Printed: 12/22/2024 Form Approved OMB No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235004	(X2) MULTIPLE CONSTRUCTION  A. Building  B. Wing	(X3) DATE SURVEY COMPLETED 03/17/2023
NAME OF PROVIDER OR SUPPLIER Skid Muskegon		STREET ADDRESS, CITY, STATE, ZI 1061 W Hackley Ave Muskegon, MI 49441	P CODE
For information on the nursing home's	plan to correct this deficiency, please con	tact 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 0580  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.  **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 31197		
Residents Affected - Pew	Based on interview and record revitreatment decisions for 1 resident, in R1's Representative being unaw and not being included in the treatr Findings include:  R1  Review of the Face Sheet and Min on [DATE] and readmitted on [DAT long-term memory impairment), str with surgical repair. Brief Interview represented R1 had severe cognitiactivities of daily living.  During an interview on 3/14/23 at a PM to 10:00 PM and was assigned to go to the bathroom and had incr R1 in her room by the closet doors swinging her arms about. CNA F s from R1, R1 slid forward out of the her left leg caught up in the footres help and CNA G entered the room wheelchair, pushed the wheelchair remained upset and combative with	iew, the facility failed to notify the resid. Resident #1 (R1) reviewed for notificat vare of new onset of hip swelling, increament and decision-making process.  imum Data Set (MDS) dated [DATE] received in the facility of	evealed R1 admitted to the facility Alzheimer's/Dementia (short- and pritic, and a left femur (leg) fracture core of 6 out of 15 which staff assistance of 1-2 with all  she worked on 2/22/23 from 2:00 treported that R1 repeatedly asked proximately 2:15 PM, she observed ed that R1 was visibly upset and en she attempted to back up away her bottom off the wheelchair seat, CNA F stated she called out for off the floor and back into the lat into bed. CNA F stated that R1 dishe did not report the fall/incident

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

FORM CMS-2567 (02/99) Previous Versions Obsolete Event ID:

Facility ID: 235004

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			No. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235004	(X2) MULTIPLE CONSTRUCTION  A. Building  B. Wing	(X3) DATE SURVEY COMPLETED 03/17/2023
NAME OF PROVIDER OR SUPPLIE	ER	STREET ADDRESS, CITY, STATE, ZI 1061 W Hackley Ave	P CODE
Skld Muskegon		Muskegon, MI 49441	
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by		on)
F 0580  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	A record review the progress note dated 2/26/23 at 1:50 PM, entered late for 2/22/23 (4 days later) at 2:44 PM, written by RN B was reviewed. The note reflected, Late Entry: Note Text: CNA notified nurse that resident was having pain to her left hip. Resident wound not allow CNA to get her out of bed d/t (due to) the pain she was having. Nurse assessed bilateral hips. Minimal swelling noted to the left side compared to the right. Nurse administered PRN pain medication at that time and notified on call physician of findings NP ordered an x-ray to be completed for her left hip and pelvis. Nurse faxed order over to (name of company) Diagnostics.  During a telephone interview on 3/15/23 at 11:55 AM, this surveyor read the progress note written RN B on 2/26/23 to her. When asked why the progress was entered on 2/26/23 for an assessment done on 2/22/23 (4 days later), RN B stated she worked 6:00 AM - 6:00 PM on 2/26/23 and it was her first day back after being off. RN B stated she heard from other staff members that R1 had sustained a fractured hip and was hospitalized. When asked if R1's ROM (range of motion) was assessed, RN B stated, No, not unless it's indicated. She (R1) would barely let me touch it. RN B stated she medicated R1 with Norco, and the MAR reflected that Norco was signed out at 9:49 AM and rated the pain at a 5 for moderate pain. This was inconsistent with RN B statement that R1 would barely let me touch it. No other pain medication was signed out as given until 8:36 PM (11 hours later). When asked why the progress note and the X-ray order were done after 2 PM when the Norco was given at 9:49 AM, RN B stated she was behind in her charting. When asked if she reassessed R1 during the remainder of her shift and RN B stated, Nothing more on my shift. When asked why R1's Resident Representative was not notified to of the new onset of joint swelling with increase in pain and to obtain permission for the X-ray, RN B stated, I wasn't thinking about that at the time, and you don't need permission to order an		
	took 4 people to lift R1 onto the EN  According to the Femur X-ray dated	rated R1's pain a 10 on 10 pain scale w IS cart when they arrived and R1 really d 2/23/23 at 1:22 PM reflected, Impress	cried out when then moved her.
	LPN A was asked about RN B's no 2:44 PM. Both the DON and UM, L	ew on 3/16/23 at 1:40 PM, the Director te that was a Late Entry on 2/26/23 for PN A stated they were dissatisfied with ıld have been notified and permission o	a pain assessment on 2/22/23 at RN B's note. Both agreed that
	notified of the new onset of left hip	14/23 at 1:30 PM, R1's Resident Repre swelling, increased pain nor that an X-was upset that the facility was not notif X-rays.	ray was ordered on 2/22/23 at 2:08

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NAME OF PROVIDER OR SUPPLI	NAME OF PROVIDER OR SURPLIED		P CODE
Skld Muskegon		STREET ADDRESS, CITY, STATE, ZI 1061 W Hackley Ave	
		Muskegon, MI 49441	
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by	CIENCIES full regulatory or LSC identifying informati	ion)
F 0600	Protect each resident from all types and neglect by anybody.	s of abuse such as physical, mental, se	exual abuse, physical punishment,
Level of Harm - Actual harm	**NOTE- TERMS IN BRACKETS H	HAVE BEEN EDITED TO PROTECT C	ONFIDENTIALITY** 31197
Residents Affected - Few	This citation pertains to intake num	ber MI00134976 and MI00135157.	
	Resident #1 (R1) reviewed for abus fracture after staff did not following unreported and unassessed with p denied appropriate medical care fro	and record review, the facility failed to prevent neglect for 1 resident, use/neglect. The deficient practice resulted in R1 sustaining a femur (leg) of the plan of care and sustained a fall with serious injury that went prolonged severe pain and emotional suffering to occur, when R1 was from being rendered for approximately 19 hours.	
	Findings include:		
	7/11/18 and updated on 10/31/22. facility and is responsible for develor conducting the investigation in situation in a manner, which would avoid hat the facility is aware of, or should haprovide them to the resident(s), that	Policy/Procedure - Nursing Administrated The policy reflected, The administrator oping and implementing the abuse presations of alleged abuse/neglect. Neglect mand pain. Neglect may or may not be averbeen aware of, goods or services that has resulted in or may result in physications of suspected abuse/neglect 1. Plattention.	is the abuse coordinator in this vention training curriculum and ct is the failure to care for a person be intentional. Neglect occurs when that a resident(s) requires but fails to cal harm, pain, mental anguish, or
	R1		
	on [DATE] and readmitted on [DAT long-term memory impairment), str with surgical repair. Brief Interview	imum Data Set (MDS) dated [DATE] re [E] with diagnosis of (but not limited to) oke with left sided weakness, osteoarth for Mental Status (BIMS) reflected a so we impairment. R1 required extensive s	Alzheimer's/Dementia (short- and nritis, and a left femur (leg) fracture core of 6 out of 15 which
	(continued on next page)		

FORM CMS-2567 (02/99) Previous Versions Obsolete Event ID:

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235004	(X2) MULTIPLE CONSTRUCTION  A. Building  B. Wing	(X3) DATE SURVEY COMPLETED 03/17/2023
NAME OF PROVIDER OR SUPPLII	ER	STREET ADDRESS, CITY, STATE, ZI	P CODE
Skld Muskegon		1061 W Hackley Ave Muskegon, MI 49441	
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG  SUMMARY STATEMENT OF DEFIC  (Each deficiency must be preceded by		CIENCIES full regulatory or LSC identifying informati	on)
F 0600 Level of Harm - Actual harm Residents Affected - Few	An interview and observation was obed watching TV. R4 was the room making a ruckus in the hall on the shift came on, she recalled R1 giving the foot of R4's bed (which is next area R4 was describing. When ask stated it was opened all the way are surveyor observed that R4's head obed facing R4's bed with the right splacement. When the privacy curtabed, but R4 was unable to view R1 came in to put R1 to bed, she saw wheelchair. At that time R1 started (from behind) and R1 slid forward of floor sending the table into foot of wheelchair and then into bed which hearing them fighting with her and (Name of R1) doesn't always take of R4's MDS dated [DA1 of 14 out of 15 which represented F1. During an interview on 3/14/23 at a PM to 10:00 PM and was assigned to go to the bathroom and had increased in her room by the closet doors swinging her arms about. CNA F st from R1, R1 slid forward out of the her left leg caught up in the footres help and CNA G entered the room. Wheelchair, pushed the wheelchair remained upset and combative with to R1's nurse. CNA F stated that sh until she was interviewed by the Nt for not reporting the fall.  During a telephone interview on 3/10 on 2/22/23. CNA G stated that R1 was fig CNA G stated th	conducted on 3/14/23 at approximately mate of R1 on 2/22/23 and 2/23/23. Refeat shift, and they moved R1 back to he ng the staff quite a time. R4 stated that to the closet doors). The surveyor was sed if the privacy curtain was open or cloud she could see the staff interacting with she could see the staff interacting with she was against the wall and R1's beside placed against the wall. R4 confirm in was pushed open it still provided priviles bed. R4 stated R1's wheelchair was R1 grabbing at CNA F as CNA F went propelling herself forward in the wheel could not see from where she was remembered the privacy curtain moving the pain medication and it's just awful the privacy curtain moving the pain medication and it's just awful the privacy curtain for Mental EI, Section C: Brief Interview for Mental Section 1.	4:00 PM with R4, who was in her 4 stated that on 2/22/23, R1 was er room. R4 stated just after second R1 was in her wheelchair, next to able to observe and confirm the osed the afternoon of 2/22/23, R4 ith R1 near the foot of her bed. The ed was placed with the foot of the ned the beds were still in the same wacy to R4's upper body while in facing the door and when CNA F around to the back of the chair as CNA F held the wheelchair he bed table as R1 landed on the end in and they lifted her back to her is laying in her bed but recalled goduring that time. R4 stated, to hear her cry when they clean her. The worked on 2/22/23 from 2:00 are ported that R1 repeatedly asked the worked on 2/22/23 from 2:00 are ported that R1 repeatedly asked that R1 was visibly upset and the statement of the wheelchair seat, CNA F stated she called out for off the floor and back into the state of the floor and back into the state of the control of the worked 2:00 PM until 10:00 PM the hallway when she heard CNA d R1 in front of her wheelchair is, on the floor and next to the closet laced her back into the wheelchair. The bed when asked about R1's the dot owing her arms at them, but her into bed then to leave her

