18/24, revealed if the food brought in from an outside source needs refrigeration the container will be labeled with the name of food item, resident name, dated, and placed in an appropriate non-dietary refrigerator floor/unit fridge, neighborhood refrigerator, or activities refrigerator; and food dated by facility staff will be discarded within seven days from the date mark, with the exception of condiments.		

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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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, medical record review, staff interview, and review of a facility policy, the facility failed to ensure a resident centered care plan was developed in a timely manner for a resident who smoked. This affected one (#5) of two residents reviewed for smoking. The facility census was 29. Findings included: Review of the medical record for Resident #5 revealed an admission date of 08/09/17. Diagnoses included chronic obstructive pulmonary disease (COPD), vascular dementia, and cerebral vascular accident (CVA). Review of the current physician orders for June 2026 for Resident #5 revealed the resident was admitted to hospice services on 12/05/25. Review of the smoking assessment dated [DATE] for Resident #5 revealed the resident was a current smoker and anticipated to continue to smoke. Review of the medical record for Resident #5 revealed no care plan was implemented to address the residents smoking status and interventions. Observation on 06/15/26 at 3:17 P.M. revealed two (#4 and #5) residents were smoking outside on the patio supervised by a staff member. Interview on 06/15/26 at 3:24 P.M. with Licensed Practical Nurse (LPN) #342 verified Resident #5 was a supervised smoker and was not able to locate a care plan to address the resident's smoking. LPN #342 suggested to speak with the Social Service Designee (SSD) #389 about the care plan. Interview on 06/15/26 at 3:31 P.M. with SSD #389 stated Resident #5 just started smoking after she admitted to hospice services. SSD #389 further stated Resident #5 was care planned for smoking. Review of the care plan for Resident #5, with SSD #389, revealed a smoking care plan was created on 06/15/26. Further interview with SSD #389 verified the care plan was just updated. Continued interviewed with SSD #389 revealed he would not verify the smoking care plan was just created and insisted the care plan was updated. Review of the facility policy titled, Comprehensive Care Planning, revised 02/26, revealed the facility will develop a comprehensive person-centered care plan for each resident that includes measurable goals and timetables to [NAME] the resident' medical, nursing, mental and psychosocial needs.		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observation, staff interview, review of the medical record, review of infection control signage, and review of the facility policy, the facility failed to ensure enhanced barrier precautions (EBP) were followed. This affected one (#1) of one resident reviewed for EBP. The facility census was 29. Findings include: Review of Resident #1's medical record revealed an admission date of 05/04/23. Diagnoses included paraplegia, non-pressure chronic ulcer of the left heel and midfoot with unspecified severity, chronic obstructive pulmonary disease, peripheral vascular disease, chronic kidney disease, and major depression. Review of Resident #1's current physician orders for June 2026 revealed an order dated 06/15/26 for the antibiotic daptomycin in 0.9 percent (%) sodium chloride piggyback 1000 milligrams (mg) per 100 milliliters (mL) intravenously (IV) for acute hematogenous osteomyelitis of the left ankle and foot once per day. Further review revealed an order for the antibiotic meropenem 500 mg IV for acute hematogenous osteomyelitis of the left ankle and foot once daily. Review of the care plan revised June 2026 for Resident #1 revealed he was care planned for enhanced barrier precautions (EBP; an infection control measure to protect residents that have multi-drug resistant organisms and those residents with implanted medical devices from infection) with all close contact care. Observation on 06/14/26 at 11:25 A.M. of Resident #1's room revealed a sign posted on the outside of the door that indicated EBP for Resident #1 and inside the resident's room was a display that held protective personal equipment (PPE) including gowns, gloves, and masks. Resident #1 was resting in his bed with an IV medication infusing into a peripheral inserted central catheter (PICC; a central line inserted at a point that was farther from the heart that runs to the top of the heart for use for infusions for a person that was difficult to maintain a regular peripherally inserted catheter for IV medication). Further observation revealed Registered Nurse (RN) #385 entered the room, put on gloves, and proceeded to stop the antibiotic infusion due to completion of the infusion and clean the IV end cap and dismantle the IV medication. Interview on 06/14/26 at 11:39 A.M. with RN #385 verified Resident #1 was in EBP and verified he did not put on the correct PPE while he completed tasks for the resident's IV antibiotics and the PICC line. Review of the facility policy titled, Enhanced Barrier Precautions, revised 04/26 revealed Enhanced Barrier Precautions (EBP) are intended to prevent transmission of multi-drug resistant organisms (MDRO's) via contaminated hands and clothing of healthcare workers to high risk residents during high contact care. High-risk residents are those with chronic wounds and indwelling devices (such as central lines, urinary catheters, and tracheostomy) and for all those colonized or infected with a MDRO currently targeted by the Center for Disease Control (CDC). High contact care activities include any activity that may result in transfer of MDRO to hands and clothing of healthcare personnel, even when bloody and body fluids is not anticipated. These include dressing, bathing/showering, transferring, hygiene, changing linens, changing briefs, assisting with toileting, device care or use, and wound care. Review of the facility signage posted for EBP revealed a gown and gloves must be worn for high-contact resident care which includes device care or use including central line, urinary catheter, feeding tube, and tracheostomy.		