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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, ZIP CODE 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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	 etc.) that affect the resident. **NOTE- TERMS IN BRACKETS F This citation pertains to intake num Based on interview and record revitereatment decisions for 1 resident, in R1's Representative being unaw and not being included in the treatment findings include: R1 Review of the Face Sheet and Min on [DATE] and readmitted on [DATE] nong-term memory impairment), strwith 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 si from R1, R1 slid forward out of the her left leg caught up in the footress help and CNA G entered the room. wheelchair, pushed the wheelchair remained upset and combative witt 	esident's doctor, and a family member of HAVE BEEN EDITED TO PROTECT C aber MI00134976 and MI00135157. Hew, the facility failed to notify the resid Resident #1 (R1) reviewed for notificat vare of new onset of hip swelling, increa- ment and decision-making process. Here and decision-making process. Figure 1 and decision-making process. Figure 2 and decision-making process. Approximately 2:20 PM, CNA F stated a sive impairment. R1 required extensive a approximately 2:20 PM, CNA F stated that ap , seated in her wheelchair. CNA F stated that ap , seated in her wheelchair. CNA F stated that R1 grabbed her shirt and wh wheelchair. CNA F stated that R1 had at behind her and her right foot forward. . CNA F stated together they lifted R1 of over to the bed and then transferred Fin the CNA F and CNA G. CNA F stated had not know that was considered a HA on 2/27/23.	ONFIDENTIALITY** 31197 ent representative to make ion. This deficient practice resulted ased pain, the need for an X-ray evealed R1 admitted to the facility Alzheimer's/Dementia (short- and hritic, 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 t reported that R1 repeatedly asked oproximately 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 R1 into bed. CNA F stated that R1 d she 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

Facility ID: 235004

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
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For information on the nursing home's	plan to correct this deficiency, please con	l tact the nursing home or the state survey a	agency.
(X4) ID PREFIX TAG		JMMARY STATEMENT OF DEFICIENCIES ach 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	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 assess right. Nurse administered PRN pair ordered an x-ray to be completed for Diagnostics. During a telephone interview on 3/7 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 lereflected that Norco was signed ou inconsistent with RN B statement th out as given until 8:36 PM (11 hour done after 2 PM when the Norco w asked if she reassessed R1 during When asked why R1's Resident References in pain and to obtain permand you don't need permission to or allow you to touch her, why the X-rt the doctor ordered it. When asked i reported in the shift-to-shift report v During an interview on 3/14/23 at 2 6:00 AM. LPN D stated that early ir stated she went to assess her right I called the doctor and sent her to E that she did not attempt ROM and to took 4 people to lift R1 onto the EW According to the Femur X-ray dated intertrochanteric fracture .	dated 2/26/23 at 1:50 PM, entered late The note reflected, Late Entry: Note T hip. Resident wound not allow CNA to seed bilateral hips. Minimal swelling note in medication at that time and notified or or her left hip and pelvis. Nurse faxed of 15/23 at 11:55 AM, this surveyor read th 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 sustaine COM (range of motion) was assessed, R t me touch it. RN B stated she medicat t at 9:49 AM and rated the pain at a 5 fn at R1 would barely let me touch it. No s later). When asked why the progress as given at 9:49 AM, RN B stated she w the remainder of her shift and RN B stated representative was not notified to of the ission for the X-ray, RN B stated, I was rder an X-ray. When asked about the a ay wasn't ordered STAT instead of rout f the new onset of swelling and pain al with LPN C on 2/26/23 at 6:00 PM, RN :35 PM, LPN D stated, I saw her (R1) let R about 9:30 AM. When asked what F 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 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	for 2/22/23 (4 days later) at 2:44 ext: CNA notified nurse that get her out of bed d/t (due to) the do to the left side compared to the n call physician of findings NP irder over to (name of company) he progress note written RN B on an assessment done on 2/22/23 (4 was her first day back after being d a fractured hip and was RN B stated, No, not unless it's ed R1 with Norco, and the MAR or moderate pain. This was other pain medication was signed 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, issessment finding that R1 wouldn't ine, RN B stated, That's the way ong with the pending X-ray was B stated, Yes. day shift 2/23/23 and started at ain and refused to get up. LPN D g inverted, jacked up, and swollen. 1's pain level was, LPN D stated thich was severe. LPN D stated it cried out when then moved her. sion 1. Displaced comminuted left

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by	IENCIES full regulatory or LSC identifying informati	on)
F 0600 Level of Harm - Actual harm Residents Affected - Few	Protect each resident from all types and neglect by anybody. **NOTE- TERMS IN BRACKETS H This citation pertains to intake num Based on observation, interview, an Resident #1 (R1) reviewed for abus fracture after staff did not following unreported and unassessed with pr denied appropriate medical care fro Findings include: The facility provided a copy of the F 7/11/18 and updated on 10/31/22. facility and is responsible for develor conducting the investigation in situa in a manner, which would avoid han the facility is aware of, or should han provide them to the resident(s), that emotional distress. Signs and symp trauma/illness and seeking medical R1 Review of the Face Sheet and Mini on [DATE] and readmitted on [DAT long-term memory impairment), stro with surgical repair. Brief Interview	s of abuse such as physical, mental, se AVE BEEN EDITED TO PROTECT Co ber MI00134976 and MI00135157. Ind record review, the facility failed to pr se/neglect. The deficient practice result the plan of care and sustained a fall w rolonged severe pain and emotional su orm being rendered for approximately 1 Policy/Procedure - Nursing Administrat The policy reflected, The administrator oping and implementing the abuse prev ations of alleged abuse/neglect. Neglec rm and pain .Neglect may or may not b twe been aware of, goods or services th t has resulted in or may result in physic potoms of suspected abuse/neglect 1. P	exual abuse, physical punishment, ONFIDENTIALITY** 31197 revent neglect for 1 resident, ted in R1 sustaining a femur (leg) ith serious injury that went iffering to occur, when R1 was 9 hours. ion, Abuse and Neglect dated is the abuse coordinator in this vention training curriculum and ct is the failure to care for a person be intentional. Neglect occurs when nat a resident(s) requires but fails to cal harm, pain, mental anguish, or rolonged interval between evealed R1 admitted to the facility Alzheimer's/Dementia (short- and pritis, and a left femur (leg) fracture core of 6 out of 15 which

