

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 414002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 4/16/2025
--	---	--	--

NAME OF PROVIDER OR SUPPLIER MARY FREE BED SUB-ACUTE REHABILITATION	STREET ADDRESS, CITY, STATE, ZIP CODE 235 WEALTHY ST SE, 5TH FLOOR GRAND RAPIDS, MI 49503
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F0000 SS=	INITIAL COMMENTS Mary Free Bed Sub-Acute Rehabilitation was surveyed for a Recertification survey on 4/14/25 - 4/16/25. Intakes: MI00151227 Census = 44	F0000		
F0689 SS= D	Free of Accident Hazards/Supervision/Devices §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: This citation pertains to Intake: MI00151227 Based on interview and record review, the facility failed to provide adequate supervision, monitoring, and ensure safety precautions were in place and accurate in 1 of 1 residents (Resident #236) reviewed for elopement resulting in Resident #236 eloping from the facility which could negatively affect the resident's highest practicable physical, mental, and psychosocial well-being. Findings include: Review of "Securitas HUGS Infant System" revealed, "...Real-Time Monitoring: Patient tags are monitored for connectivity to Hugs system...Tag communication verified every 60 seconds...Should the tag not be able to	F0689		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

05/07/2025

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 414002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 4/16/2025
NAME OF PROVIDER OR SUPPLIER MARY FREE BED SUB-ACUTE REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 235 WEALTHY ST SE, 5TH FLOOR GRAND RAPIDS, MI 49503	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	<p>communicate with Hugs systems (tamper, battery, local network outage), the system will lock down the unit..."</p> <p>Review of an "Admission Record" revealed Resident #236 was a male with pertinent diagnoses which included dementia with behavioral disturbance, anxiety, cognitive communication deficit (progressive degenerative brain disorder resulting in difficulty with thinking and how someone uses language), muscle weakness, and history of falling.</p> <p>Review of a "Minimum Data Set" (MDS) assessment for Resident #236, with a reference date of 2/24/25 revealed a "Brief Interview for Mental Status" (BIMS) score of 5 out of 15 which indicated Resident #236 was severely cognitively impaired.</p> <p>Review of current "Care Plan" for Resident #236, initiated on 2/25/25, revealed the focus, "...Elopement Risk: Resident is at risk for elopement due to (elopement score of 5), confusion and poor safety awareness with statements of "wanting to go home"..." with the intervention "...Assess elopement risk upon admission, quarterly, or with significant change in condition....Apply wander alert bracelet - check placement and functioning daily...If actively seeking exit doors or attempting to leave the unit provide me redirection, distraction and or assistance from other associates..."</p> <p>Review of "Order" dated 2/25/25 at 2:56 AM, revealed, "...First scheduled time is 2/25/25 on the 7A-7P - MED PASS time period...Notes: Monitor and document placement of wander guard (HUGS tag/band) placement to right wrist. Document "1" if red light is blinking, "2" if no light is blinking. Document "left" or "right" wrist, if it had been moved for any reason..."</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 414002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 4/16/2025
NAME OF PROVIDER OR SUPPLIER MARY FREE BED SUB-ACUTE REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 235 WEALTHY ST SE, 5TH FLOOR GRAND RAPIDS, MI 49503	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	<p>Review of "Stanley Healthcare System HUGS" education revealed, "...The HUGS tag is a reusable tag attached around the patient's ankle using a disposable strap. Is fully supervised -the tag send out a regular "Heartbeat" to the system...Will generate an alarm when it is removed from the safe area, when attaching strap has been tampered with or cut, when the tag stops communicating with the system, when the tag is loose or off the patient, and when the battery power is low...Waterproof and latex free...The back of the tag, together with the strap, detects the patient's skin ...Applying the Hugs Tag...Insert the strap in the tag...Align the band with tag slot...Make sure "this side up" is on the outside...Insert band into tag slot starting from bottom of tag...Pull through until the brown material extends beyond the slot about 1/4 inch...Wrap tag around patient's ankle, and insert loose end of band into second tag slot...Pull band through, and listen for the battery status chime (two short beeps)...Check to make sure the tag is snug: The tag may wiggle some but it shouldn't rotate...Trim both ends of band...Leave enough of the strap to use to tighten at a later time...Assigning a New Tag...Once the tag is applied, click on the text "New Baby" to fill out the patient's name, gender, and room...If this step is not completed, the system will alarm every 20 minutes because the admission is incomplete...Discharging the HUGS Tag...The Hugs Tag must be discharged from the system before you can physically remove it...This is called "discharging the patient"...The patient should be brought to the Nurse Station/I room with the client computer to perform this step...Doing this will help prevent the loss of tags and will keep the patients safe until they actually leave...If the strap is cut before the tag is discharged from the A system, a Tamper Alert will occur...Removing the Hugs Tag: The tag is cut off...Remove the tag pieces immediately (If the two pieces touch, the tag can "auto</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 414002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 4/16/2025