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY
AND PLAN OF CORRECTION	IDENTIFICATION NUMBER:	A. Building	COMPLETED
	235004	B. Wing	03/17/2023
NAME OF PROVIDER OR SUPPLII	ER	STREET ADDRESS, CITY, STATE, ZI	P CODE
Skld Muskegon		1061 W Hackley Ave Muskegon, MI 49441	
For information on the nursing home's	plan to correct this deficiency, please con	tact 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 0600  Level of Harm - Actual harm  Residents Affected - Few	A record review the progress note dated 2/26/23 at 1:50 PM, entered late for 2/22/23 (4 days later) at 2:44 PM, written by RN B was reviewed. The note reflected, Late Entry: Note Text: CNA notified nurse that resident was having pain to her left hip. Resident wound not allow CNA to get her out of bed d/t (due to) the pain she was having. Nurse assessed bilateral hips. Minimal swelling noted to the left side compared to the right. Nurse administered PRN pain medication at that time and notified on call physician of findings NP ordered an x-ray to be completed for her left hip and pelvis. Nurse faxed order over to (name of company) Diagnostics.		
	According to the February Medicati medications given on 2/22/23:	ion Administration Record (MAR) reflec	cted the following as needed pain
	for pain. On 2/22/23 it was signed of	done-Acetaminophen) Give 0.5 tablet b out at 9:49 AM by Registered Nurse (R PM by Licensed Practical Nurse (LPN)	N) B for a pain level of 5
	-Acetaminophen Tablet 325 MG, give 2 tablets by mouth every 4 hours as needed for General Discomfort. There were no doses signed out as given on 2/22/23.		
	Record review of the X-ray order for RN B) on 2/22/23 at 1408 (2:08 PM	or a 2 View Left Hip and Pelvis Dx (diag //)	nosis) Pain Created by (name of
	Revised by (name of RN B) on 2/22	2/23 at 1408 (2:08 PM)	
	Signed by (name of Provider) on 2/22/23 at 17:47 (5:47 PM)		
	on 2/26/23 to her. When asked why 2/22/23 (4 days later), RN B stated after being off. RN B stated she he wanted to make sure her note was stated, No, not unless it's indicated with Norco, but the MAR reflected at a 5 for moderate pain. This is incother pain medication was signed on the and the X-ray order were done behind in her charting. When asked Nothing more on my shift. When as onset of joint swelling with increase thinking about that at the time, and assessment finding that R1 wouldnroutine, RN B stated, That's the war	15/23 at 11:55 AM, this surveyor read to the progress was entered on 2/26/23 she worked 6:00 AM - 6:00 PM on 2/2 and from other staff members that R1 house entered. When asked if R1's ROM (rart.) She (R1) would barely let me touch it that Norco was signed out at 9:49 AM (consistent with RN B statement that R1 but as given until 8:36 PM (11 hours late after 2 PM when the Norco was given different entered why R1's Resident Representative in pain and to obtain permission for the you don't need permission to order an 't' allow you to touch her, why the X-ray by the doctor ordered it. When asked if the ported in the shift-to-shift report with L	for an assessment done on 6/23 and it was her first day back had sustained a fractured hip and hage of motion) was assessed, RN B. RN B stated she medicated R1 not at 2:00 PM) and rated the pain would barely let me touch it. No er). When asked why the progress hat 9:49 AM, RN B stated she was hinder of her shift and RN B stated, a was not notified to of the new he X-ray, RN B stated, I wasn't X-ray. When asked about the wasn't ordered STAT instead of the new onset of swelling and pain
	(Sommand on Hort page)		

			NO. 0936-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235004	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/17/2023
NAME OF PROVIDER OR SUPPLIER Skild Muskegon		STREET ADDRESS, CITY, STATE, ZI 1061 W Hackley Ave Muskegon, MI 49441	P CODE
For information on the nursing home's	plan to correct this deficiency, please con	Lact 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)		on)
F 0600 Level of Harm - Actual harm Residents Affected - Few	6:00 PM on 2/22/23 until 6:00 AM of increased pain, and X-ray order. Lift reported to her in the shift-to-shift in that. LPN C stated that no X-rays with that. LPN C stated that no X-rays with that the control of the that that the control of the that the control of the that that the control of the that that the control of the that she did not attempt ROM and the took 4 people to lift R1 onto the EM LPN D stated she received a call for breakfast because they needed to the that she did not attempt ROM and the took 4 people to lift R1 onto the EM LPN D stated she received a call for breakfast because they needed to the that she did not attempt ROM and it took 4 people to lift R1 onto the EM LPN D stated she received a call for breakfast because they needed to the that the control of the that she was assigned to R1 stated that she was assigned to R1 stated that she knew right away the protruding and red. CNA I stated the on her left knee that was new so, I her shortly after sending R1 to the because she had broken her hip and According to the Femur X-ray date intertrochanteric fracture.  According to the Wound Summary (front) knee that was covered with the According to the Fixation Left Hip III.	15/23 at 1:45 PM, CNA H stated that she was assigned to R1. CNA H stated that she wall over the bed on a long extending iministered on the night shift for R1.  1:35 PM, LPN D stated she worked the name the shift CNA I reported that R1 had placed as a way. LPN D stated, I saw her (R1) less a way. LPN D stated, I saw her (R1) less about 9:30 AM. When asked what For rated R1's pain a 10 on 10 pain scale was at something was at 12:15 PM, CNA I and Conting with mild facial grimacing noted. If leg and an abrasion to the left knee of the morning of 2/23/23 when R1 was at something was wrong with R1's hip finat she went to get the nurse right away pulled it back to see what was under it emergency room, and needed to know and needed to have surgery.  In the hospital records dated 2/23/23 real bandaid upon arrival from the facility.  M Nail (L) Operative Noted dated 2/23/vith traction, I suspect the fracture is gri	unaware of R1's new hip swelling, R1's change in condition was ave specifically assessed R1 for the worked from 10:00 PM on that R1 complained about her left hat she assumed R1 hit her knee bracket. According to the February day shift 2/23/23 and started at pain and refused to get up. LPN D g inverted, jacked up, and swollen. R1's pain level was, LPN D stated which was severe. LPN D stated it oried out when then moved her. For asking what she had eaten for the result of the hospital. CNA I transferred to the hospital. CNA I stated, I noticed a bandaid. CNA I stated that LPN D came to what R1 had eaten for breakfast sion 1. Displaced comminuted left effected an abrasion to the anterior

			NO. 0930-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235004	(X2) MULTIPLE CONSTRUCTION  A. Building  B. Wing	(X3) DATE SURVEY COMPLETED 03/17/2023
NAME OF PROVIDER OR SUPPLIER Skld Muskegon		STREET ADDRESS, CITY, STATE, Z 1061 W Hackley Ave Muskegon, MI 49441	IP CODE
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC	CIENCIES full regulatory or LSC identifying informat	ion)
F 0600 Level of Harm - Actual harm Residents Affected - Few	LPN A was asked about RN B's not 2:44 PM. Both the DON and UM, L X-ray should have been ordered S' permission. UM, LPN A stated the so no one is caught off guard. Whe include a ROM assessment, both s follow-up assessment regarding the During a telephone interview on 3/notified of the new onset of left hip 2:08 PM. R1's Resident Represent condition with R1 and asking perm made aware of anything until he go the emergency room for evaluation about the fracture and gave him two pain for the rest of her life or surge	iew on 3/16/23 at 1:40 PM, the Director te that was a Late Entry on 2/26/23 for PN A stated they were dissatisfied with TAT and a call placed to R1's Resident nurse should always notify the manager asked if an assessment of increased paid yes and indicated it was their experse e pain.  14/23 at 1:30 PM, R1's Resident Representative was upset that the facility was notission for X-rays. R1's Resident Represent a call the morning of 2/23/23 informing. R1's Resident Representative stated to treatment options. The first option was the hardest decision he's ever he was the hardest decision he's ever here.	a pain assessment on 2/22/23 at a pain assessment on 2/22/23 at a RN B's note. Both agreed that the transport of the transpor