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(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	 bed watching TV. R4 was the room making a ruckus in the hall on the fishift came on, she recalled R1 givin the foot of R4's bed (which is next tharea R4 was describing. When ask stated it was opened all the way an surveyor observed that R4's head of bed facing R4's bed with the rights placement. When the privacy curtailed, 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 F wheelchair and then into bed which hearing them fighting with her and r (Name of R1) doesn't always take F According to R4's MDS dated [DAT of 14 out of 15 which represented F During an interview on 3/14/23 at a PM to 10:00 PM and was assigned to go to the bathroom and had increating them fighting with 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 NH for not reporting the fall. During a telephone interview on 3/1 on 2/22/23. CNA G stated that about F call out for help. CNA G stated that sh until she was interviewed by the NH for not reporting the fall. 	conducted on 3/14/23 at approximately imate of R1 on 2/22/23 and 2/23/23. Re- list shift, and they moved R1 back to he ing the staff quite a time. R4 stated that to the closet doors). The surveyor was ed if the privacy curtain was open or cl id she could see the staff interacting wi of bed was against the wall and R1's be- ide placed against the wall. R4 confirm in was pushed open it still provided priv 's bed. R4 stated R1's wheelchair was R1 grabbing at CNA F as CNA F went propelling herself forward in the wheel- out of the wheelchair hitting R4's over the R4's bed. R4 stated another CNA came in she could not see from where she was remembered the privacy curtain moving the pain medication and it's just awful to 'E], Section C: Brief Interview for Menta R4 was cognitively intact. pproximately 2:20 PM, CNA F stated s to R1. CNA F stated the previous shift eased behaviors. CNA F stated that ap seated in her wheelchair. CNA F stated to R1. CNA F stated the previous shift atted that R1 grabbed her shirt and whe wheelchair. CNA F stated that R1 had t behind her and her right foot forward. CNA F stated together they lifted R1 co over to the bed and then transferred R in the CNA F and CNA G. CNA F stated the did not know that was considered a 'IA on 2/27/23. CNA F stated that she r 15/23 at 2:54 PM, CNA G stated that she r 15/23 at 2:54 PM, CNA G stated that she r 15/24 PM, She was passing waters in	A stated that on 2/22/23, R1 was er room. R4 stated just after secon R1 was in her wheelchair, next to able to observe and confirm the osed the afternoon of 2/22/23, R4 th R1 near the foot of her bed. The dwas placed with the foot of the red 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 chair as CNA F held the wheelchain be bed table as R1 landed on the in and they lifted her back to her s laying in her bed but recalled g during that time. R4 stated, to hear her cry when they clean he al Status (BIMS) reflected a score he worked on 2/22/23 from 2:00 reported that R1 repeatedly aske proximately 2:15 PM, she observe ad that R1 was visibly upset and en she attempted to back up away her bottom off the wheelchair sea CNA F stated she called out for off the floor and back into the 1 into bed. CNA F stated that R1 I she did not report the fall/incident fall and did not report the incident eceived education and discipline the worked 2:00 PM until 10:00 PM the hallway when she heard CNA d R1 in front of her wheelchair s, on the floor and next to the closs laced her back into the wheelchair sed to swing her arms at them, but her into bed then to leave her

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(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	A record review the progress note dated 2/26/23 at 1:50 PM, entered late for 2/22/23 (4 days late PM, written by RN B was reviewed. The note reflected, Late Entry: Note Text: CNA notified nurse resident was having pain to her left hip. Resident wound not allow CNA to get her out of bed d/t (a pain she was having. Nurse assessed bilateral hips. Minimal swelling noted to the left side comparight. Nurse administered PRN pain medication at that time and notified on call physician of findin ordered an x-ray to be completed for her left hip and pelvis. Nurse faxed order over to (name of c Diagnostics. According to the February Medication Administration Record (MAR) reflected the following as needed.			
	 medications given on 2/22/23: -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. 			
		r a 2 View Left Hip and Pelvis Dx (diag	nosis) Pain Created by (name of	
	Revised by (name of RN B) on 2/22/23 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 her wanted to make sure her note was stated, No, not unless it's indicated with Norco, but the MAR reflected t at a 5 for moderate pain. This is indi- other pain medication was signed of note and the X-ray order were done behind in her charting. When asked Nothing more on my shift. When asked Nothing about that at the time, and assessment finding that R1 wouldn routine, RN B stated, That's the wa	15/23 at 11:55 AM, this surveyor read t y the progress was entered on 2/26/23 she worked 6:00 AM - 6:00 PM on 2/2 ard from other staff members that R1 h entered. When asked if R1's ROM (rar . She (R1) would barely let me touch it hat Norco was signed out at 9:49 AM (consistent with RN B statement that R1 but as given until 8:36 PM (11 hours lat e after 2 PM when the Norco was giver d if she reassessed R1 during the rema- sked why R1's Resident Representative e in pain and to obtain permission for th you don't need permission to order an 't allow you to touch her, why the X-ray y the doctor ordered it. When asked if eported 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 hige of motion) was assessed, RN . RN B stated she medicated R1 not at 2:00 PM) and rated the pair would barely let me touch it. No er). When asked why the progress in at 9:49 AM, RN B stated she was inder of her shift and RN B stated e was not notified to of the new le X-ray, RN B stated, I wasn't X-ray. When asked about the v wasn't ordered STAT instead of the new onset of swelling and pair	
	(continued on next page)			

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(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. LF reported to her in the shift-to-shift re that. LPN C stated that no X-rays w During a telephone interview on 3/1 2/22/23 until 6:00 AM on 2/23/23 ar leg hurting and she noticed an abra on the TV that swings out from the MAR, no pain medications were ad During an interview on 3/14/23 at 2 6:00 AM. LPN D stated that early in stated she went to assess her right I called the doctor and sent her to E that she did not attempt ROM and r took 4 people to lift R1 onto the EM LPN D stated she received a call from breakfast because they needed to a sub-reakfast because they needed to a first that she discomfort with reposition different stages of healing on her le stated that she was assigned to R1 stated that she knew right away that was that she knew right away that a she knew right away that and that she knew right away that a she	15/23 at 1:45 PM, CNA H stated that sh hd was assigned to R1. CNA H stated that sh asion on R1's left knee. CNA H stated the wall over the bed on a long extending l ministered on the night shift for R1. :35 PM, LPN D stated she worked the n the shift CNA I reported that R1 had p away. LPN D stated, I saw her (R1) le ER about 9:30 AM. When asked what F rated R1's pain a 10 on 10 pain scale v IS cart when they arrived and R1 really om the hospital shortly after sending he send her to surgery to repair a fracture w on 3/15/23 at 12:15 PM, CNA I and C oning with mild facial grimacing noted. If leg and an abrasion to the left knee the morning of 2/23/23 when R1 was at something was wrong with R1's hip f at she went to get the nurse right away	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 oracket. According to the February day shift 2/23/23 and started at bain 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 cried out when then moved her. er asking what she had eaten for cried out when then moved her. er asking what she had eaten for cried out when then moved her. er asking what she had eaten for cried out when then moved her. er asking what she had eaten for cried out when then moved her. er asking what she had eaten for cried out when then moved her. er asking what she had eaten for cried out when then moved her. er asking what she had eaten for cried out when then moved her. er asking what she had eaten for cried out when then moved her. er asking what she had eaten for cried out when then moved her. er asking what she had eaten for cried out when then moved her. er asking what she had eaten for cried out when then moved her. er asking what she had eaten for cried out when then moved her. er asking what she had eaten for cried out when then moved her. er asking what she had eaten for cried out when then moved her. er asking what she had eaten for cried out when then moved her. er asking what she had eaten for cried out when then moved her. er asking what she had eaten for cried out when then moved her. er asking what she had eaten for cried out when then moved her. er asking what she had eaten for cried out when then moved her. er asking what she had eaten for cried out when then moved her. er asking what she had eaten for cried out when then moved her. er asking what she had eaten for cried out when then moved her. er asking what she had eaten for the hospital. er asking what she had eaten for the hospital cried her her the her her her her her her her her her h