NAME OF PROVIDER OR SUPPLIER MARY FREE BED SUB-ACUTE REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 235 WEALTHY ST SE, 5TH FLOOR GRAND RAPIDS, MI 49503	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	<p>admit"...Discard pieces and return tag for cleaning..."</p> <p>Review of "Nursing Progress" note dated 2/25/25 at 3:39 AM, revealed, "...ADL (activities of daily living) Performance 1 assist with ADLS, Cognitive Function: A&O (alert and oriented) x1...Patient is confused, observed patient wandering outside of his room, Patient stated, "I need to go" patient was by the elevator. This nurse had to reorientation patient to room. Hugs tag put on right wrist. Patient was up all night trying to self-transfer to restroom, patient is unable to make needs known educated patient on the use of call light..."</p> <p>Review of "Clinical Note Entry" dated on 2/25/25 at 1:30 PM, "...Pt (Patient) was moved to 5129 to be closer to the nurses station..."</p> <p>Review of "Clinical Note Entry" dated 2/26/25 revealed, "...High fall risk related to dementia/possible Parkinson's disease or Lewy Body Dementia with vascular dementia...During his stay, he had dementia related agitation for which he was seen by Psychiatry and started on Zyprexa 5 mg at HS (hour of sleep). This was increased to 10 mg due to ongoing agitation with need to use a posey bed (hospital bed, canopy, and mattress system designed to help provide a safe, controlled environment for patients at extreme risk of injury from a fall or unassisted bed exit)..." Note: Information from the resident's hospital stay.</p> <p>Review of "Clinical Entry Note" dated 3/1/25 at 1:12 PM, "...Patient has been extremely anxious since after breakfast this morning. Patient observed self-propelling through the hallways with his wheelchair attempting to enter other patient's room. Pt. has been yelling at staff multiple times and state to this RN (Registered</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 414002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 4/16/2025
NAME OF PROVIDER OR SUPPLIER MARY FREE BED SUB-ACUTE REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 235 WEALTHY ST SE, 5TH FLOOR GRAND RAPIDS, MI 49503	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	<p>Nurse) that his "wife took the money and the car and is gone" and he is demanding to leave. Staff have attempted to redirect patient and are successful but within 5-10 minutes patient is back into the hallway yelling at staff and other visitors. Pt wife called with pt in the room three times this shift so far to attempt to deescalate patient, and it is briefly successful. Pt wife is unable to be here at this time. Pt is requiring constant supervision from staff and cueing/redirection to keep him safe...Pt is now refusing to eat any lunch and continues to yell out to anyone he sees. He refuses to participate in any activity or redirection attempt. Pt door left open, staff checking in every 5-10 minutes. Will continue to monitor. Fall precautions in place. Wander guard in place to patient's right wrist and observed to be functioning..."</p> <p>Review of "Elopement Assessment" dated 3/1/25 at 7:00 PM, revealed, "...Wandering - Presence and Frequency: 3. Behavior of this type occurred daily...Wandering-Impact: Wandering: Risk of getting to dangerous place: Yes...Wandering: Intrude on privacy of others: Yes...Change in Behavior, wandering or other symptoms: Worse...The resident has previously attempted to leave a residence or other place unescorted: No...This resident is cognitively impaired and independently ambulatory...Yes...The resident has a history of elopement...No...Resident is on medication to manage elopement behavior: Yes...There has been a recent change in this medication: Yes...Resident has verbalized intent to leave facility...Yes...Resident is wandering to find family pet...Yes...Resident is wandering aimlessly...Yes...Resident is actively exhibiting exit-seeking behavior...Yes...Total Elopement Risk Assessment Score: 6...Interventions...Comments on elopement behavior...H/O (history of) Dementia associated with Parkinson's. Pt (Patient) is AO (alert/oriented) to self and unable to determine</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 414002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 4/16/2025
NAME OF PROVIDER OR SUPPLIER MARY FREE BED SUB-ACUTE REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 235 WEALTHY ST SE, 5TH FLOOR GRAND RAPIDS, MI 49503	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	<p>safety...Elopement Deterrent device implemented...Elopement prevention care plan initiated or updated...Therapy referral for issues with activity and mobility requested..." Note: Indicated Resident #236 was an elopement risk.</p> <p>Review of "Unplanned Occurrence Report" dated 3/2/25 at 12:38 PM, revealed, "...Location of Incident: Outside main entrance...Not witnessed...Around 12:38 PM on 3/2 this writer was walking by patient's room and noted he was not in there as he previously was around 12:30 PM. RN (Registered Nurse)and other staff immediately began searching around the unit and could not find pt. 311 was called to page a code pink and security notified writer that patient was found outside of main entrance and was brought in by them. Staff quickly recovered patient and brought back to (Resident #236's room). When pt. was back, RN assessed his skin and there were no new findings or concerns. Patient's Hugs tag was also observed off of his wrist and nowhere to be found. When asking patient he reports "Oh I cut that thing off" system did not alert staff at any point...Preventions measures and/or corrective actions taken: New Hugs tag was applied and tested to ensure working, security staff and front desk noted pt. being high wander risk...Physician's statement: Will look into adjusting patient's Zyprexa as was recently decreased..."</p> <p>In an interview on 04/25/25 at 3:19 PM, Registered Nurse (RN) "I" reported Resident #236 was very anxious, high wander risk and he had a Hugs tag on. RN "I" reported during shift change on 3/1/25, he had peeked in his room, he was lying in his bed, observed the hugs band on his right hand. RN "I" reported he had sent a message to the team the staff needed to check on him very often as he was ambulatory and anxious the previous day. RN "I" reported Resident #236 would get something in his mind and start</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 414002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 4/16/2025
NAME OF PROVIDER OR SUPPLIER MARY FREE BED SUB-ACUTE REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 235 WEALTHY ST SE, 5TH FLOOR GRAND RAPIDS, MI 49503		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
	walking and he was not using an ambulatory device, he could walk perfectly fine and walk quick, the main reason he was still here was a placement issue. RN "I" reported the facility was trying to keep him safe, as the day progressed he was fine most of the day but in the afternoon he was wandering around the floor, RN "I" reported he would do 5-15 minute checks and had the whole staff sent a message via the secured system and prompted staff if they see him to say "Hi" and redirect him, we needed an all team effort. In the afternoon, Resident #236 followed a visitor to the elevator and his Hugs tag alarmed, which indicated a staff assist was needed, it is a general alarm. RN "I" reported he was by the I room (nurse's station) and looked on the computer monitor to locate the resident. RN "I" reported the Hugs system program showed where his tag was going off at. RN "I" reported he was looking down the hallway and a family member was walking him back to the staff. RN "I" reported the staff were trying to redirect him as well as the family member, but he was