			NO. 0936-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235004	(X2) MULTIPLE CONSTRUCTION  A. Building  B. Wing	(X3) DATE SURVEY COMPLETED 03/17/2023
NAME OF PROVIDER OR SUPPLIER Skld Muskegon		STREET ADDRESS, CITY, STATE, ZI 1061 W Hackley Ave Muskegon, MI 49441	P CODE
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by	CIENCIES full regulatory or LSC identifying informati	on)
F 0610  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	Respond appropriately to all allege  **NOTE- TERMS IN BRACKETS F  This citation pertains to intake num  Based on observation, interview, ar injury of unknow origin for 1 resided deficient practice resulted in R1 sur immediately reported to the State A residents to sustain serious injuries  Findings include:  The facility provided a copy of the F 7/11/18 and updated on 10/31/22. facility and is responsible for develve conducting the investigation in situa in a manner, which would avoid ha been aware of, goods or services thas resulted in or may result in phy symptoms of suspected abuse/neg attention .Investigation: Investigate incidents such as injuries of unknown Designee immediately .All allegation immediately. If the Administrator's in the Administrator's Designee .The appropriate State Agencies immed resulted in serious bodily injury, the immediately and not later than 2 ho  R1  Review of the Face Sheet and Mini on [DATE] and readmitted on [DAT long-term memory impairment), str with surgical repair. Brief Interview	d violations.  IAVE BEEN EDITED TO PROTECT Comber MI00134976 and MI00135157.  Ind record review, the facility failed to time, Resident #1 (R1) reviewed for abustaining a serious injury of unknown or agency and was not thoroughly investige of unknown origin.  Policy/Procedure - Nursing Administrator oping and implementing the abuse prevations of alleged abuse/neglect. Neglect mand pain. Neglect occurs when the hat a resident(s) requires but fails to prevaical harm, pain, mental anguish, or er lect 1. Prolonged interval between traurall allegations of abuse, neglect, misal win source. All allegations will be investions and/or suspicions of abuse must be Designee. If the Administrator is not proabuse coordinator must submit a preliminately. However, if the event that cause a allegation of abuse must be reported.	mely and thoroughly investigate an e/neglect investigation. This gin (a left leg fracture) that was not gated with the potential for other and with the potential for other and the failure to care for a person facility is aware of, or should have evide them to the resident(s), that motional distress. Signs and ma/illness and seeking medical expropriation of property and igated by the Administrator or expensed to the administrator esent, the report must be made to minary investigation report to the did the allegation involved abuse or to appropriate state agencies evealed R1 admitted to the facility Alzheimer's/Dementia (short- and mitis, and a left femur (leg) fracture core of 6 out of 15 which

			No. 0936-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235004	(X2) MULTIPLE CONSTRUCTION  A. Building  B. Wing	(X3) DATE SURVEY COMPLETED 03/17/2023
NAME OF PROVIDER OR SUPPLIER Skld Muskegon		STREET ADDRESS, CITY, STATE, Z 1061 W Hackley Ave Muskegon, MI 49441	P CODE
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICE	CIENCIES full regulatory or LSC identifying informat	ion)
F 0610  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	PM to 10:00 PM and was assigned to go to the bathroom and had incr R1 in her room by the closet doors swinging her arms about. CNA F s from R1, R1 slid forward out of the her left leg caught up in the footres help and CNA G entered the room wheelchair, pushed the wheelchair remained upset and combative with to R1's nurse. CNA F stated that sl until she was interviewed by the NI unknown origin). CNA F stated that 2/27/23.  During a telephone interview on 3/ on 2/22/23. CNA G stated that abo F call out for help. CNA G stated th (facing her with her bottom off the door. CNA G stated that R1 was fig CNA G stated that they moved R1 behavior and response during this yelling and swearing at them. CNA up in the wheelchair. CNA G stated of unknown origin). CNA G stated of unknown origin). CNA G stated to funknown origin). CNA G stated incident until she was interviewed I of unknown origin). CNA G stated to funknown origin). CNA G stated to funknown origin). CNA G stated to funknown origin the was interviewed I of unknown origin). CNA G stated to funknown origin CNA G stated to funknown origin). CNA G stated to funknown origin to CNA G stated to funknown origin.	approximately 2:20 PM, CNA F stated so to R1. CNA F stated the previous shift eased behaviors. CNA F stated that apply a seated in her wheelchair. CNA F stated that R1 grabbed her shirt and whom wheelchair. CNA F stated that R1 had at behind her and her right foot forward. CNA F stated together they lifted R1 cover to the bed and then transferred Finthe CNA F and CNA G. CNA F stated her did not know that was considered a HA on 2/27/23 (4 days after the facility at she received education and disciplined that the seat), slid down resting on her own legging them. Both CNAs lifted R1 and process, CNA G stated that R1 continuates to the bed and transferred R1 intogrocess, CNA G stated that R1 continuates to the bed and transferred R1 intogrocess, CNA G stated that R1 continuates to the bed and transferred R1 intogrocess, CNA G stated that R1 continuates to the NHA on 2/27/23 (4 days after the that she did not know that was considered that they felt it was better to define the NHA on 2/27/23 (4 days after the that she received education and discipled to the State Agency on 3/3/23 at 12:00 roommate (name of R4). (Name of R4) curtains were closed, however, she came of R4) heard a bang and at the sate of R1) told her that she fell on the context of R1 told her that she fell on the context was cognitively intact.	treported that R1 repeatedly asked proximately 2:15 PM, she observed be that R1 was visibly upset and en she attempted to back up away her bottom off the wheelchair seat, CNA F stated she called out for off the floor and back into the R1 into bed. CNA F stated that R1 dishe did not report the fall/incident fall and did not report the incident became aware of the injury of en for not reporting the fall on the worked 2:00 PM until 10:00 PM at the hallway when she heard CNA and R1 in front of her wheelchair so, on the floor and next to the closet blaced her back into the wheelchair. To bed. When asked about R1's used to swing her arms at them, put her into bed then to leave her lered a fall and did not report the en facility became aware of the injury line for not reporting the fall on the system of R1) giving the sme time her bedside table moved.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY
AND PLAN OF CORRECTION	235004	A. Building B. Wing	03/17/2023
NAME OF PROVIDER OR SUPPLI	NAME OF PROVIDER OR SUPPLIER		P CODE
Skld Muskegon		1061 W Hackley Ave Muskegon, MI 49441	
For information on the nursing home's	plan to correct this deficiency, please con	tact 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 0610  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	bed watching TV. R4 was the room making a ruckus in the hall on the shift came on, she recalled R1 giving the foot of R4's bed (which is next area R4 was describing. When ask stated it was opened all the way ar Surveyor observed that R4's head bed facing R4's bed with the right splacement. When the privacy curtabed, but R4 was unable to view R1 came in to put R1 to bed, she saw wheelchair. R1 started propelling hehind) and R1 slid forward out of sending the table into foot of R4's twheelchair and then into bed which hearing them fighting with her and (Name of R1) doesn't always take.  The facility investigation submitted Administrator interviewed (Name owork. (Name of LPN E) stated that time getting (Name of R1) transferr was combative with them; hitting, k she denied having any pain at that  During a telephone interview on 3/LPN E, and she stated that is not on the she worked on 2/20/23, called in for was scheduled off on 2/24/23.  A record review the progress note of PM, written by RN B was reviewed resident was having pain to her left pain she was having. Nurse assessing the Nurse administered PRN pain	conducted on 3/14/23 at approximately imate of R1 on 2/22/23 and 2/23/23. Refer that shift, and they moved R1 back to he right the staff quite a time. R4 stated that to the closet doors). The surveyor was seed if the privacy curtain was open or cloud she could see the staff interacting with of bed was against the wall and R1's beside placed against the wall. R4 confirm in was pushed open it still provided priviles bed. R4 stated R1's wheelchair was R1 grabbing at CNA F as CNA F went rerself forward in the wheelchair as CNA feet. R4 stated another CNA came in an an she could not see from where she was remembered the privacy curtain movin ther pain medication and it's just awful to the State Agency on 3/3/23 at 12:03 f LPN E). (Name of LPN E) stated that both (Name of CNA F and name of CN red to bed. (Name of LPN E) reported by time.  15/23 at 1:50 PM, the surveyor read the correct because she never worked during a 2/21/23, 2/22/23 was her scheduled of the correct because she never worked during a 2/21/23, 2/22/23 was her scheduled of the correct because she never worked during a 2/21/23, 2/22/23 was her scheduled of the correct because she never worked during the correct she correct she correct she correctly and the correctly and the s	4 stated that on 2/22/23, R1 was er room. R4 stated just after second R1 was in her wheelchair, next to able to observe and confirm the osed the afternoon of 2/22/23, R4 ith R1 near the foot of her bed. The ed was placed with the foot of the ned the beds were still in the same vacy to R4's upper body while in facing the door and when CNA F around to the back of the A F held the wheelchair (from a table as R1 landed on the floor and they lifted her back to her s laying in her bed but recalled g during that time. R4 stated, o hear her cry when they clean her.  B PM reflected, On 2/27/23, on 2/23/23 she was scheduled to IA G) reported that they had difficult both CNAs stated (Name of R1) PN E) assessed (Name of R1) and the facility's investigation statement to the get has provided in on 2/23/23 and for 2/22/23 (4 days later) at 2:44 fext: CNA notified nurse that a get her out of bed d/t (due to) the ed to the left side compared to the nicall physician of findings NP