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F 0600 Level of Harm - Actual harm Residents Affected - Few	LPN Å was asked about RN B's no 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 permi made aware of anything until he go the emergency room for evaluation about the fracture and gave him tw pain for the rest of her life or surger	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 TAT and a call placed to R1's Resident nurse should always notify the manage n asked if an assessment of increased aid yes and indicated it was their exper- e pain. 14/23 at 1:30 PM, R1's Resident Repres swelling, increased pain nor that an X- ative was upset that the facility was not ssion for X-rays. R1's Resident Repres at a call the morning of 2/23/23 informin . R1's Resident Representative stated to treatment options. The first option war by to fix it, which they could not even gu at was the hardest decision he's ever ha	a pain assessment on 2/22/23 at RN B's note. Both agreed that the Representative for notification and r or DON when ordering an X-ray, joint swelling and pain should ctation to rate the pain level and do sentative stated that he was not ray that were ordered on 2/22/23 at notifying him of changes in entative stated that he was not g him that R1 needed to be sent to that doctor (at the hospital) told him is to not fix it and manage R1's iarantee R1 would survive. R1's

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F 0610	Respond appropriately to all allege	d violations.	
Level of Harm - Minimal harm or potential for actual harm	**NOTE- TERMS IN BRACKETS H	AVE BEEN EDITED TO PROTECT CO	ONFIDENTIALITY** 31197
Residents Affected - Few	This citation pertains to intake num	ber MI00134976 and MI00135157.	
	Based on observation, interview, ar injury of unknow origin for 1 resider deficient practice resulted in R1 sus immediately reported to the State A residents to sustain serious injuries	e/neglect investigation. This igin (a left leg fracture) that was not	
	Findings include:		
	7/11/18 and updated on 10/31/22. facility and is responsible for develor conducting the investigation in situa in a manner, which would avoid har been aware of, goods or services th has resulted in or may result in phy symptoms of suspected abuse/neg attention .Investigation: Investigate incidents such as injuries of unknow Designee immediately .All allegatio immediately. If the Administrator's I the Administrator's Designee .The a appropriate State Agencies immedi 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), stro with surgical repair. Brief Interview	Policy/Procedure - Nursing Administrati The policy reflected, The administrator oping and implementing the abuse preva ations of alleged abuse/neglect .Neglect m and pain .Neglect occurs when the nat a resident(s) requires but fails to pr sical harm, pain, mental anguish, or er lect 1. Prolonged interval between trau all allegations of abuse, neglect, misaj wn source. All allegations will be invest ns and/or suspicions of abuse must be Designee. If the Administrator is not pro- abuse coordinator must submit a prelin ately .However, if the event that cause allegation of abuse must be reported urs after receiving the allegation . mum 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 <i>re</i> impairment. R1 required extensive s	is the abuse coordinator in this vention training curriculum and ct is the failure to care for a person facility is aware of, or should have ovide them to the resident(s), that notional distress .Signs and ma/illness and seeking medical ppropriation of property and igated by the Administrator or e reported to the administrator esent, the report must be made to ninary investigation report to the d the allegation involved abuse or to appropriate state agencies

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For information on the nursing home's	formation on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.				
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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 increating to go to the bathroom and had increating the provided to go to the bathroom and had increating the provided to go to the bathroom and had increating the provided the provided to go to the bathroom by the closet doors, swinging her arms about. CNA F state from R1, R1 slid forward out of the her left leg caught up in the footress help and CNA G entered the room. wheelchair, pushed the wheelchair remained upset and combative with to R1's nurse. CNA F stated that shuntil she was interviewed by the NH unknown origin). CNA F stated that 2/27/23. During a telephone interview on 3/⁷ on 2/22/23. CNA G stated that about F call out for help. CNA G stated the (facing her with her bottom off the section. 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 the 2/27/23. The facility investigation submitted Administrator interviewed resident and context. She stated that her privace CNAs a hard time. At one point, (nare of R4) reported that (Name of R4) reported that (Na	pproximately 2:20 PM, CNA F stated s to R1. CNA F stated the previous shift eased behaviors. CNA F stated that ap seated in her wheelchair. CNA F stated ated that R1 grabbed her shirt and whe wheelchair. CNA F stated that R1 had t behind her and her right foot forward. CNA F stated together they lifted R1 o over to the bed and then transferred R in the CNA F and CNA G. CNA F stated that on 2/27/23 (4 days after the facility f is she received education and discipline [5/23 at 2:54 PM, CNA G stated that sh ut 2:15 PM, she was passing waters in at she entered R1's room and observe seat), slid down resting on her own legs (hting them. Both CNAs lifted R1 and p next to the bed and transferred R1 into process, CNA G stated that R1 continu G stated that they felt it was better to p I that she did not know that was consid by the NHA on 2/27/23 (4 days after the hat she received education and discipli to the State Agency on 3/3/23 at 12:03 roommate (name of R4). (Name of R4) y curtains were closed, however, she c ame of R4) heard a bang and at the sat of R1) told her that she fell on the conc TE], Section C: Brief Interview for Menta R4 was cognitively intact.	reported that R1 repeatedly asked proximately 2:15 PM, she observed ad 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 ff the floor and back into the 1 into bed. CNA F stated that R1 she did not report the fall/incident fall and did not report the incident occame aware of the injury of for not reporting the fall on the worked 2:00 PM until 10:00 PM the hallway when she heard CNA d R1 in front of her wheelchair s, on the floor and next to the closet laced her back into the wheelchair. bed. When asked about R1's ed to swing her arms at them, but her into bed then to leave her ered a fall and did not report the e facility became aware of the injury ne for not reporting the fall on B PM reflected, On 2/27/23, reported that she witnessed the ould hear (name of R1) giving the me time her bedside table moved. brete.		