anxious and ready to leave. RN "I" reported since he had gotten close to the elevator, he set off the alarm, and locked the elevator before he could get on it. RN "I" reported he remembered it happened twice on that shift. RN "I" reported once Resident #236 was redirected away, guided back to his room, within 5 minutes he was walking around the floor. During the rest of the shift, Resident #236 continued to wander, staff continued to supervise him, redirected him from other resident's rooms. RN "I" reported then when he came for his shift on Sunday, 3/2/25 at 07:00 AM the alarm was going off and he was wondering if Resident #236 was having behaviors already, but the night shift reported his alarm was dying and when the battery was dying or died it would set off the alarm. The alarm was alerting every few minutes. RN "I" reported Licensed Practical Nurse (LPN) "JJ" had changed the Hugs tag out. RN "I" reported he had visibly seen the Hugs on Resident				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 414002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 4/16/2025
NAME OF PROVIDER OR SUPPLIER MARY FREE BED SUB-ACUTE REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 235 WEALTHY ST SE, 5TH FLOOR GRAND RAPIDS, MI 49503		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
	<p>#236 on the same arm. RN "I" reported RN "II" verified he was in the system on the screen. Late morning/early afternoon, RN "I" reported he was out doing a medication pass and peeked in Resident #236's room, he was not there, and he texted out on the secure chat to see if the staff had seen him. RN "I" reported he immediately gathered the staff as no one had indicated they had seen him and they searched the floor, we unable to locate the resident, called 311 for security to report a resident may have left the floor and security asked if he was a short, balding man and when confirmed, security reported they had Resident #236 and staff went and recovered him. RN "I" reported the Hugs tag was not on Resident #236. RN "I" reported if you cut or loosen the Hugs tag, the whole alarm will go off, and he was not sure where it ended up at. RN "I" reported Resident #236 reported he cut the Hugs tag off. RN "I" reported Resident #236 was assessed, and he was alright. RN "I" reported the staff immediately put a new Hugs tag on Resident #236. RN "I" reported he realized the other one placed in the morning had not been activated. RN "I" reported we were sure to test it this time and it alarmed; the rest of the day did not set it off. RN "I" reported when a Hugs tag was placed it would show "new baby" in the system, then the staff have to enter the name and room in the system. RN "I" reported he maybe used the Hugs tag once every 6 months. RN "I" reported he had received education during orientation.</p> <p>In an interview on 04/15/25 01:08 PM, Guest Services (GS) "KK" reported when a resident leaves the floor, try to get in the elevator with a HUGS band, the alarm is activated. GS "KK" pointed at a yellow light on the ceiling at the entry way, reported this would illuminate, security would be alerted and would be able to see the resident on the camera and intervene. Guest Services is also contacted by security as well to be alert to the resident coming down. If</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 414002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 4/16/2025
--	---	--	--

NAME OF PROVIDER OR SUPPLIER MARY FREE BED SUB-ACUTE REHABILITATION	STREET ADDRESS, CITY, STATE, ZIP CODE 235 WEALTHY ST SE, 5TH FLOOR GRAND RAPIDS, MI 49503
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	<p>they make it down there, the GS staff would stop the residents and question them.</p> <p>In an interview on 04/16/25 at 09:57 AM, Licensed Practical Nurse (LPN) "JJ" reported before shift change, the Hugs tag was alarming for a low battery, it was silenced and alarmed again. First shift went with me to Resident #236's room to change the bracelet. LPN "JJ" reported the process was to take the Hugs tag off the charger, test it, add it to the system, see "New baby" enter patient name and room, and walk in the room with RN "I" placed it on Resident #236's right wrist and cut off the old one, and then placed the used one on the charger. LPN "JJ" reported when queried if he had tested it, replied "think we did." LPN "JJ" reported he did not enter Resident #236 into the computer system, LPN "II" had done that portion of the task. LPN "JJ" reported when the battery was charged, would pull off the charging dock and see a light indicated it was charged. LPN "JJ" reported when the Hugs tag was placed on a resident it would alert by beeping/chirping to show it was working. The nurse would make sure it was snug on the wrist, but ensure it would not rotate around the arm, or slip off. LPN "JJ" reported he had placed a Hugs tag on a previous resident and felt he knew the process. LPN "JJ" reported the monitoring system could show where a resident was on a map of the floor. LPN "JJ" reported there was an order to assess the bracelet/check the bracelet so many times each shift and that would be documented on the treatment administration record (TAR).</p> <p>In an interview on 04/16/25 at 11:15 AM, RN "II" reported the nurse texted Resident #236 had not been seen. RN "II" reported the Hugs tag he had on "didn't do what it was supposed to do." RN "II" reported she was "not sure if the battery was dead or something was malfunctioning" but a new one was placed on him after he was brought back</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 414002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 4/16/2025
NAME OF PROVIDER OR SUPPLIER MARY FREE BED SUB-ACUTE REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 235 WEALTHY ST SE, 5TH FLOOR GRAND RAPIDS, MI 49503		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