			No. 0936-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235004	(X2) MULTIPLE CONSTRUCTION  A. Building  B. Wing	(X3) DATE SURVEY COMPLETED 03/17/2023
NAME OF PROVIDER OR SUPPLIER Skld Muskegon		STREET ADDRESS, CITY, STATE, ZI 1061 W Hackley Ave Muskegon, MI 49441	P CODE
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC	CIENCIES full regulatory or LSC identifying informati	ion)
F 0610  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	on 2/22/23 (the day R1 sustained a on 2/26/23 to her. When asked why 2/22/23 (4 days later), RN B stated after being off. RN B stated she he was hospitalized on [DATE]. RN B When asked if she was ever interviand progress note was not included.  The NHA provided the facility invest The file contained staff education in Approximately 25% of the staff signing the NHA was asked why the invest to the State Agency for review, and that were noted after the report was the new version omitted LPN E into asked if R1's Resident Representate explained that LPN D first notified tell us and wanted to know if she sith that R1 had unrelieved pain and signification to the emergency room. When asked if the NHA was aware of this was also in the morning meeting. Vorigin, both responded right away, the hospital called the facility and be did a root cause analysis of R1's fa follow up portion of the fall investig review. The UM, LPN A stated that care which can change by the minute of Fleft intertrochanteric fracture, osteocompleted. (Name of Dr. K) also stoppleted.	15/23 at 11:55 AM, RN B confirmed that an unreported fall). This surveyor read by the progress was entered on 2/26/23 she worked 6:00 AM - 6:00 PM on 2/2 and from other staff members that R1 h stated that she wanted to ensure her niewed during the facility investigation, Fd in the facility investigation submitted to stigation file to the Surveyor following the egarding falls, falls reporting, safe paties, and it is the NHA stated, that she forgot to inform the file folder did not match the submitted and could not upload the reserview and did not include RN B's progressentative just mentioned when he returnately 2:26 PM) that he would like to know an 3/16/23 at 1:40 PM, the Director me aware that R1 had fractured her legithem during the morning meeting. UM should wait for x-ray to come to the facility gns of a serious injury, so the doctor was each how the facility became aware of the now what R1 had eaten for breakfast to as well, UM, LPN A and the DON state when the facility started to The surveyor confirmed by asking if the both responded yes. The DON and the sull on 2/22/23 and circumstances surrous ation was not completed and therefore a contributing factors to the fall were ideate.  It to the State Agency on 3/3/23 at 12:03 R1) and reviewed her hospital records. Spenia, and degenerative changes. Intra ated that with these conditions, abnormated that the fracture could have occurred.	the progress note written by RN B for an assessment done on 16/23 and it was her first day back had sustained a fractured hip and note was in the progress notes. RN B stated, No. RN B's interview to the State Agency.  The entrance conference on 3/14/23 are transfers and abuse. Interview on 3/14/23 at 12:00 PM, the investigation that was submitted form the Surveyor of the changes revised version of the investigation. The stated, No and the stated are transfers and the Unit Manager, and required surgery, both and required surgery, both and required surgery, both and required surgery, both and required surgery. When the leg fracture, UM, LPN A stated as notified and R1 was transferred the leg fracture, UM, LPN A stated are leg fracture, UM, LPN A stated are leg fracture, UM, LPN A stated are was the morning of 2/23/23 after UM, LPN A was asked if the facility unding the fall. Both stated the nothing more could be provided for entified as combative behaviors with the SPM reflected, On 3/1/23, (Name of She had a displaced comminuted amedullary nail fixation was nall posture, abnormalities of gait

on schedule review, interviews with team members, review of clinical medical record and diagnosis, a				
Skld Muskegon  1061 W Hackley Ave Muskegon, MI 49441  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)  The facility investigation submitted to the State Agency on 3/3/23 at 12:03 PM reflected, Conclusion: Based on schedule review, interviews with team members, review of clinical medical record and diagnosis, a decisive decision was made that the allegation of mistreatment was refuted by evidence collected during the investigation.  The NHA provided the following hospital records for review:  -According to the Femur X-ray dated 2/23/23 at 1:22 PM reflected, Impression 1. Displaced comminuted left intertrochanteric fracture. 2. Osteopenia (weakened bone) and degenerative changes.  -According to the Wound Summary in the hospital records dated 2/23/23 at 3:35 PM reflected, Based of the tension required for reduction with raction, I suspect the fracture is greater than 24 hours. It may coincide with the abrasion noted on her left knee in terms of timing.  During a telephone interview on 3/14/23 at 5:50 PM, LPN C stated that she was unaware of R1's new hips swelling, increased pain, and X-ray order. LPN C stated that she was unaware of R1's new hips swelling, increased pain, and X-ray order. LPN C stated that she was unaware of R1's new hips welling, increased pain, and X-ray order. LPN C stated that she was unaware of R1's new hips welling increased pain, and X-ray were taken during her shift. When asked if she was interviewed during the facility investigation, LPN C stated, No. According to the late entered on 2/26/23 for 2/22/23, until 6:00 AM on 2/23/23 and was assigned to R1. CNA H stated that R1 complained about her left leg hurting and she noticed an abrasion on R1's left knee. CNA H stated that R1 complained about her left leg hurting and she noticed an abrasion on R1's left knee. CNA H sta		IDENTIFICATION NUMBER:	A. Building	COMPLETED
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the tension required for reduction with traction, I suspect the fracture is greater than 24 hours. It may coincide with the abrasion noted on her left knee in terms of timing.  During a telephone interview on 3/14/23 at 5:50 PM, LPN C stated that she was assigned to R1's care from 6:00 PM on 2/22/23 until 6:00 AM on 2/23/23. LPN C stated that she was unaware of R1's new hip swelling increased pain, and X-ray order. LPN C stated that she did not recall that R1's change in condition was reported to her in the shift-to-shift report and had she known, she would have specifically assessed R1 for that. LPN C stated that no X-rays were taken during her shift. When asked if she was interviewed during the facility investigation, LPN C stated, No. According to the late entered progress note entered on 2/26/23 for 2/22/23, the note would not have been there for LPN C to view since it was documented after her shift.  During a telephone interview on 3/15/23 at 1:45 PM, CNA H stated that she worked from 10:00 PM on 2/22/23 until 6:00 AM on 2/23/23 and was assigned to R1. CNA H stated that R1 complained about her left leg hurting and she noticed an abrasion on R1's left knee. CNA H stated that she assumed R1 hit her knee on the TV that swings out from the wall over the bed on a long extending bracket. When asked if she was interviewed during the facility investigation, CNA H stated, No. There were no pain medications signed out on the February MAR for R1 during this night shift.				
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(continued on next page)				
		(continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235004	(X2) MULTIPLE CONSTRUCTION  A. Building  B. Wing	(X3) DATE SURVEY COMPLETED 03/17/2023
NAME OF PROVIDER OR SUPPLIER Skld Muskegon		STREET ADDRESS, CITY, STATE, Z 1061 W Hackley Ave Muskegon, MI 49441	P CODE
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC	CIENCIES full regulatory or LSC identifying informat	ion)
F 0610  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	residents to interview regarding the on R1's unit that had a BIMs of 8 o interviewed just 10 residents regard assessed or interviewed, the NHA asked if there were any documents notes reflected that R1 returned to dated 2/27/23 at 6:56 PM, which w Representative. The facility policy hours to the State Agency. When a NHA stated twice for clarity that she asked the receptionist to look up the fracture with surgical repair, which the DON, UM, LPN A, RN B, LPN I	7/23 at 5:20 PM, the Surveyor asked he injury of unknown injury, the NHA star greater. The current census of the buding abuse and falls. When asked how stated that staff were asked about charter to review that this took place, the NH/2 the facility on [DATE] at 2:26 PM. The as 4 1/2 hours after the NHA received reflected all serious injuries of unknown asked how and when the NHA became the was not aware until 2/27/23 that R1 vieronline hospital records and discover was just before R1 arrived back to the D, and CNA I all reported to the Survey with origin on 2/23/23 which was 4 days the State Agency.	ted, they interviewed residents just ilding was 96 and the facility cognitive impaired residents were nges in those residents. When A stated, No. The nursing progress facility incident submission was the complaint from R1's Resident norigin will be reported within 2 aware of R1's fractured leg, the was being readmitted to the facility, ed that R1 sustained a left femur facility. Many of the staff including for that they were aware that R1