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 SUPPLIER		STREET ADDRESS, CITY, STATE, ZI	P CODE	
Skld Muskegon		1061 W Hackley Ave Muskegon, MI 49441		
For information on the nursing home's	r information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)			
F 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 1 shift came on, she recalled R1 givin the foot of R4's bed (which is next t area R4 was describing. When ask stated it was opened all the way an Surveyor observed that R4's head of bed facing R4's bed with the right s placement. When the privacy curtai bed, but R4 was unable to view R1 came in to put R1 to bed, she saw wheelchair. R1 started propelling h behind) and R1 slid forward out of t sending the table into foot of R4's b wheelchair and then into bed which hearing them fighting with her and n (Name of R1) doesn't always take f The facility investigation submitted Administrator interviewed (Name of work. (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 3/1 LPN E, and she stated that is not c she worked on 2/20/23, called in fo 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 assess right. Nurse administered PRN pair	conducted on 3/14/23 at approximately mate of R1 on 2/22/23 and 2/23/23. Re- list shift, and they moved R1 back to he on the closet doors). The surveyor was ed if the privacy curtain was open or cl- d she could see the staff interacting wi of bed was against the wall and R1's be ide placed against the wall. R4 confirm in was pushed open it still provided priv- 's bed. R4 stated R1's wheelchair was R1 grabbing at CNA F as CNA F went erself forward in the wheelchair as CN/ he wheelchair hitting R4's over the bed ed. R4 stated another CNA came in ar a she could not see from where she was remembered the privacy curtain moving her pain medication and it's just awful to 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 ed to bed. (Name of LPN E) reported b icking, and yelling at them. (Name of L time. 15/23 at 1:50 PM, the surveyor read the orrect because she never worked durin r 2/21/23, 2/22/23 was her scheduled of dated 2/26/23 at 1:50 PM, entered late . The note reflected, Late Entry: Note T hip. Resident wound not allow CNA to sed bilateral hips. Minimal swelling note n medication at that time and notified or or her left hip and pelvis. Nurse faxed of the period state the pelvis. Nurse faxed of the state of the pelvis. Nurse faxed of the pelvis. Nurse faxed of the pelvis. Nurse faxed of the pelvis. Nurse faxed of the pelvis. Nurse	A 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 th R1 near the foot of her bed. The ed was placed with the foot of the led 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 d table as R1 landed on the floor nd they lifted her back to her s laying in her bed but recalled g during that time. R4 stated, to hear her cry when they clean her. PM reflected, On 2/27/23, on 2/23/23 she was scheduled to IA G) reported that they had difficult oth CNAs stated (Name of R1) PN E) assessed (Name of R1) and e facility's investigation statement to ng that period. LPN E stated that day off, called in on 2/23/23 and for 2/22/23 (4 days later) at 2:44 fext: CNA notified nurse that get her out of bed d/t (due to) the ed to the left side compared to the n call physician of findings NP	

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 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	l tact the nursing home or the state survey a	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying		on)
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 her 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 re Approximately 25% of the staff sign 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 int asked if R1's Resident Representate explained that R1's Resident Representates and wanted to know if she sign that R1 had unrelieved pain and sign to the emergency room. When asket if the NHA was asked when they becar responded that LPN D first notified tell us and wanted to know if she sign the hospital called and needed to k asked if the NHA was aware of this was also in the morning meeting. Worigin, both responded right away. The hospital called the facility and b did a root cause analysis of R1's fa follow up portion of the fall investigation submitted Dr. K), followed up with (Name of Fleft intertrochanteric fracture, osteo completed. (Name of Dr. K) also stated. 	15/23 at 11:55 AM, RN B confirmed that in unreported fall). This surveyor read to y the progress was entered on 2/26/23 she worked 6:00 AM - 6:00 PM on 2/21 and from other staff members that R1 h stated that she wanted to ensure her m- ewed during the facility investigation, R d in the facility investigation submitted to stigation file to the Surveyor following the equating falls, falls reporting, safe patie hed with the date of 2/27/23. During an igation in the file folder did not match the the NHA stated, that she forgot to info- is submitted and could not upload the re- erview and did not include RN B's prog- tive was interviewed regarding his com- esentative just mentioned when he retu- nately 2:26 PM) that he would like to kr ew on 3/16/23 at 1:40 PM, the Director me aware that R1 had fractured her leg them during the morning meeting. UM, nould wait for x-ray to come to the facility as of a serious injury, so the doctor wa- ted how the facility became aware of th now what R1 had eaten for breakfast b as well, UM, LPN A and the DON state Vhen asked when the facility started to The surveyor confirmed by asking if tha oth responded yes. The DON and the U Il on 2/22/23 and circumstances surrou ation was not completed and therefore contributing factors to the fall were ide ite. to the State Agency on 3/3/23 at 12:03 R1) and reviewed her hospital records. S penia, and degenerative changes. Intra- ated that with these conditions, abnorm ble that the fracture could have occurred	he progress note written by RN B for an assessment done on 6/23 and it was her first day back ad sustained a fractured hip and ote was in the progress notes. RN B stated, No. RN B's interview to the State Agency. The entrance conference on 3/14/23. Interview on 3/14/23 at 12:00 PM, the investigation that was submitted orm the Surveyor of the changes evised version of the investigation. Irress note nor an interview. When plaint, the NHA stated, No and rined was at the facility (upon R1's now what happened to R1. The following and the Unit Manager, and required surgery, both ty or send her. UM, LPN A stated as notified and R1 was transferred the leg fracture, UM, LPN A stated because she needed surgery. When ed yes, and indicated that the NHA investigate the injury of unknown at 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 ntified as combative behaviors with PM reflected, On 3/1/23, (Name of She had a displaced comminuted and posture, abnormalities of gait

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, ZIP CODE 1061 W Hackley Ave Muskegon, MI 49441	
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 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	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.		
Residents Affected - Few	The NHA provided the following ho	spital records for review:	
		ed 2/23/23 at 1:22 PM reflected, Impres benia (weakened bone) and degenerati	
		v in the hospital records dated 2/23/23 a bandaid upon arrival from the facility.	
	 -According to the Fixation Left Hip IM Nail (L) Operative Noted dated 2/23/23 at 3:35 PM reflected, Bas 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 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 swe 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 that. LPN C stated that no X-rays were taken during her shift. When asked if she was interviewed durin facility investigation, LPN C stated, No. According to the late entered progress note entered on 2/26/23 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 she assumed R1 hit her k on the TV that swings out from the wall over the bed on a long extending bracket. When asked if she w interviewed during the facility investigation, CNA H stated, No. There were no pain medications signed on the February MAR for R1 during this night shift. 		
	(continued on next page)		

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	235004	B. Wing	03/17/2023
NAME OF PROVIDER OR SUPPLIE Skid Muskegon	R	STREET ADDRESS, CITY, STATE, ZII 1061 W Hackley Ave Muskegon, MI 49441	P CODE
For information on the nursing home's	plan to correct this deficiency, please cont	tact the nursing home or the state survey a	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	residents to interview regarding the on R1's unit that had a BIMs of 8 or interviewed just 10 residents regard assessed or interviewed, the NHA s asked if there were any documents notes reflected that R1 returned to dated 2/27/23 at 6:56 PM, which wa Representative. The facility policy r 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 we the DON, UM, LPN A, RN B, LPN E	7/23 at 5:20 PM, the Surveyor asked ho injury of unknown injury, the NHA state greater. The current census of the bui ding abuse and falls. When asked how stated that staff were asked about char to review that this took place, the NHA the facility on [DATE] at 2:26 PM. The f as 4 1/2 hours after the NHA received t eflected all serious injuries of unknown sked how and when the NHA became a e was not aware until 2/27/23 that R1 w e online hospital records and discovere was just before R1 arrived back to the f 0, and CNA I all reported to the Surveyo wn origin on 2/23/23 which was 4 days the State Agency.	ed, they interviewed residents just lding was 96 and the facility cognitive impaired residents were ages in those residents. When a stated, No. The nursing progress facility incident submission was he complaint from R1's Resident origin will be reported within 2 aware of R1's fractured leg, the vas being readmitted to the facility, ed that R1 sustained a left femur facility. Many of the staff including or that they were aware that R1