	<p>to the floor. RN "II" reported you would check it to see if it is working, assigned to a patient, when connect the band was connected on the disc it would make a chirp sound. RN "II" demonstrated to this writer on how to enter a resident into the monitoring system. RN "II" reported would go to the computer, bottom left corner Notifications it would show a "New Baby" it gives the number of the band and time, click on it and would enter the resident's information in the box, it would go to the top of the screen and show the name, room, unit, tag ID, location, and admission date. Then when discharging you would select the resident and box comes up and tells you if you discharge the resident (it shows the resident's name and the Hugs tag number), they would no longer be protected by the system, select OK to discharge. RN "II" reported the staff could also look at the map in the system and it would show the staff where the patient was on the map. RN "II" reported if the Hugs tag was working or charged it would send a red alert if a patient was close to the elevator door or actively on the elevator. It would ring over the overhead alert system. It would also alert to staff via the phones as well. RN "II" reported if the system was activated it would lock the doors and the elevators. It a resident attempted to cut off the band, it would set off an alarm in the system.</p> <p>Review of "Staff Interview Summary" dated 3/7/25, Guest Services "MM" interview revealed, "...On Sunday 3/2/25, a patient from the 5th floor walked out of the West Entrance. Patient was wearing a t-shirt and said "Goodbye" to me as he was leaving. Patient had no designation on him that showed he was a patient (wristband, alarm, gown etc.:)...About 5-10 minutes later, a staff member on the 5th floor messaged the group chat on (Secure message system) asking if anyone had seen the patient walking around. I messaged back and asked if the patient was an old, white, bald man wearing a t-shirt. After confirming, I let the</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 414002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 4/16/2025	
NAME OF PROVIDER OR SUPPLIER MARY FREE BED SUB-ACUTE REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP CODE 235 WEALTHY ST SE, 5TH FLOOR GRAND RAPIDS, MI 49503		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	<p>5th floor know that the patient had walked outside. Staff on the 5th floor asked me to go get him, but I am not trained in patient retrieval, nor can I leave the desk during my shift. At the same time the patient was now in the main lobby with a security officer while they were trying to figure out who he was and where he was supposed to be. A few staff members from the 5th floor came down and I directed them to the main lobby where they retrieved the patient..."</p> <p>Review of "Staff Interview Summary" dated 3/6/25, Security Officer "LL" interview revealed, "... (Security Officer "LL") states he was contacted by a visitor stating a man in slippers was by the hospital main entrance. (Security Officer "LL") went to see what was going on and walked the man inside the main entrance...When he got inside three female staff members were there and brought him up to his room..."</p> <p>In an interview on 04/16/25 at 11:27 AM, Director of Social Services (DSS) "DD" reported when a resident was admitted they were monitored for hospital delirium, and we would base if a competency assessment would need to be completed after about a week as typically it would take the average resident to settle in and recover. Social Worker (SW) "EE" reported the hospital notes were reviewed and there was good communication with admissions staff. SW "EE" reported the brief mental status (BIMS) was completed by the Occupational Therapists (OT)s as they were here 7 days per week. DSS "DD" reported Resident #236 was his own person at the time this event occurred even though he had been displaying exit seeking behaviors prior to this incident which happened on a weekend. DSS "DD" reported they would have received an e-mail from staff, but the situation would be discussed during morning meeting where we would discuss interventions for the safety of the resident. DSS "DD" reported we have changed</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 414002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 4/16/2025
NAME OF PROVIDER OR SUPPLIER MARY FREE BED SUB-ACUTE REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 235 WEALTHY ST SE, 5TH FLOOR GRAND RAPIDS, MI 49503	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	<p>the process for mental status to start that sooner, if it was determined the resident needed to be assessed, the psychologist would assess and share their findings with the provider.</p> <p>In an interview on 04/16/25 at 10:46 AM, Director of Nursing (DON) "B" reported when she was contacted for the elopement, she was not informed the resident had made it outside the building. This was discovered when investigating the incident that the resident had left the building, was outside, and brought back into the building by security. At this point, was when the incident was reported to the State Agency. DON "B" reported Resident #236 did have a Hugs tag on him the day of the incident, 3/2/25. It was changed right at shift change that morning, programmed correctly in the system, the previous one was dying, and the system was set up to alarm when a battery was dying, changed the physical tag and then cleared the alarm the new tag was accidentally disarmed. DON "B" reported IT director was contacted to ensure the system was working correctly and he did a deep dive and discovered the tag number assigned to Resident #236 was removed and disarmed. DON "B" reported when the alarm was alerting for the dying battery on the previous Hugs tag, and another nurse, RN "II", was trying to be helpful and accidentally cleared the new Hugs tag that was assigned to Resident #236 on that morning.</p> <p>During an observation on 04/15/25 at 01:16 PM, This writer observed upon entering the 5th floor, there was a sign and book for residents who were going LOA (leave of absence) to sign out in the book. Received documentation of resident signing out of book.</p> <p>Review of "HUGS History" dated "...03/02/25 at 6:56:06 AM...Event Triggered...Location: West Addition/Floor 5/Zone 3 5th floor...Alert Name:</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 414002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 4/16/2025
NAME OF PROVIDER OR SUPPLIER MARY FREE BED SUB-ACUTE REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 235 WEALTHY ST SE, 5TH FLOOR GRAND RAPIDS, MI 49503		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
	<p>Supervision 5th Floor...Corrective Action: (LPN "JJ")...(03/02/25 6:57:41 AM) Action Taken: Other Description: battery dead...03/02/25 at 6:57:41 AM..."</p> <p>Review of "HUGS History" dated 03/02/25 at 7:01:11 AM...Event Triggered...Location: West Addition/Floor 5/Zone 3 5th floor...Alert Name: Supervision 5th Floor...Corrective Action: (LPN "JJ")...(03/02/25 7:01:39 AM) Action Taken: Replaced tag with new one...03/02/25 at 7:01:39 AM..."</p> <p>Review of "HUGS History" dated 03/02/25 at 7:05:10 AM...Event Triggered...Location: West Addition/Floor 5/Zone 3 5th floor...Alert Name: Supervision 5th Floor...Corrective Action: (LPN "JJ")...(03/02/25 7:01:39 AM) Action Taken: Other...Description: Error...03/02/25 at 7:05:49 AM..."</p> <p>Review of "HUGS History" dated Review of "HUGS History" dated 03/02/25 at 7:07:43 AM...Protection Status Change...West Addition/Floor 5/Zone 3 5th floor...Alert Name: Supervision 5th Floor...Additional Details: Protection Status-Auto Discharged..."</p> <p>Review of "HUGS History" dated 03/02/25 at 07:07:43 AM...Tag Removed from Infant...Additional Details: Protection Status-Auto Discharged assetID=11685 Tag Classification=Infant tagNetworkId=No tag assigned asset Name=(Resident #236)...Reason=TAG_IN_CHARGER..."</p> <p>Review of "HUGS History" dated 03/02/25 at 07:07:44 AM...Event Triggered...Location: West Addition/Floor 5/Zone 3 5th floor...Alert Name: Auto Discharge Acknowledge...Corrective Action: (RN "II")...(03/02/25 07:08:18 AM)...Action Taken: Gave Tag to manager, re-</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 414002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 4/16/2025