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. Building	(X3) DATE SURVEY COMPLETED	
	235004	B. Wing	03/17/2023	
NAME OF PROVIDER OR SUPPLIE	ER	STREET ADDRESS, CITY, STATE, ZI	P CODE	
Skid Muskegon		1061 W Hackley Ave Muskegon, MI 49441		
For information on the nursing home's	plan to correct this deficiency, please con	tact 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)		on)	
F 0657  Level of Harm - Minimal harm or	Develop the complete care plan with and revised by a team of health pro	thin 7 days of the comprehensive asset of the comprehensive as the comprehensive asset of the comprehensive as the comprehensi	ssment; and prepared, reviewed,	
potential for actual harm	**NOTE- TERMS IN BRACKETS H	HAVE BEEN EDITED TO PROTECT CO	ONFIDENTIALITY** 31197	
Residents Affected - Few	This citation pertains to intake num	ber MI00134976 and MI00135157.		
	Based on observations, interview, and record review the facility failed to update and revise care planned interventions for 3 residents, Resident #1 (R1), Resident #2 (R2), and Resident #3 (R3) reviewed for care plans. This deficient practice resulted in plans of care not being followed by staff for R1 who sustained a fractured leg during a fall, R2 sustaining repeated falls with minor injury and R3 sustaining falls with lacerations.			
	Findings include:			
	R1			
	Review of the Face Sheet and Minimum Data Set (MDS) dated [DATE] revealed R1 admitted to the facility on [DATE] and readmitted on [DATE] with diagnosis of (but not limited to) Alzheimer's/Dementia (short- and long-term memory impairment), stroke with left sided weakness, osteoarthritic, and a left femur (leg) fracture with surgical repair. Brief Interview for Mental Status (BIMS) reflected a score of 6 out of 15 which represented R1 had severe cognitive impairment. R1 required extensive staff assistance of 1-2 with all activities of daily living.			
	During an interview on 3/14/23 at approximately 2:20 PM, CNA F stated she worked on 2/22/23 from 2:00 PM to 10:00 PM and was assigned to R1. CNA F stated the previous shift reported that R1 repeatedly asked to go to the bathroom and had increased behaviors. CNA F stated that approximately 2:15 PM, she observed R1 in her room by the closet doors, seated in her wheelchair. CNA F stated that R1 was visibly upset and swinging her arms about. CNA F stated that R1 grabbed her shirt and when she attempted to back up away from R1, R1 slid forward out of the wheelchair. CNA F stated that R1 had her bottom off the wheelchair seat, her left leg caught up in the footrest behind her and her right foot forward. CNA F stated she called out for help and CNA G entered the room. CNA F stated together they lifted R1 off the floor and back into the wheelchair, pushed the wheelchair over to the bed and then transferred R1 into bed. CNA F stated that R1 remained upset and combative with the CNA F and CNA G.			
	During a telephone interview on 3/15/23 at 2:54 PM, CNA G stated that she worked 2:00 PM until 10:00 PM on 2/22/23. CNA G stated that about 2:15 PM, she was passing waters in the hallway when she heard CNA F call out for help. CNA F stated that she entered R1's room and observed R1 in front of her wheelchair (facing her with her bottom off the seat), slid down resting on her own legs, on the floor and next to the close door. CNA G stated that R1 was fighting them. Both CNAs lifted R1 and placed her back into the wheelchair CNA G stated that they moved R1 next to the bed and transferred R1 into bed. When asked about R1's behavior and response during this process, CNA G stated that R1 continued to swing her arms at them, yelling and swearing at them. CNA G stated that they felt it was better to put her into bed then to leave her up in the wheelchair.			
	(continued on next page)			

			No. 0936-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235004	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/17/2023
NAME OF PROVIDER OR SUPPLIER Skld Muskegon		STREET ADDRESS, CITY, STATE, ZI 1061 W Hackley Ave Muskegon, MI 49441	P CODE
For information on the nursing home's	plan to correct this deficiency, please con	l tact 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	as, Remove self if resident is safe a resident is safe and come back later Review of the Resistant to Care play with ADL's (activities of daily living) again. Dated Initiated: 2/21/22 and During an interview and record review. Date of the facility fall. Both stated the follow up portice could be provided for review. The Lead of the combative behaviors with care white was for staff who are attempting to how to handle residents with behave The DON stated it's not good for the resident is safe and then reapproace physical assist to 2 person assist. A behavior management, both stated behavior management.  R2  Review of the Face Sheet and Minion [DATE] with diagnosis of (but not failure, and chronic kidney disease which represented R2 had severe of daily living.  During an interview and observation in a t-shirt and a brief. R2 had dresinterview R2, but he was unable to The care plan for Mobility dated 1/2 (but not limited to), The resident is The care plan for Falls dated 1/19/2 (but not limited to), Be sure call light to level of cognition. Date initiated:	19/23 was reviewed and reflected the fotoally dependent on 2 staff for transfer 23 was reviewed and reflected the folloat is within reach, provide cueing and re 1/19/23. Floor mat on floor next to bed Dated initiated: 1/19/23. Frequent rou	t. Remove self from situation if /18.  ventions such as, If resident resists return 5-10 minutes later and try appropriate. Date Initiated: 2/21/22.  or of Nursing and the Unit Manager and circumstances surrounding the oleted and therefore nothing more ors to the fall were identified as sked what the facility's expectation and the DON stated we educate on care until the behavior subsides. Nat the staff should ensure the n was changed from a 1-person or education for the staff regarding were no updates regarding were no updates regarding.  Evealed R2 admitted to the facility term memory impairment), heart (S) reflected a score of 3 out of 15 insive staff assistance all activities at the surveyor attempted to collowing intervention that included the collowing interventions that

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235004	(X2) MULTIPLE CONSTRUCTION  A. Building  B. Wing	(X3) DATE SURVEY COMPLETED 03/17/2023
NAME OF PROVIDER OR SUPPLIER Skld Muskegon		STREET ADDRESS, CITY, STATE, ZI 1061 W Hackley Ave Muskegon, MI 49441	P CODE
For information on the nursing home's p	plan to correct this deficiency, please con	Lact 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)		on)
F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview and record revifall documents, care plans and 72-IDON and UM, LPN A. UM, LPN A. of for 72 hours following the fall to ass LPN A stated the nurses are aware Binder. R2 sustained 5 falls in a 5 f	iew on 3/16/23 at 1:40 PM, R2's progreshour post fall documentation was reviewed that after a fall occurs the nursessess and monitor for latent signs, symple of which residents to chart on because 1/2 week period and the following is a trope of the foor, beside his bed. Right of the foor and R2 was not attended at ROM was assessed according to the selft blank and there was no indication to footh the DON and UM, LPN A confirme of the foor next to the bed. R2 ed an abrasion to the top of the scalp. For UM, LPN A could locate it for review and 2/9/23 to review. There were no up observed on the floor and stated he was replan and there was no 72-hour followiew.  Served on the floor beside of the bed. For the floor or the Resident Representative, is notes for 3/2/23, 3/3/23 and 3/4/23. The floot or the Resident Representative, is notes for 3/2/23, 3/3/23 and 3/4/23. The floot or the Resident Representative, is notes for 3/2/23, 3/3/23 and 3/4/23. The floot or the Resident Representative, is notes for 3/2/23, 3/3/23 and 3/4/23. The floot or the Resident Representation for doing further education on that.	ess notes, neurological checks, post wed from 1/21/23 - 3/1/23, with the swell do Alert Charting each shift stoms and injuries of the fall. UM, e it is kept in the Alert Charting imeline according to the documents.  2 was not able to answer any revention was to lower the bed and ole to answer questions regarding a fall report. The root cause was not a of the 72-hour follow-up dother were missing documents.  Stated, I slipped off the bed. R2. The report reflected a sleep log of the report reflected a sleep log of the was no 72-hour follow-up redates or changes made to the care as trying to get out. No new report of the too immediate intervention identified, and no documented 72-hour the intervention of frequent plan 5 days later, on 3/6/23. Both or falls is not being completed by revealed R3 admitted to the facility schizoaffective disorder (hearing priview for Mental Status (BIMS)