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		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 0657	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.		
Level of Harm - Minimal harm or potential for actual harm	**NOTE- TERMS IN BRACKETS H	IAVE BEEN EDITED TO PROTECT C	ONFIDENTIALITY** 31197
Residents Affected - Few	This citation pertains to intake num	ber MI00134976 and MI00135157.	
	interventions for 3 residents, Resid plans. This deficient practice result	and record review the facility failed to u ent #1 (R1), Resident #2 (R2), and Re ed in plans of care not being followed b ining repeated falls with minor injury an	sident #3 (R3) reviewed for care by staff for R1 who sustained a
	Findings include:		
	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 ve impairment. R1 required extensive s	Alzheimer's/Dementia (short- and nritic, and a left femur (leg) fracture core of 6 out of 15 which
	PM to 10:00 PM and was assigned to go to the bathroom and had incre R1 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.	pproximately 2:20 PM, CNA F stated s to R1. CNA F stated the previous shift eased behaviors. CNA F stated that ap , seated in her wheelchair. CNA F stated tated that R1 grabbed her shirt and wh wheelchair. CNA F stated that R1 had t behind her and her right foot forward. CNA F stated together they lifted R1 c over to the bed and then transferred F in the CNA F and CNA G.	reported that R1 repeatedly asked proximately 2:15 PM, she observe 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
	on 2/22/23. CNA G stated that abo F call out for help. CNA F stated th (facing her with her bottom off the s door. CNA G stated that R1 was fig CNA G stated that they moved R1 behavior and response during this	15/23 at 2:54 PM, CNA G stated that sl ut 2:15 PM, she was passing waters in at she entered R1's room and observe seat), slid down resting on her own leg- ghting them. Both CNAs lifted R1 and p next to the bed and transferred R1 into process, CNA G stated that R1 continu G stated that they felt it was better to p	the hallway when she heard CNA d R1 in front of her wheelchair s, on the floor and next to the close laced her back into the wheelchain bed. When asked about R1's red to swing her arms at them,
	(continued on next page)		