NAME OF PROVIDER OR SUPPLIER MARY FREE BED SUB-ACUTE REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 235 WEALTHY ST SE, 5TH FLOOR GRAND RAPIDS, MI 49503	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	<p>tagged patient. Description: New..."</p> <p>Review of "HUGS History" dated 03/02/25 at 07:18:18 AM...Event Triggered...Location: West Addition/Floor 5/Zone 3 5th floor...Alert Name: Auto Discharge Acknowledge...Corrective Action: (RN "II")...(03/02/25 12:55:26 PM)...Action Taken: autoDismiss Description: corrective_action_patient_discharge_auto_dismiss_description..."</p> <p>Review of "HUGS History" dated 03/02/25 at 12:46:55 PM...Activity: Infant Admission...Additional Details: infantId=8675...Tag Expiration Date=2025-09-18 09:14:17.307...HugsTagID-5966...AdmitDate=Sun Mar 02 12:46:55 EST 2025..."</p> <p>Review of "Video from Security Camera" completed by Lead Security Officer - Days "NN" and received on 4/15/25, revealed, "...Here is the timeline I have recovered from camera review:</p> <p>12:20PM Patient walks from room to west elevator and takes it to the 1 st floor</p> <p>12:24PM Patient gets off on 1st floor west and exits the building. He then walks around the surface lot and heads back towards main building.</p> <p>12:28PM patient approaches the security vehicle in front of the main entrance and appears to be talking to it</p> <p>12:29PM patient walks towards the main entrance doors, realizes he can't get in, and continues to walk the sidewalk toward the Therapath</p> <p>12:31PM (Security Officer "LL") exits building by main employee entrance and makes contact with patient in the therapy garden</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 414002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 4/16/2025
NAME OF PROVIDER OR SUPPLIER MARY FREE BED SUB-ACUTE REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 235 WEALTHY ST SE, 5TH FLOOR GRAND RAPIDS, MI 49503	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	<p>12:36PM (Security Officer "LL") and patient walk into main entrance where (Hospital) security is also present- security from both sides get patient into wheelchair.</p> <p>12:42PM SAR (Sub-Acute Rehab) nursing is on scene in main lobby</p> <p>12:45PM patient is back on SAR floor..."</p> <p>Review of the policy "Elopement - Missing Resident" dated May 2008, revealed, "...Upon return of the resident/elder to the community, the Director of Nursing Services or Charge Nurse should: Examine the elder for injuries...Contact the Attending Physician and report what happened...Contact the resident's/elders legal representative or sponsor and inform him/her of the occurrence...Complete an occurrence report...Make appropriate notations in the medical record...Seek any medical/psychosocial attention as necessary for the elder and as directed by the physician should an employee become aware that a resident is missing from the community he/she should determine if the resident in on an authorized leave or pass. If not; The wandering resident's charge nurse assigns direct care staff to look for the resident by dividing teams assigned to look inside and outside the community by area. Refer to internal facility search plan (Also look in areas that are locked)...Notify the Director of Nursing and Administrator...If the resident is not located in the buildings or on the grounds within 15 minutes the following process is initiated: Mandatory Follow Up...Review the list of elders who wander and wear wander bracelets...Complete checks of all elders who wear wander bracelets and assure adequate function and note these findings ...Complete a check of all doors or working keypads and alarms and note this check and findings Report all these findings to Administrator..."</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 414002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 4/16/2025
NAME OF PROVIDER OR SUPPLIER MARY FREE BED SUB-ACUTE REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 235 WEALTHY ST SE, 5TH FLOOR GRAND RAPIDS, MI 49503	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F0812 SS= F	<p>The facility was granted a Past Non-Compliance at the time of exit due to no further like incidents had occurred, the facility re-trained pertinent staff, the elopement policy was reviewed and deemed appropriate, and the facility had achieved sustained compliance. Therefore, no plan of correction will be required.</p> <p>Food Procurement,Store/Prepare/Serve-Sanitary §483.60(i) Food safety requirements. The facility must - §483.60(i) (1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i) (2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to maintain best practices in accordance with professional standards for food service safety. This deficient practice has the potential to result in food borne illness among all residents that consume food from the kitchen.</p> <p>Findings include:</p> <p>An initial kitchen/food service tour was</p>	F0812	<p>Element 1: All residents/patients can be affected by deficient practice of food procurement, storing/labeling/preparing/sanitizing. 2% milk, organic soy milk, grape jelly, artichokes, container of ranch dressing and vinaigrette and patient food from home were discarded immediately. All wet nested pans were rewashed and air dried thoroughly. Drink machine spouts and mixer were cleaned and sanitized immediately. All open and prepped food in coolers and dry storage areas and in pantry refrigerators a were checked for proper labeling and dating and were addressed appropriately. All food on cooling logs that were still in use but not cooled properly were discarded immediately. All clean dishes were inspected to ensure there was no water or food debris left on them. All small equipment was also inspected for signs of food debris.</p> <p>Element 2: All residents/patients have the potential to be affected by deficient practice of food procurement, storing/labeling/preparing/sanitizing.</p> <p>Element 3: Staff will be educated on labeling/dating food in kitchen and in pantries and on proper</p>	5/26/2025

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 414002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 4/16/2025