			No. 0936-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235004	(X2) MULTIPLE CONSTRUCTION  A. Building  B. Wing	(X3) DATE SURVEY COMPLETED 03/17/2023
NAME OF PROVIDER OR SUPPLIER Skld Muskegon		STREET ADDRESS, CITY, STATE, Z 1061 W Hackley Ave Muskegon, MI 49441	P CODE
For information on the nursing home's	plan to correct this deficiency, please con	Lact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC	CIENCIES full regulatory or LSC identifying informat	ion)
F 0657  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	R3 verbalized that he is hard of hear reported that he fell and hurt himse answer. There was no visible call libehind him and stated, Back there. R3 was unable to locate it after beil The care plan for Falls dated 1/3/25 provide cueing and reminders for undedication review r/t (related to) in Anticipate and meet resident's need buring an interview and record review with the DON and UM, LPN A for Fill 1-1/19/23 at 6:30 PM, R3 was obed trying to get away from the voice unable to manage, so R3 was substituted to locate the documentation review for 2/24/23 the day after the 2/24/23 located in the progress not #3 - 3/7/23 at 4:29 PM, R3 was obstatained a laceration to the right of returned the same day. UM, LPN Amonitoring was done for 3/8/23, 3/8 forward in the wheelchair, possibly	iew on 3/16/23 at 1:40 PM, all fall related as a falls from 1/19/23 to 3/7/23. The form 1/19/24 to 3/7/23. The form 2/19/24 to 3/7/24 to 3/7/2	row and the bridge of his nose. R3 arding the falls, R3 was not able to e had one, R3 pointed to the wall wall and lead up under the blankets.  of, Be sure call light is within reach, tion. Date initiated: 1/3/23. needs. Date initiated: 2/24/23.  ded documentation was reviewed allowing is a timeline:  I. R3 stated that he had fallen out of 8 being extremely fearful and on 1/21/23.  R3 sustained a laceration to the e ER to close it. R3 was unable to a the fall report and UM, LPN A was sumentation and monitoring to there was no monitoring of for the later than the follow-up and cause was the resident leaning tented a high back wheelchair to be

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235004	(X2) MULTIPLE CONSTRUCTION  A. Building  B. Wing	(X3) DATE SURVEY COMPLETED 03/17/2023
NAME OF PROVIDER OR SUPPLIER Skld Muskegon		STREET ADDRESS, CITY, STATE, ZI 1061 W Hackley Ave Muskegon, MI 49441	P CODE
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by	CIENCIES full regulatory or LSC identifying informati	on)
F 0689 Level of Harm - Actual harm Residents Affected - Few	accidents.  **NOTE- TERMS IN BRACKETS F  This citation pertains to intake num  Based on observations, interview, a for 3 residents, Resident #1 (R1), F practice resulted in R1 sustaining a preventative measures put in place lack of follow-up assessments to the Findings include:  R1  Review of the Face Sheet and Minion [DATE] and readmitted on [DAT long-term memory impairment), str with surgical repair. Brief Interview represented R1 had severe cogniticativities of daily living.  During an interview on 3/14/23 at a PM to 10:00 PM and was assigned to go to the bathroom and had increated in her room by the closet doors swinging her arms about. CNA F st from R1, R1 slid forward out of the her left leg caught up in the footres help and CNA G entered the room. wheelchair, pushed the wheelchair remained upset and combative with to R1's nurse. CNA F stated that st	is free from accident hazards and provided and provided the provided and MI00135157.  In the provided the facility failed to a resident #2 (R2), and Resident #3 (R3) and record review the facility failed to a resident #2 (R2), and Resident #3 (R3) and resident #3 (R3) and resident #3 (R3) are leg fracture and delay in treatment after the prevent reoccurrence. R2 and R3 is noroughly monitor and prevent further failed with left sided weakness, osteoarth for Mental Status (BIMS) reflected a set on the previous shift for Mental Status (BIMS) reflected a set on the previous shift is a seated that R1 required extensive seased behaviors. CNA F stated that R1 grabbed her shirt and which wheelchair. CNA F stated that R1 had to behind her and her right foot forward. CNA F stated together they lifted R1 cover to the bed and then transferred R1 the CNA F and CNA G. CNA F stated and the CNA F stated that R1 and CNA G. CNA F s	essess, monitor, and prevent falls of the provided that R1 was visibly upset and en she attempted to back up away her bottom off the floor and back into the floor and did not report the incident fall and did not report the incident fall and did not report the incident fall and did not report the incident

(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235004	(X2) MULTIPLE CONSTRUCTION  A. Building  B. Wing	(X3) DATE SURVEY COMPLETED 03/17/2023
	STREET ADDRESS, CITY, STATE, ZII 1061 W Hackley Ave Muskegon, MI 49441	CODE
n to correct this deficiency, please cont	eact the nursing home or the state survey a	ngency.
SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		on)
on 2/22/23. CNA G stated that about F call out for help. CNA F stated that (facing her with her bottom off the state) door. CNA G stated that R1 was fig CNA G stated that they moved R1 in behavior and response during this pyelling and swearing at them. CNA up in the wheelchair. CNA G stated Review of the Risk for Changes in It as, Remove self if resident is safe are resident is safe and come back later Review of the Resistant to Care plawith ADL's (activities of daily living) again. Dated Initiated: 2/21/22 and The NHA provided a copy of the incapproximately 2:15 PM for review. Circumstances were discovered on the root cause of the fall nor any into During an interview and record review. UM), LPN A was asked if the facilitial. Both stated the follow up portion could be provided for review. The Lombative behaviors with care which was for staff who are attempting to how to handle residents with behave The DON stated it's not good for the resident is safe and then reapproace physical assist to 2 person assist. We behavior management, both stated behavior management.  R2  Review of the Face Sheet and Minion [DATE] with diagnosis of (but not failure, and chronic kidney disease.	at 2:15 PM, she was passing waters in at she entered R1's room and observed eat), slid down resting on her own legs hting them. Both CNAs lifted R1 and plack to the bed and transferred R1 into process, CNA G stated that R1 continuing G stated that they felt it was better to put that she also received education and of which and behavior care plan dated 10, and find another staff member to assist, or to attempt care. Date Initiated: 12/24/24 not of care dated 2/21/18 reflected intervalence and the resident when behavior is approvided the resident when behavior is approvided and the resident when behavior is approvided as the resident was not computed the care to a combative resident, and in or the fall investigation was not computed the care to a combative resident, and increased the resident nor the staff. Both agreed the resident nor the staff. Both agreed the hand the care plans there are to a combative resident, and the care plans there are to be care to a combative resident, and the care plans there are the provided to the care plans there are the resident to the care plans there are the provided to the care plans there are plans the provided the plans the provided the plan	the hallway when she heard CNA I R1 in front of her wheelchair, on the floor and next to the closet aced her back into the wheelchair. bed. When asked about R1's ed to swing her arms at them, ut her into bed then to leave her discipline for not reporting the fall.  In 1/11/18 reflected interventions such Remove self from situation if 18.  It is fall on 2/22/23 at dated after further details of the fall erviews. The report did not identify eoccurring.  In Nursing and the Unit Manager and circumstances surrounding the leted and therefore nothing more on the fall were identified as seed what the facility's expectation and the DON stated we educate on care until the behavior subsides. The staff should ensure the awas changed from a 1-person or education for the staff regarding were no updates regarding.
: (	During a telephone interview on 3/1 on 2/22/23. CNA G stated that about F call out for help. CNA F stated that (facing her with her bottom off the stated that (facing her with her bottom off the stated that R1 was fig CNA G stated that R1 was fig CNA G stated that they moved R1 repeated by the stated the stated the stated the stated the stated the fall nor any into the stated the follow up portion could be provided for review. The Unit combative behaviors with care which was for staff who are attempting to thow to handle residents with behave The DON stated it's not good for the resident is safe and then reapproace physical assist to 2 person assist. We behavior management, both stated, behavior management.  R2  Review of the Face Sheet and Minimon [DATE] with diagnosis of (but no failure, and chronic kidney disease, which represented R2 had severe confident to the stated R2 had severe confident in the stated R2 had severe confident R2 had severe R2 had severe R2 had severe	Muskegon, MI 49441  In to correct this deficiency, please contact the nursing home or the state survey a summary of the state survey at the correct this deficiency, please contact the nursing home or the state survey at the correct this deficiency must be preceded by full regulatory or LSC identifying information or 2/22/23. CNA G stated that about 2:15 PM, she was passing waters in F call out for help. CNA F stated that she entered R1's room and observed (facing her with her bottom off the seat), slid down resting on her own legs door. CNA G stated that R1 was fighting them. Both CNAs lifted R1 and pl CNA G stated that they moved R1 next to the bed and transferred R1 into behavior and response during this process, CNA G stated that R1 continue yelling and swearing at them. CNA G stated that they felt it was better to pup in the wheelchair. CNA G stated that they felt it was better to pup in the wheelchair. CNA G stated that she also received education and compared the state of the Risk for Changes in Mood and Behavior care plan dated 10 as, Remove self if resident is safe and find another staff member to assist. resident is safe and come back later to attempt care. Date Initiated: 12/24/2 Review of the Resistant to Care plan of care dated 2/21/18 reflected interventions and the state of the Resistant to Care plan of care dated 2/21/18 reflected interventions and the state of the Resistant to Care plan of care dated 2/21/18 reflected interventions. Dated Initiated: 2/21/22 and Praise the resident when behavior is an approximately 2:15 PM for review. The facility's incident report was not upon circumstances were discovered on 2/27/23 during CNA F and CNA G's into the root cause of the fall nor any interventions to prevent future falls from round be provided for review. The UM, LPN A stated that contributing factor combative behaviors with care which can change by the minute. When asl was for staff who are attempting to provide care to a combative resident, a how to handle residents with behaviors and do not expe