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, ZIP CODE 1061 W Hackley Ave Muskegon, MI 49441	
For information on the nursing home's	plan to correct this deficiency, please cont		agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by	IENCIES full regulatory or LSC identifying informati	on)
F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the Risk for Changes in I as, Remove self if resident is safe a resident is safe and come back late Review of the Resistant to Care pla with ADL's (activities of daily living) again. Dated Initiated: 2/21/22 and During an interview and record revi (UM), LPN A was asked if the facilit fall. Both stated the follow up portio could be provided for review. The L combative behaviors with care whic was for staff who are attempting to how to handle residents with behav The DON stated it's not good for the resident is safe and then reapproac physical assist to 2 person assist. V behavior management, both stated behavior management. R2 Review of the Face Sheet and Mini on [DATE] with diagnosis of (but no failure, and chronic kidney disease. which represented R2 had severe of of daily living. During an interview and observation in a t-shirt and a brief. R2 had dress interview R2, but he was unable to The care plan for Mobility dated 1/1 (but not limited to), The resident is for The care plan for Falls dated 1/19/2 (but not limited to), Be sure call ligh to level of cognition. Date initiated:	Mood and Behavior care plan dated 10 and find another staff member to assist er to attempt care. Date Initiated: 12/24 an of care dated 2/21/18 reflected intern , ensure safe environment, leave, and Praise the resident when behavior is a ew on 3/16/23 at 1:40 PM, the Director ty did a root cause analysis of R1's fall n of the fall investigation was not comp JM, LPN A stated that contributing factor ch can change by the minute. When as provide care to a combative resident, a riors and do not expect staff to provide e resident nor the staff. Both agreed th ch. The UM, LPN A stated the care plans When asked if there were any changes , no. According to the care plans there the limited to) Dementia (short- and long Brief Interview for Mental Status (BIM cognitive impairment. R2 required exter n on 3/15/23 at 11:08 AM, R2 was sea sing to his feet and was wearing oxyge answer any specific questions. 9/23 was reviewed and reflected the follo to tally dependent on 2 staff for transfer 23 was reviewed and reflected the follo it is within reach, provide cueing and re 1/19/23. Floor mat on floor next to bed Dated initiated: 1/19/23. Frequent rou	 ventions such as, If resident resists return 5-10 minutes later and try ppropriate. Date Initiated: 2/21/22. r of Nursing and the Unit Manager and circumstances surrounding the bleted and therefore nothing more fors to the fall were identified as ked what the facility's expectation and the DON stated we educate on care until the behavior subsides. at the staff should ensure the n was changed from a 1-person or education for the staff regarding were no updates regarding vealed R2 admitted to the facility term memory impairment), heart S) reflected a score of 3 out of 15 nsive staff assistance all activities ted on the side of his bed, dressed on. The Surveyor attempted to bellowing intervention that included ring. Date initiated: 1/19/23. wing interventions that included eminders for use as appropriate due when in bed. Date initiated:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION NAME OF PROVIDER OR SUPPLIED Skid Muskegon For information on the nursing home's p (X4) ID PREFIX TAG F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Delan to correct this deficiency, please con SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by During an interview and record revi fall documents, care plans and 72-1 DON and UM, LPN A. UM, LPN A st for 72 hours following the fall to ass LPN A stated the nurses are aware Binder. R2 sustained 5 falls in a 5 2 provided for review: #1 - 1/21/23 at 6:20 AM, R2 was of questions related to the fall and have provide nonskid socks. #2 - 1/22/23 at 3:00 AM, R2 was of the fall. There was no indication that	full regulatory or LSC identifying informati iew on 3/16/23 at 1:40 PM, R2's progre hour post fall documentation was revier stated that after a fall occurs the nurses sess and monitor for latent signs, symp e of which residents to chart on because 1/2 week period and the following is a t bserved on the floor, beside his bed. R2 d no initial injuries. The immediate inter	agency. on) wes notes, neurological checks, post wed from 1/21/23 - 3/1/23, with the s will do Alert Charting each shift toms 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
Skid Muskegon For information on the nursing home's p (X4) ID PREFIX TAG F 0657 Level of Harm - Minimal harm or potential for actual harm	Delan to correct this deficiency, please con SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by During an interview and record revi fall documents, care plans and 72-1 DON and UM, LPN A. UM, LPN A st for 72 hours following the fall to ass LPN A stated the nurses are aware Binder. R2 sustained 5 falls in a 5 2 provided for review: #1 - 1/21/23 at 6:20 AM, R2 was of questions related to the fall and have provide nonskid socks. #2 - 1/22/23 at 3:00 AM, R2 was of the fall. There was no indication that	1061 W Hackley Ave Muskegon, MI 49441 Intact the nursing home or the state survey CIENCIES If ull regulatory or LSC identifying informati iew on 3/16/23 at 1:40 PM, R2's progree hour post fall documentation was revier stated that after a fall occurs the nurses sess and monitor for latent signs, symp e of which residents to chart on because 1/2 week period and the following is a t bserved on the floor, beside his bed. R2 d no initial injuries. The immediate inter	agency. on) wes notes, neurological checks, post wed from 1/21/23 - 3/1/23, with the s will do Alert Charting each shift toms 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
Skid Muskegon For information on the nursing home's p (X4) ID PREFIX TAG F 0657 Level of Harm - Minimal harm or potential for actual harm	Delan to correct this deficiency, please con SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by During an interview and record revi fall documents, care plans and 72-1 DON and UM, LPN A. UM, LPN A st for 72 hours following the fall to ass LPN A stated the nurses are aware Binder. R2 sustained 5 falls in a 5 2 provided for review: #1 - 1/21/23 at 6:20 AM, R2 was of questions related to the fall and have provide nonskid socks. #2 - 1/22/23 at 3:00 AM, R2 was of the fall. There was no indication that	1061 W Hackley Ave Muskegon, MI 49441 Intact the nursing home or the state survey CIENCIES If ull regulatory or LSC identifying informati iew on 3/16/23 at 1:40 PM, R2's progree hour post fall documentation was revier stated that after a fall occurs the nurses sess and monitor for latent signs, symp e of which residents to chart on because 1/2 week period and the following is a t bserved on the floor, beside his bed. R2 d no initial injuries. The immediate inter	agency. on) wes notes, neurological checks, post wed from 1/21/23 - 3/1/23, with the s will do Alert Charting each shift toms 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
For information on the nursing home's p (X4) ID PREFIX TAG F 0657 Level of Harm - Minimal harm or potential for actual harm	SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by During an interview and record revi fall documents, care plans and 72-1 DON and UM, LPN A. UM, LPN A for 72 hours following the fall to ass LPN A stated the nurses are aware Binder. R2 sustained 5 falls in a 5 2 provided for review: #1 - 1/21/23 at 6:20 AM, R2 was ob questions related to the fall and had provide nonskid socks. #2 - 1/22/23 at 3:00 AM, R2 was ob the fall. There was no indication that	Muskegon, MI 49441 tact the nursing home or the state survey CIENCIES full regulatory or LSC identifying informati iew on 3/16/23 at 1:40 PM, R2's progre hour post fall documentation was revier stated that after a fall occurs the nurses sess and monitor for latent signs, symp a of which residents to chart on because 1/2 week period and the following is a t bserved on the floor, beside his bed. R2 d no initial injuries. The immediate inter	on) ess notes, neurological checks, post wed from 1/21/23 - 3/1/23, with the s will do Alert Charting each shift toms 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
(X4) ID PREFIX TAG F 0657 Level of Harm - Minimal harm or potential for actual harm	SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by During an interview and record revi fall documents, care plans and 72-1 DON and UM, LPN A. UM, LPN A for 72 hours following the fall to ass LPN A stated the nurses are aware Binder. R2 sustained 5 falls in a 5 2 provided for review: #1 - 1/21/23 at 6:20 AM, R2 was ob questions related to the fall and had provide nonskid socks. #2 - 1/22/23 at 3:00 AM, R2 was ob the fall. There was no indication that	CIENCIES full regulatory or LSC identifying informati iew on 3/16/23 at 1:40 PM, R2's progre hour post fall documentation was revier stated that after a fall occurs the nurses sess and monitor for latent signs, symp e of which residents to chart on because 1/2 week period and the following is a t bserved on the floor, beside his bed. R2 d no initial injuries. The immediate inter	on) ess notes, neurological checks, post wed from 1/21/23 - 3/1/23, with the s will do Alert Charting each shift toms 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
F 0657 Level of Harm - Minimal harm or potential for actual harm	 (Each deficiency must be preceded by During an interview and record revifall documents, care plans and 72-1 DON and UM, LPN A. UM, LPN A store plans and 72-1 DON and UM, LPN A. UM, LPN A store plans and 72-1 DON and UM, LPN A. UM, LPN A store plans and 72-1 por 72 hours following the fall to asset LPN A stated the nurses are aware Binder. R2 sustained 5 falls in a 5 2 provided for review: #1 - 1/21/23 at 6:20 AM, R2 was of questions related to the fall and had provide nonskid socks. #2 - 1/22/23 at 3:00 AM, R2 was of the fall. There was no indication that 	full regulatory or LSC identifying informati iew on 3/16/23 at 1:40 PM, R2's progre hour post fall documentation was revier stated that after a fall occurs the nurses sess and monitor for latent signs, symp e of which residents to chart on because 1/2 week period and the following is a t bserved on the floor, beside his bed. R2 d no initial injuries. The immediate inter	ess notes, neurological checks, post wed from 1/21/23 - 3/1/23, with the s will do Alert Charting each shift toms 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
Level of Harm - Minimal harm or potential for actual harm	 fall documents, care plans and 72-IDON and UM, LPN A. UM, LPN A sfor 72 hours following the fall to ass LPN A stated the nurses are aware Binder. R2 sustained 5 falls in a 5 provided for review: #1 - 1/21/23 at 6:20 AM, R2 was ob questions related to the fall and had provide nonskid socks. #2 - 1/22/23 at 3:00 AM, R2 was ob the fall. There was no indication that the fall. There was no indication that the fall. There was no indication that the fall. 	hour post fall documentation was revie stated that after a fall occurs the nurses sess and monitor for latent signs, symp of which residents to chart on because 1/2 week period and the following is a t bserved on the floor, beside his bed. R2 d no initial injuries. The immediate inter	wed from 1/21/23 - 3/1/23, with the s will do Alert Charting each shift toms 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
	 #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 no 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-up monitoring documented for 2/8/23 and 2/9/23 to review. There were no updates or changes made to the care plan following this fall. #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 2/8/23 at 0:30 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. 		
	answer questions regarding the fall. There was no root cause identified, no immediate intervention identified, 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. Both the DON and the UM, LPN A identified that the required documentation for falls is not being completed by the staff and stated they would be doing further education on that.		
	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.		
	(continued on next page)		