NAME OF PROVIDER OR SUPPLIER MARY FREE BED SUB-ACUTE REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 235 WEALTHY ST SE, 5TH FLOOR GRAND RAPIDS, MI 49503	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	<p>conducted on 4/14/25 beginning at 9:26 AM with "Director of Dining Services" (DDS) "X" and "Clinical Nutrition Manager" (CNM) "W". The following observations/interviews/record reviews were completed:</p> <p>Food Labeling/Dating/Discarding</p> <p>On 4/14/25 at 9:38 AM in the cooler underneath the juice machine, there was a half-gallon container of 2% milk and a half-gallon container of organic soy milk that were opened but not labeled with an opened date or discard date. DDS "X" reported the items should have been labeled with opened and discard dates and immediately discarded the items.</p> <p>On 4/14/25 at 9:47 AM in a cooler on the "cold service side" of the cook's preparation area, there was a jar of grape jelly that was opened but not labeled with an opened date or discard date. There was a container of vinaigrette dressing labeled with a prepared date of 4/6/25 and a discard date of 4/13/25. DDS "X" reported the grape jelly should have been labeled with an opened and discard date and removed the item from the cooler. DDS "X" reported the vinaigrette dressing was from a weekly special that ended the day before and discarded the item.</p> <p>On 4/14/25 at 10:01 AM in the main walk-in cooler, there was an opened jar of artichoke hearts that was not labeled with an opened date or a discard date. DDS "X" reported the item should have been labeled with opened and discard dates and removed the item from the cooler.</p> <p>On 4/14/25 at 10:07 AM in the "prep-cooler" in the "prep room," there was a decanter filled with ranch dressing that was not labeled with a prepared or discard date. DDS "X" reported the container of ranch dressing that the decanter was</p>		<p>method to air dry dishes. Staff will be trained Chefs and cooks will be educated on properly filling out cooling logs and how to cool food properly and in proper cleaning of small equipment. Trayline staff and supervisors will be educated on proper cleaning of juice machine and all its parts. Maintenance ticket submitted to identify and fix root cause of dish machine pressure.</p> <p>Element 4: The dining services manager or designee(s) will complete an audit 5 times a week for 12 weeks to check for properly labeled, stored and dated foods in coolers in kitchen and in pantry refrigerators. Food will be discarded after 72 hours of initial date. The cooling log and food cooling procedure to proper temperatures will be audited 5 times a week for 12 weeks. Small equipment, including mixer and juice machines will be audited for cleanliness and to ensure no wet nesting of clean dishes 5 times a week for 12 weeks. The dishwasher pressure will be audited 5 times a week for 12 weeks to ensure pressure is in recommended range.</p> <p>All audit findings will be submitted to Quality Assurance Process Improvement committee monthly and Administrator is responsible for compliance.</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 414002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 4/16/2025
--	---	--	--

NAME OF PROVIDER OR SUPPLIER MARY FREE BED SUB-ACUTE REHABILITATION	STREET ADDRESS, CITY, STATE, ZIP CODE 235 WEALTHY ST SE, 5TH FLOOR GRAND RAPIDS, MI 49503
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	<p>filled from was labeled with an opened and a discard date but not the decanter itself.</p> <p>On 4/14/25 at 10:19 AM in the "Southview Pantry," there was a bag that had two containers of resident food that was dated 4/10/25. CNM "W" reported the facility followed the "72-hour" rule for resident food items and the food items should have already been discarded because it was past the 72 hours.</p> <p>According to the 2022 FDA Food Code section 3-501.17 Ready-to-Eat, Time/Temperature Control for Safety Food, Date Marking. "(A) Except when PACKAGING FOOD using a REDUCED OXYGEN PACKAGING method as specified under § 3-502.12, and except as specified in (E) and (F) of this section, refrigerated, READY-TOEAT, TIME/TEMPERATURE CONTROL FOR SAFETY FOOD prepared and held in a FOOD ESTABLISHMENT for more than 24 hours shall be clearly marked to indicate the date or day by which the FOOD shall be consumed on the PREMISES, sold, or discarded when held at a temperature of 5°C (41°F) or less for a maximum of 7 days. The day of preparation shall be counted as Day 1. (B) Except as specified in (E) -(G) of this section, refrigerated, READY-TO-EAT TIME/TEMPERATURE CONTROL FOR SAFETY FOOD prepared and PACKAGED by a FOOD PROCESSING PLANT shall be clearly marked, at the time the original container is opened in a FOOD ESTABLISHMENT and if the FOOD is held for more than 24 hours, to indicate the date or day by which the FOOD shall be consumed on the PREMISES, sold, or discarded, based on the temperature and time combinations specified in (A) of this section and: (1) The day the original container is opened in the FOOD ESTABLISHMENT shall be counted as Day 1; and (2) The day or date marked by the FOOD ESTABLISHMENT may not exceed a manufacturer's use-by date if the manufacturer</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 414002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 4/16/2025
NAME OF PROVIDER OR SUPPLIER MARY FREE BED SUB-ACUTE REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 235 WEALTHY ST SE, 5TH FLOOR GRAND RAPIDS, MI 49503	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	<p>determined the use-by date based on FOOD safety ..."</p> <p>According to the 2022 FDA Food Code section 3-501.18 Ready-to-Eat, Time/Temperature Control for Safety Food, Disposition. "(A) A FOOD specified in 3-501.17(A) or (B) shall be discarded if it: (1) Exceeds the temperature and time combination specified in 3-501.17(A), except time that the product is frozen; (2) Is in a container or PACKAGE that does not bear a date or day; or (3) Is inappropriately marked with a date or day that exceeds a temperature and time combination as specified in 3501.17(A) ..."</p> <p>Food Cooling</p> <p>Review of the policy "Food Handling Guidelines" last revised 1/2025 revealed, " ...COOLING ...* Cooling of potentially hazardous cooked foods: * Food shall be cooled from 135°F (degrees Fahrenheit) to 70°F as measured at its center within two hours and from 70°F to 41°F within an additional four hours for a total cooling time of six hours or less. * Use the Cooling Log ...to document the temperature of the food at the following times: when placed in cooling equipment, and then at 2 hours and 6 hours after placing in cooling equipment. * Foods that have not cooled to 70°F within 2 hours of being placed in the cooling equipment: reheat once to 165°F and re-cool. If food was not below 70°F at 2 hours, and it was reheated, discard if not below 70°F at 2 hours when cooled for the second time. Food that is not below 41°F at 6 hours must be discarded ..."</p> <p>On 4/14/25 beginning at 9:55 AM, the "Food Cooking and Cooling Logs" were reviewed with DDS "X". The following concerns were noted:</p> <p>A review of the "Food Cooking and Cooling</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 414002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 4/16/2025