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235004	(X2) MULTIPLE CONSTRUCTION  A. Building  B. Wing	(X3) DATE SURVEY COMPLETED 03/17/2023
NAME OF PROVIDER OR SUPPLII	NAME OF PROVIDER OR SUPPLIER Skld Muskegon		P CODE
For information on the pursing home's	nlan to correct this deficiency please con	Muskegon, MI 49441 tact the nursing home or the state survey	agency
To information on the nursing nome s	T	tact the hursing nome of the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICE (Each deficiency must be preceded by	CIENCIES full regulatory or LSC identifying informati	on)
F 0689  Level of Harm - Actual harm	1	n on 3/15/23 at 11:08 AM, R2 was sea sing to his feet and was wearing oxyge answer any specific questions.	
Residents Affected - Few	The care plan for Mobility dated 1/	19/23 was reviewed and reflected the fortotally dependent on 2 staff for transfer	
	The care plan for Falls dated 1/19/23 was reviewed and reflected the following interventions that included (but not limited to), Be sure call light is within reach, provide cueing and reminders for use as appropriate due to level of cognition. Date initiated: 1/19/23. Floor mat on floor next to bed when in bed. Date initiated: 1/23/23. Follow facility fall protocol. Dated initiated: 1/19/23. Frequent rounding and offering toileting throughout the night. Date initiated: 3/6/23.		
	During an interview and record review on 3/16/23 at 1:40 PM, R2's progress notes, neurological checks, pos fall documents, care plans and 72-hour post fall documentation was reviewed from 1/21/23 - 3/1/23, with the DON and UM, LPN A. UM, LPN A stated that after a fall occurs the nurses will do Alert Charting each shift for 72 hours following the fall to assess and monitor for latent signs, symptoms and injuries of the fall. UM, LPN A stated the nurses are aware of which residents to chart on because it is kept in the Alert Charting Binder. R2 sustained 5 falls in a 5 1/2 week period and the following is a timeline according to the documents provided for review:		
	#1 - 1/21/23 at 6:20 AM, R2 was observed on the floor, beside his bed. R2 was not able to answer any questions related to the fall and had no initial injuries. The immediate intervention was to lower the bed and provide nonskid socks.		
	#2 - 1/22/23 at 3:00 AM, R2 was observed on the floor and R2 was not able to answer questions regarding the fall. There was no indication that ROM was assessed according to the fall report. The root cause was not identified, the immediate action was left blank and there was no indication of the 72-hour follow-up monitoring in the progress notes. Both the DON and UM, LPN A confirmed there were missing documents and assessments.		
	#3 - 2/6/23 at 7:00 AM, R2 was observed on the floor next to the bed. R2 stated, I slipped off the bed. R2 was alert but confused and sustained an abrasion to the top of the scalp. The report reflected a sleep log was initiated but neither the DON nor UM, LPN A could locate it for review. There was no 72-hour follow-umonitoring documented for 2/8/23 and 2/9/23 to review.		
	#4 - 2/12/23 at 10:30 AM, R2 was observed on the floor and stated he was trying to get out. No new interventions were added to the care plan and there was no 72-hour follow-up monitoring documented for 2/13/23, 2/24/23, and 2/15/23 to review.		
	#5 - 3/1/23 at 4:11 AM, R2 was observed on the floor beside of the bed. R2 was confused and unable to answer questions regarding the fall. There was no root cause identified, no immediate intervention ident no documented notification of the doctor or the Resident Representative, and no documented 72-hour follow-up monitoring in the progress notes for 3/2/23, 3/3/23 and 3/4/23. The intervention of frequent rounding and offering toileting throughout the night was added to the care plan 5 days later, on 3/6/23. Ethe DON and the UM, LPN A identified that the required documentation for falls is not being completed to the staff and stated they would be doing further education on that.		o immediate intervention identified, and no documented 72-hour he intervention of frequent plan 5 days later, on 3/6/23. Both
	(continued on next page)		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. Building	(X3) DATE SURVEY COMPLETED
	235004	B. Wing	03/17/2023
NAME OF PROVIDER OR SUPPLII	NAME OF PROVIDER OR SUPPLIER		P CODE
Skid Muskegon 1061 W Hackley Ave Muskegon, MI 49441		,	
For information on the nursing home's	plan to correct this deficiency, please con	tact 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)		on)
F 0689  Level of Harm - Actual harm		1:12 AM, when asked which residents d two other residents and did not identif	
Residents Affected - Few		1:20 AM, CNA M and CNA N were ask and both identified three residents on t	
	R3		
	Review of the Face Sheet and Minimum Data Set (MDS) dated [DATE] revealed R3 admitted to the facility on [DATE] with a readmitted [DATE] with diagnosis of (but not limited to) schizoaffective disorder (hearing voices), obsessive compulsive behavior, and muscle weakness. Brief Interview for Mental Status (BIMS) reflected a score of 0 out of 15 which represented R3 had severe cognitive impairment. R3 required extensive staff assistance all activities of daily living.		
	During an interview and observation on 3/15/23 at 11:25 AM, R3 was reclined in his bed under the blankets. R3 verbalized that he is hard of hearing. R3 had sutures to his right eyebrow and the bridge of his nose. R3 reported that he fell and hurt himself. When asked specific questions regarding the falls, R3 was not able to answer. There was no visible call light noted and when R3 was asked if he had one, R3 pointed to the wall behind him and stated, Back there. The call light cord extended from the wall and lead up under the blankets. R3 was unable to locate it after being cued that it was under his blanket.		
	The care plan for Falls dated 1/3/23 reflected the following interventions of, Be sure call light is within reach, provide cueing and reminders for use as appropriate due to level of cognition. Date initiated: 1/3/23.  Medication review r/t (related to) increase ADLs (activities of daily living) needs. Date initiated: 2/24/23.  Anticipate and meet resident's needs. Date created 3/14/23.		
		iew on 3/16/23 at 1:40 PM, all fall relate 33's falls from 1/19/23 to 3/7/23. The fo	
	#1 - 1/19/23 at 6:30 PM, R3 was observed crawling on the floor in the hall. R3 stated that he had fallen out of bed trying to get away from the voices. UM, LPN A stated she recalled R3 being extremely fearful and unable to manage, so R3 was subsequently sent to the ER and returned on 1/21/23.  #2 - 2/23/23 at 11:45 AM, R3 was observed on the floor, flat on his back. R3 sustained a laceration to the right scalp that measured 1.8 cm x 0.4 cm x 0.3 that required a visit to the ER to close it. R3 was unable to answer questions regarding the fall. There was no root cause identified on the fall report and UM, LPN A wa unable to locate the documentation for review. There was no 72-hour documentation and monitoring to review for 2/24/23 the day after the fall with injury. UM, LPN A confirmed there was no monitoring of for 2/24/23 located in the progress notes.		
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	a.a 50.7.505		No. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235004	(X2) MULTIPLE CONSTRUCTION  A. Building  B. Wing	(X3) DATE SURVEY COMPLETED 03/17/2023
NAME OF PROVIDER OR SUPPLIER Skld Muskegon		STREET ADDRESS, CITY, STATE, ZI 1061 W Hackley Ave Muskegon, MI 49441	P CODE
For information on the nursing home's p	plan to correct this deficiency, please conf	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC	:IENCIES full regulatory or LSC identifying informati	on)
F 0689 Level of Harm - Actual harm Residents Affected - Few	sustained a laceration to the right e returned the same day. UM, LPN A monitoring was done for 3/8/23, 3/9 forward in the wheelchair, possibly used. This intervention was not local During an interview on 3/15/23 at 1	served by staff leaning forward in his we yebrow and the nose. R3 was sent to a confirmed by searching the progress of 1/23 or 3/10. The DON stated the root of sleeping and stated the facility implemented on the care plan, so the DON add 1:33 AM, when asked which residents sheet and identified two residents that	ER to have the wounds sutured and notes that no 72-hour follow-up and cause was the resident leaning ented a high back wheelchair to be ed it during this interview.  on her assignment were high risk