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 For information on the nursing home's plan to correct this deficiency, please cont		STREET ADDRESS, CITY, STATE, ZI 1061 W Hackley Ave Muskegon, MI 49441	
(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	R3 verbalized that he is hard of hear reported that he fell and hurt himse answer. There was no visible call li behind him and stated, Back there. R3 was unable to locate it after bei The care plan for Falls dated 1/3/22 provide cueing and reminders for u Medication review r/t (related to) in Anticipate and meet resident's need During an interview and record revi with the DON and UM, LPN A for R #1 - 1/19/23 at 6:30 PM, R3 was ot bed trying to get away from the void unable to manage, so R3 was subs #2 - 2/23/23 at 11:45 AM, R3 was of right scalp that measured 1.8 cm x answer questions regarding the fall unable 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 obs sustained a laceration to the right e returned the same day. UM, LPN A monitoring was done for 3/8/23, 3/5 forward in the wheelchair, possibly	iew on 3/16/23 at 1:40 PM, all fall relate 23's falls from 1/19/23 to 3/7/23. The foll observed crawling on the floor in the hall ces. UM, LPN A stated she recalled R3 sequently sent to the ER and returned of observed on the floor, flat on his back. If 0.4 cm x 0.3 that required a visit to the 1. There was no root cause identified or 1 for review. There was no 72-hour doct fall with injury. UM, LPN A confirmed t	ow 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. f, Be sure call light is within reach, tion. Date initiated: 1/3/23. needs. Date initiated: 2/24/23 . ed documentation was reviewed lowing is a timeline: . R3 stated that he had fallen out of being extremely fearful and on 1/21/23. R3 sustained a laceration to the ER to close it. R3 was unable to in the fall report and UM, LPN A was umentation and monitoring to here was no monitoring of for heelchair and fell on to the floor. R3 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

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	l tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by	IENCIES full regulatory or LSC identifying informati	ion)
F 0689 Level of Harm - Actual harm Residents Affected - Few	accidents. **NOTE- TERMS IN BRACKETS H 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 th Findings include: R1 Review of the Face Sheet and Mini on [DATE] and readmitted on [DAT long-term memory impairment), stru- with surgical repair. Brief Interview represented R1 had severe cognitiva activities 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 incro- R1 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 footress help and CNA G entered the room. wheelchair, pushed the wheelchair remained upset and combative witt to R1's nurse. CNA F stated that sh	free from accident hazards and provid AVE BEEN EDITED TO PROTECT C ber MI00134976 and MI00135157. and record review the facility failed to a Resident #2 (R2), and Resident #3 (R3 leg fracture and delay in treatment aft to prevent reoccurrence. R2 and R3 s oroughly monitor and prevent further fa mum 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 re impairment. R1 required extensive s to R1. CNA F stated the previous shift eased behaviors. CNA F stated that ap seated in her wheelchair. CNA F stated that R1 grabbed her shirt and wh wheelchair. CNA F stated that R1 had t behind her and her right foot forward. CNA F stated together they lifted R1 o over to the bed and then transferred F in the CNA F and CNA G. CNA F stated at d not know that was considered a 1A on 2/27/23. CNA F stated that she if	ONFIDENTIALITY** 31197 assess, monitor, and prevent falls), reviewed for falls. The deficient er a fall went unreported and no ustained repeated falls with the alls. evealed R1 admitted to the facility Alzheimer's/Dementia (short- and nritic, and a left femur (leg) fracture core of 6 out of 15 which staff assistance of 1-2 with all the worked on 2/22/23 from 2:00 the ported that R1 repeatedly asked opproximately 2:15 PM, she observed ad 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 d she did not report the fall/incident fall and did not report the incident

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	L tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by	HENCIES	on)
F 0689 Level of Harm - Actual harm Residents Affected - Few	 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 they moved R1 is 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 I 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 ind approximately 2:15 PM for review. Circumstances were discovered on the root cause of the fall nor any int During an interview and record review (UM), LPN A was asked if the facilit fall. Both stated the follow up portion could be provided for review. The DON stated it's not good for the resident is safe and then reapproace physical assist to 2 person assist. W behavior management, both stated behavior management. R2 Review of the Face Sheet and Mini on [DATE] with diagnosis of (but not failure, and chronic kidney disease. 	15/23 at 2:54 PM, CNA G stated that sh ut 2:15 PM, she was passing waters in at she entered R1's room and observer seat), slid down resting on her own legs phing them. Both CNAs lifted R1 and p next to the bed and transferred R1 into process, CNA G stated that R1 continu G stated that they felt it was better to p I that she also received education and Mood and Behavior care plan dated 10 and find another staff member to assist er to attempt care. Date Initiated: 12/24 an of care dated 2/21/18 reflected intern , ensure safe environment, leave, and Praise the resident when behavior is a cident/accident report dated 2/24/23 for The facility's incident report was not up 2/27/23 during CNA F and CNA G's in terventions to prevent future falls from ew on 3/16/23 at 1:40 PM, the Director by did a root cause analysis of R1's fall n of the fall investigation was not comp JM, LPN A stated that contributing fact ch can change by the minute. When as provide care to a combative resident, a itors and do not expect staff to provide e resident nor the staff. Both agreed th ch. The UM, LPN A stated the care plan When asked if there were any changes , no. According to the care plans there	the hallway when she heard CNA d R1 in front of her wheelchair s, on the floor and next to the close laced her back into the wheelchair bed. When asked about R1's ed to swing her arms at them, but her into bed then to leave her discipline for not reporting the fall. /11/18 reflected interventions such . Remove self from situation if /18. ventions such as, If resident resists return 5-10 minutes later and try ppropriate. Date Initiated: 2/21/22. r R1's fall on 2/22/23 at dated after further details of the fa terviews. The report did not identify reoccurring. r of Nursing and the Unit Manager and circumstances surrounding th bleted and therefore nothing more ors to the fall were identified as ked what the facility's expectation and the DON stated we educate or care until the behavior subsides. at the staff should ensure the n was changed from a 1-person or education for the staff regarding were no updates regarding

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 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		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	During an interview and observation on 3/15/23 at 11:08 AM, R2 was seated on the side of his bed, dressed in a t-shirt and a brief. R2 had dressing to his feet and was wearing oxygen. The Surveyor attempted to interview R2, but he was unable to answer any specific questions.		
Residents Affected - Few		9/23 was reviewed and reflected the 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, post 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:		
		oserved on the floor, beside his bed. R d no initial injuries. The immediate inter	
	the fall. There was no indication that identified, the immediate action was	oserved on the floor and R2 was not at at ROM was assessed according to the s left blank and there was no indication oth the DON and UM, LPN A confirme	fall report. The root cause was no of the 72-hour follow-up
	#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-up monitoring 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 identified, 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. Both the DON and the UM, LPN A identified that the required documentation for falls is not being completed by the staff and stated they would be doing further education on that.		
	(continued on next page)		