NAME OF PROVIDER OR SUPPLIER MARY FREE BED SUB-ACUTE REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 235 WEALTHY ST SE, 5TH FLOOR GRAND RAPIDS, MI 49503	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	<p>Log" dated 4/1 revealed final cook time and temperature entries for Beef - 189 degrees at 10:00; Flank - 171 degrees at 11:45; Turkey - 180 degrees at 1:00; and Mar (unknown item) 166 degrees at 1:45. There were no recorded time and temperature entries for these food items after 2 hours.</p> <p>A review of the "Food Cooking and Cooling Log" dated 4/2 revealed final cook time and temperature entries and time and temperature after two hours entries for Rice - 190 degrees at 1:00 and 86 degrees at 3:00; "Sweets" - 201 degrees at 1:45 and 76 degrees at 4:00; Strokinoff (sic) - 187 degrees at 3:00 and 81 degrees at 5:00. There was no documentation that the food items had been reheated to 165 degrees and re-cooled as required per policy given the food items had not reached an internal temperature of 70 degrees or below at 2 hours. There was also an entry for Turkey - 189 degrees at 2:00. There was no recorded time and temperature entry for this item after 2 hours.</p> <p>A review of the "Food Cooking and Cooling Log" dated 4/7 revealed final cook time and temperature entries and time and temperature after two hours entries for Tomato Sauce - 187 degrees at 12:30 and 81 degrees at 3:00; "Pot" (potatoes) - 181 degrees at 1:30 and 79 degrees at 4:00; "S. Pot" (sweet potatoes) - 200 degrees at 2:30 and 87 degrees at 5:00. There was no documentation that the food items had been reheated to 165 degrees and re-cooled as required per policy given the food items had not reached an internal temperature of 70 degrees or below after 2 hours.</p> <p>A review of the "Food Cooking and Cooling Log" dated 4/8 revealed final cook time and temperature entries and time and temperature after two hours entries for Cheese Sauce - 201</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 414002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 4/16/2025
NAME OF PROVIDER OR SUPPLIER MARY FREE BED SUB-ACUTE REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 235 WEALTHY ST SE, 5TH FLOOR GRAND RAPIDS, MI 49503	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	<p>degrees at 12:30 and 89 degrees at 3:00; Turkey - 169 degrees at 12:40 and 92 degrees at 3:00. There was no documentation that the food items had been reheated to 165 degrees and re-cooled as required per policy given the food items had not reached an internal temperature of 70 degrees or below after 2 hours.</p> <p>A review of the "Food Cooking and Cooling Log" dated 4/9 revealed final cook time and temperature entries for "Mash" (mashed potatoes) - 176 degrees at 11:30; Tomato Sauce - 201 degrees at 12:00. There were no recorded time and temperature entries for these food items after 2 hours.</p> <p>A review of the "Food Cooking and Cooling Log" dated 4/13 revealed final cook time and temperature entries and time and temperature after two hours entries for Turkey - 170 degrees at 11:00 and 80 degrees at 1:30; Beef - 175 degrees at 12:00 and 81 degrees at 2:00; Carrot 177 degrees at 12:00 and 76 degrees at 2:00; "Sweets" - 198 degrees at 1:00 and 101 degrees at 4:00; Pot Roast 187 degrees at 1:00 and 96 degrees at 4:00. There was no documentation that the food items had been reheated to 165 degrees and re-cooled as required per policy given the food items had not reached an internal temperature of 70 degrees or below after 2 hours.</p> <p>In an interview on 4/14/25 at 9:58 AM, DDS "X" reported, based on review of the food cooking and cooling logs, that staff were not checking the food temperatures after 2 hours consistently and when the food items after 2 hours had not reached 70 degrees or less, they were not reheating to 165 degrees and re-cooling the food. DDS "X" confirmed staff were not cooling the foods properly.</p> <p>During a tour of the kitchen, at 9:19 AM on</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 414002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 4/16/2025
NAME OF PROVIDER OR SUPPLIER MARY FREE BED SUB-ACUTE REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 235 WEALTHY ST SE, 5TH FLOOR GRAND RAPIDS, MI 49503		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
	<p>4/15/25, it was observed that two full sheet pans, one half sheet pan, and two eighth pans, were found stacked and stored with visible water accumulation stuck in between the equipment.</p> <p>According to the 2022 FDA Food Code section 4-901.11 Equipment and Utensils, Air-Drying Required. After cleaning and SANITIZING, EQUIPMENT and UTENSILS: (A) Shall be air-dried or used after adequate draining as specified in the first paragraph of 40 CFR 180.940 Tolerance exemptions for active and inert ingredients for use in antimicrobial formulations (food-contact surface SANITIZING solutions), before contact with FOOD ..."</p> <p>During a tour of the drink station area of the main kitchen, at 9:10 AM on 4/15/25, it was observed that the underside of the portions of the drink spouts for the juice machines were found with an accumulation of sticky debris.</p> <p>During an observation of the large floor mixer, at 9:25 AM on 4/15/25, and interview with Director of Dining Services "X" found that the mixers get used daily. Observation of the mixer found an accumulation of dried mashed potatoes on the front grate.</p> <p>According to the 2022 FDA Food Code section 4-601.11 Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils. "(A) EQUIPMENT FOOD-CONTACT SURFACES and UTENSILS shall be clean to sight and touch. (B) The FOOD-CONTACT SURFACES of cooking EQUIPMENT and pans shall be kept free of encrusted grease deposits and other soil accumulations. (C) NonFOOD-CONTACT SURFACES of EQUIPMENT shall be kept free of an accumulation of dust, dirt, FOOD residue, and other debris."</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 414002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 4/16/2025