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235004	(X2) MULTIPLE CONSTRUCTION  A. Building  B. Wing	(X3) DATE SURVEY COMPLETED 03/17/2023
NAME OF PROVIDER OR SUPPLIER Skld Muskegon		STREET ADDRESS, CITY, STATE, ZI 1061 W Hackley Ave Muskegon, MI 49441	P CODE
For information on the nursing home's	plan to correct this deficiency, please con	Lact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	TAG  SUMMARY STATEMENT OF DEFICIENCIES  (Each deficiency must be preceded by full regulatory or LSC identifying information)		on)
F 0697	Provide safe, appropriate pain mar	nagement for a resident who requires s	uch services.
Level of Harm - Actual harm	**NOTE- TERMS IN BRACKETS H	HAVE BEEN EDITED TO PROTECT C	ONFIDENTIALITY** 31197
Residents Affected - Few	This citation pertains to intake num	ber MI00134976 and MI00135157.	
	Based on observation, interview, and record review, the facility failed to accurately assess a new onset of swelling with pain and monitor pain for 1 resident, Resident #1 (R1) reviewed for pain management. This deficient practice resulted in R1 sustaining prolonged sever pain and suffering when the extent and origin of a new onset of left hip swelling and increased pain was not thoroughly assessed caused a delay in treatment and surgery to occur.		
	Findings include:		
	R1		
	Review of the Face Sheet and Minimum Data Set (MDS) dated [DATE] revealed R1 admitted to the facility on [DATE] and readmitted on [DATE] with diagnosis of (but not limited to) Alzheimer's/Dementia (short- and long-term memory impairment), stroke with left sided weakness, osteoarthritic, and a left femur (leg) fractur with surgical repair. Brief Interview for Mental Status (BIMS) reflected a score of 6 out of 15 which represented R1 had severe cognitive impairment. R1 required extensive staff assistance of 1-2 with all activities of daily living.		
		ated 9/22/18 last revised on 6/11/19 ref are Plan had just two interventions liste	
	-The resident's pain is aggravated	by sitting to long on coccyx. Last revise	ed on 9/22/18.
	-The resident's pain is alleviated/re	lieved by repositioning often. Last revis	sed on 9/22/18.
	According to the February Medicati medications given on 2/22/23:	ion Administration Record (MAR) reflec	eted the following as needed pain
	-Norco Tablet 5-325 MG (Hydrocodone-Acetaminophen) Give 0.5 tablet by mouth every 8 hours as needed for pain. On 2/22/23 it was signed out at 9:49 AM by Registered Nurse (RN) B for a pain level of 5 (moderate) and once more at 8:36 PM by Licensed Practical Nurse (LPN) C for a pain level of 5.		
	-Acetaminophen Tablet 325 MG, give 2 tablets by mouth every 4 hours as needed for General Discomfort. There were no doses signed out as given on 2/22/23.		
	Record review of the X-ray order for a 2 View Left Hip and Pelvis Dx (diagnosis) Pain Created by (name of RN B) on 2/22/23 at 1408 (2:08 PM)		
	Revised by (name of RN B) on 2/22	2/23 at 1408 (2:08 PM)	
	Signed by (name of Provider) on 2/	/22/23 at 17:47 (5:47 PM)	
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235004	(X2) MULTIPLE CONSTRUCTION  A. Building  B. Wing	(X3) DATE SURVEY COMPLETED 03/17/2023	
NAME OF PROVIDER OR SUPPLIER Skld Muskegon		STREET ADDRESS, CITY, STATE, ZI 1061 W Hackley Ave Muskegon, MI 49441	P CODE	
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC	CIENCIES full regulatory or LSC identifying informati	on)	
F 0697 Level of Harm - Actual harm Residents Affected - Few	During an interview on 3/14/23 at approximately 2:20 PM, CNA F stated she worked on 2/22/23 from 2:00 PM to 10:00 PM and was assigned to R1. CNA F stated the previous shift reported that R1 repeatedly asked to go to the bathroom and had increased behaviors. CNA F stated that approximately 2:15 PM, she observed R1 in her room by the closet doors, seated in her wheelchair. CNA F stated that R1 was visibly upset and swinging her arms about. CNA F stated that R1 grabbed her shirt and when she attempted to back up away from R1, R1 slid forward out of the wheelchair. CNA F stated that R1 had her bottom off the wheelchair seat, her left leg caught up in the footrest behind her and her right foot forward. CNA F stated she called out for help and CNA G entered the room. CNA F stated together they lifted R1 off the floor and back into the wheelchair, pushed the wheelchair over to the bed and then transferred R1 into bed. CNA F stated that R1 remained upset and combative with the CNA F and CNA G. CNA F stated she did not report the fall/incident to R1's nurse. CNA F stated that she did not know that was considered a fall and did not report the incident until she was interviewed by the NHA on 2/27/23.			
	A record review the progress note dated 2/26/23 at 1:50 PM, entered late for 2/22/23 (4 days later) at 2:44 PM, written by RN B was reviewed. The note reflected, Late Entry: Note Text: CNA notified nurse that resident was having pain to her left hip. Resident would not allow CNA to get her out of bed d/t (due to) the pain she was having. Nurse assessed bilateral hips. Minimal swelling noted to the left side compared to the right. Nurse administered PRN pain medication at that time and notified on call physician of findings NP ordered an x-ray to be completed for her left hip and pelvis. Nurse faxed order over to (name of company) Diagnostics.			
	2/26/23 to her. When asked why th days later), RN B stated she worke off. RN B stated she heard from oth hospitalized. When asked if R1's F indicated. She (R1) would barely le reflected that Norco was signed ou inconsistent with RN B statement thout as given until 8:36 PM (11 hour done after 2 PM when the Norco wasked if she reassessed R1 during When asked why R1's Resident Reincrease in pain and to obtain permand you don't need permission to allow you to touch her, why the X-r the doctor ordered it. When asked	15/23 at 11:55 AM, this surveyor read to e progress was entered on 2/26/23 for d 6:00 AM - 6:00 PM on 2/26/23 and it her staff members that R1 had sustained ROM (range of motion) was assessed, let me touch it. RN B stated she medicated to at 9:49 AM and rated the pain at a 5 for at R1 would barely let me touch it. Nower sease given at 9:49 AM, RN B stated she will be the remainder of her shift and RN B stated remainder of her shift and RN B stated she will be shown that a state of the shift and RN B stated and rate and	an assessment done on 2/22/23 (4 was her first day back after being ed a fractured hip and was RN B stated, No, not unless it's ted R1 with Norco, but the MAR for moderate pain. This was other pain medication was signed a note and the X-ray order were was behind in her charting. When ated, Nothing more on my shift. new onset of joint swelling with sn't thinking about that at the time, assessment finding that R1 wouldn't tine, RN B stated, That's the way ong with the pending X-ray was	
	During a telephone interview on 3/14/23 at 5:50 PM, LPN C stated that she was assigned to R1's care from 6:00 PM on 2/22/23 until 6:00 AM on 2/23/23. LPN C stated that she was unaware of R1's new hip swelling, increased pain, and X-ray order. LPN C stated that she did not recall that R1's change in condition was reported to her in the shift-to-shift report and had she known she would have specifically assessed R1 for that. LPN C stated that no X-rays were taken during her shift.			
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STATEMENT OF DEFICIENCIES	(XI) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY
AND PLAN OF CORRECTION	IDENTIFICATION NUMBER:	A. Building	COMPLETED
	235004	B. Wing	03/17/2023
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE	
Skld Muskegon		1061 W Hackley Ave Muskegon, MI 49441	
For information on the nursing home's	plan to correct this deficiency, please con	tact 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 0697  Level of Harm - Actual harm	During a telephone interview on 3/15/23 at 1:45 PM, CNA H stated that she worked from 10:00 PM on 2/22/23 until 6:00 AM on 2/23/23 and was assigned to R1. CNA H stated that R1 complained about her left leg hurting and she noticed an abrasion on R1's left knee. CNA H stated that she assumed R1 hit her knee on the TV that swings out from the wall over the bed on a long extending bracket. According to the February MAR, no pain medication was provided on the night shift.  During an interview on 3/14/23 at 2:35 PM, LPN D stated she worked the day shift 2/23/23 and started at 6:00 AM. LPN D stated that early in the shift CNA I reported that R1 had pain and refused to get up. LPN D stated she went to assess her right away. LPN D stated, I saw her (R1) leg inverted, jacked up, and swollen. I called the doctor and sent her to ER about 9:30 AM. When asked what R1's pain level was, LPN D stated that she did not attempt ROM and rated R1's pain a 10 on 10 pain scale which was severe. LPN D stated it took 4 people to lift R1 onto the EMS cart when they arrived and R1 really cried out when then moved her.  During an observation and interview on 3/15/23 at 12:15 PM, CNA I and CNA J reposition R1 in bed. R1 had visible discomfort with repositioning with mild facial grimacing noted. R1 had noted surgical wounds in different stages of healing on her left leg and an abrasion to the left knee approximately 2 cm x 1 cm. CNA I stated that she knew right away that something was wrong with R1's hip from just looking at it, it was protruding and red. CNA I stated that she went to get the nurse right away. CNA I stated, I noticed a bandaid on her left knee that was new so, I pulled it back to see what was under it.  According to the Femur X-ray dated 2/23/23 at 1:22 PM reflected, Impression 1. Displaced comminuted left intertrochanteric fracture.  According to the Fixation Left Hip IM Nail (L) Operative Noted dated 2/23/23 at 3:35 PM reflected, Based on the tension required for reduction with traction, I suspect the fracture is greater t		
Residents Affected - Few			
	X-ray should have been ordered S' permission. UM, LPN A stated the so no one is caught off guard. Whe	PN A stated they were dissatisfied with TAT and a call placed to R1's Resident nurse should always notify the manage in asked if an assessment of increased aid yes and indicated it was their expee pain.	Representative for notification and or or DON when ordering an X-ray, lijoint swelling and pain should