NAME OF PROVIDER OR SUPPLIER MARY FREE BED SUB-ACUTE REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 235 WEALTHY ST SE, 5TH FLOOR GRAND RAPIDS, MI 49503	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F0880 SS= F	<p>During a tour of the dish machine area, at 9:30 AM on 4/15/25, it was observed that the machines data plate was found to state the pressure of the rinse needed to be "15 PSI". Observation of the next four cycles of the dish machine found that the flow pressure on the digital read out stated 30-37 psi for each rinse cycle that was run. When asked if staff look at the flow pressure, Clinical Nutrition Manager "W" and Executive Chef "Z" was unsure.</p> <p>According to the 2022 FDA Food Code section 4-501.113 Mechanical Warewashing Equipment, Sanitization Pressure. "The flow pressure of the fresh hot water SANITIZING rinse in a WAREWASHING machine, as measured in the water line immediately downstream or upstream from the fresh hot water SANITIZING rinse control valve, shall be within the range specified on the machine manufacturer's data plate and may not be less than 35 kilopascals (5 pounds per square inch) or more than 200 kilopascals (30 pounds per square inch)."</p> <p>Infection Prevention & Control §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a) (1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the</p>	F0880	<p>Element 1: All residents/patients can be affected by the deficient practice of failing to reduce risk of Legionella and other opportunistic pathogens of premise plumbing.</p> <p>Element 2: The water management team initiated facility wide water sampling for free chlorine and Legionella. Free chlorine meter was purchased to monitor levels when needed. All hopper faucet handles were replaced or reinstalled by plumber. The zip ties restricting hopper spray hose were removed. Water lines in spa room were removed. All soiled utility rooms were assess for flushing function and fixture accessibility. The Environmental Services team was retrained on flushing</p>	5/26/2025

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 414002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 4/16/2025
NAME OF PROVIDER OR SUPPLIER MARY FREE BED SUB-ACUTE REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 235 WEALTHY ST SE, 5TH FLOOR GRAND RAPIDS, MI 49503		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
	<p>facility assessment conducted according to §483.71 and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv)When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and record</p>		<p>protocols.</p> <p>Element 3: All residents/patients can be affected by failing to reduce the risk of Legionella and other opportunistic pathogens of premise plumbing. All unused or low-use fixtures, including hoppers and spa room lines will be flushed weekly. Vacant or unoccupied rooms will have showers, faucets flushed for at least one minute on weekly basis. Testing for free chlorine will be monthly. Water testing policy reviewed and updated as necessary.</p> <p>Element 4: Audits for flushing will be performed weekly by EVS Manager or designee(s). Audits for hopper functionality checks will be completed monthly. Free chlorine levels and flushing compliance data will be reviewed and findings of all audits will be reported to the Quality Assurance and Process Improvement committee monthly for 3 months. Administrator is responsible for compliance.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 414002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 4/16/2025
NAME OF PROVIDER OR SUPPLIER MARY FREE BED SUB-ACUTE REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 235 WEALTHY ST SE, 5TH FLOOR GRAND RAPIDS, MI 49503	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	<p>review, the facility failed to have an active and ongoing plan for reducing the risk of Legionella and other opportunistic pathogens of premise plumbing (OPPP). This deficient practice has the increased potential to result in water borne pathogens to exist and spread in the facility's plumbing system and an increased risk of respiratory infection among any or all the residents in the facility.</p> <p>Findings include:</p> <p>During a tour of the facility, at 2:38 PM on 4/15/25, it was observed that the hopper in the walk-through Soiled Utility room, in the middle hall, was found with no handles on the faucet and minimal water in the basin of the bowl. This indicates the hopper had not been flushed in a while, once flushed, the basin water raised significantly. Further review of the hopper found that the basin spray hose handles were zip tied closed and not available for use or flushing.</p> <p>During a tour of the spa room, at 2:43 PM on 4/15/25, it was observed that the area that a spa tub was located was found to have two water lines coming into the room capped off and not available to be flushed.</p> <p>During a tour of the Soiled Utility room #5211, at 2:56 PM on 4/15/25, it was observed that the basin of the hopper was found low in the bowl and raised significantly after flushing the hopper. The faucet handles were observed to have been removed, but with pliers, the surveyor was able to turn the faucet handle, and the right valve was found with discolored brown water coming from the fixture. The left valve did not dispense water when turned on. The hopper spray was found to be turned off at the source and would not flow when the pedals were pressed.</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 414002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 4/16/2025
NAME OF PROVIDER OR SUPPLIER MARY FREE BED SUB-ACUTE REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 235 WEALTHY ST SE, 5TH FLOOR GRAND RAPIDS, MI 49503		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
	<p>An interview with Director of Facilities "OO", at 3:13 PM on 4/15/25, found that staff in housekeeping flush water in vacant rooms weekly. When asked about minimal use or unused fixtures in the facility getting regular flushing's, DOF "OO" was unsure and stated they did not have a list of other fixtures being flushed. When asked if testing is being performed, DOF "OO" stated that they test quarterly for Legionella, and have started to do some free chlorine samples when those samples are taken, but no results were able to be provided. When asked if there was a control limit for free chlorine in the domestic hot water supply, DOF "OO" was unsure.</p> <p>A record review of the facility provided document entitled "Legionella Control/Water Management Plan", last reviewed on 9/24/24, found that "The procedure covers the following 4 steps: risk assessment, risk mitigation, operational management of risk and remediation of the following systems: ...Domestic Cold water ...Domestic Hot water." The policy goes on to state that "Vacant or Unoccupied Rooms: all showers and faucets are flushed, for at least 1 minute, on a weekly basis by Environmental Services (EVS)." Further review found that he Facility Director is "Responsible for standard operating procedures (SOP's) for maintenance and operation of each applicable system above."</p>				