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 cont	l tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC	IENCIES full regulatory or LSC identifying informat	ion)
F 0689 Level of Harm - Actual harm Residents Affected - Few	 as high risk for falls, RN L identified During an interview on 3/15/23 at 1 assignment were high risk for falls a high risk. R3 Review of the Face Sheet and Mini on [DATE] with a readmitted [DATE voices), obsessive compulsive behareflected a score of 0 out of 15 whice extensive staff assistance all activit During an interview and observation R3 verbalized that he is hard of heareported that he fell and hurt himse answer. There was no visible call ligbehind him and stated, Back there. R3 was unable to locate it after beir The care plan for Falls dated 1/3/23 provide cueing and reminders for us Medication review r/t (related to) ind Anticipate and meet resident's need During an interview and record reviwith the DON and UM, LPN A for R #1 - 1/19/23 at 6:30 PM, R3 was ob bed trying to get away from the void unable to manage, so R3 was subs #2 - 2/23/23 at 11:45 AM, R3 was cright scalp that measured 1.8 cm x answer questions regarding the fall unable to locate the documentation 	n on 3/15/23 at 11:25 AM, R3 was rectaring. R3 had sutures to his right eyebolf. When asked specific questions regarded the stephene and when R3 was asked if h The call light cord extended from the bag cued that it was under his blanket. B reflected the following interventions of seas appropriate due to level of cognic crease ADLs (activities of daily living) n ds. Date created 3/14/23. ew on 3/16/23 at 1:40 PM, all fall relate 3's falls from 1/19/23 to 3/7/23. The for pserved crawling on the floor in the hal cequently sent to the ER and returned to be beened on the floor, flat on his back. 0.4 cm x 0.3 that required a visit to the for review. There was no 72-hour door fall with injury. UM, LPN A confirmed	fy R2 as high risk. keed which residents on their he hall and did not identify R2 as evealed R3 admitted to the facility schizoaffective disorder (hearing erview for Mental Status (BIMS) re impairment. R3 required lined in his bed under the blankets. 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. heeds. Date initiated: 2/24/23 . ed documentation was reviewed llowing 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 in the fall report and UM, LPN A was sumentation and monitoring to

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	
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by	IENCIES full regulatory or LSC identifying information	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 loca During an interview on 3/15/23 at 1	erved by staff leaning forward in his will yebrow and the nose. R3 was sent to E confirmed by searching the progress r /23 or 3/10. The DON stated the root of sleeping and stated the facility impleme ated on the care plan, so the DON adde 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 ause was the resident leaning ented a high back wheelchair to be ed it during this interview. on her assignment were high risk	

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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	FR	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)			
F 0697	Provide safe, appropriate pain management for a resident who requires such services.			
Level of Harm - Actual harm	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 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			
	on [DATE] and readmitted on [DAT long-term memory impairment), stru- with surgical repair. Brief Interview	mum 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 nritic, and a left femur (leg) fracture core of 6 out of 15 which	
	According to the Pain Care Plan dated 9/22/18 last revised on 6/11/19 reflected a focus area of pain related to stroke residual pain. The Pain Care Plan had just two interventions listed.			
	-The resident's pain is aggravated by sitting to long on coccyx. Last revised on 9/22/18.			
	-The resident's pain is alleviated/relieved by repositioning often. Last revised on 9/22/18.			
	According to the February Medication Administration Record (MAR) reflected the following as needed pain medications given on 2/22/23:			
	-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 2/22/23 at 1408 (2:08 PM)			
	Signed by (name of Provider) on 2/	22/23 at 17:47 (5:47 PM)		
	(continued on next page)			

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	l tact the nursing home or the state survey a	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 Residents Affected - Few	PM to 10:00 PM and was assigned to go to the bathroom and had increa R1 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 footresi 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 NH 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 assess right. Nurse administered PRN pair ordered an x-ray to be completed for Diagnostics. During a telephone interview on 3/1 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 our inconsistent with RN B statement th out as given until 8:36 PM (11 hour done after 2 PM when the Norco wa asked if she reassessed R1 during When asked why R1's Resident Re increase in pain and to obtain perm and you don't need permission to o allow you to touch her, why the X-ra the doctor ordered it. When asked if reported in the shift-to-shift report w During a telephone interview on 3/1 6:00 PM on 2/22/23 until 6:00 AM c increased pain, and X-ray order. LF	dated 2/26/23 at 1:50 PM, entered late . The note reflected, Late Entry: Note T hip. Resident would not allow CNA to sed bilateral hips. Minimal swelling note n medication at that time and notified or or her left hip and pelvis. Nurse faxed of 15/23 at 11:55 AM, this surveyor read th 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 sustaine ROM (range of motion) was assessed, I t me touch it. RN B stated she medicat t at 9:49 AM and rated the pain at a 5 f hat R1 would barely let me touch it. No 's later). When asked why the progress as given at 9:49 AM, RN B stated she is the remainder of her shift and RN B st ipresentative was not notified to of the sission for the X-ray, RN B stated, I was rider an X-ray. When asked about the a ay wasn't ordered STAT instead of rout if the new onset of swelling and pain al with LPN C on 2/26/23 at 6:00 PM, RN 14/23 at 5:50 PM, LPN C stated that she was PN C stated that she did not recall that eport and had she known she would ha	reported that R1 repeatedly asked proximately 2:15 PM, she observed an she attempted to back up away her bottom off the wheelchair seat, CNA F stated she called out for ff the floor and back into the 1 into bed. CNA F stated that R1 she did not report the fall/incident fall and did not report the incident for 2/22/23 (4 days later) at 2:44 fext: CNA notified nurse that get her out of bed d/t (due to) the ad to the left side compared to the n call physician of findings NP order over to (name of company) he progress note written RN B on an assessment done on 2/22/23 (4 was her first day back after being d a fractured hip and was RN B stated, No, not unless it's ed R1 with Norco, but the MAR or moderate pain. This was other pain medication was signed 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 ine, RN B stated, That's the way ong with the pending X-ray was B stated, Yes. e was assigned to R1's care from unaware of R1's new hip swelling, R1's change in condition was

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F 0697 Level of Harm - Actual harm Residents Affected - Few	During a telephone interview on 3/1 2/22/23 until 6:00 AM on 2/23/23 ar leg hurting and she noticed an abra on the TV that swings out from the MAR, no pain medication was prov During an interview on 3/14/23 at 2 6:00 AM. LPN D stated that early in stated she went to assess her right I called the doctor and sent her to E that she did not attempt ROM and n took 4 people to lift R1 onto the EM During an observation and interview visible discomfort with repositioning different stages of healing on her le stated that she knew right away that protruding and red. CNA I stated th on her left knee that was new so, I According to the Femur X-ray dated intertrochanteric fracture . According to the Fixation Left Hip II the tension required for reduction w coincide with the abrasion noted or	 15/23 at 1:45 PM, CNA H stated that shad was assigned to R1. CNA H stated that so a long extending has on R1's left knee. CNA H stated the wall over the bed on a long extending hided on the night shift. :35 PM, LPN D stated she worked the the shift CNA I reported that R1 had p away. LPN D stated, I saw her (R1) left about 9:30 AM. When asked what F rated R1's pain a 10 on 10 pain scale v IS cart when they arrived and R1 really w on 3/15/23 at 12:15 PM, CNA I and C with mild facial grimacing noted. R1 haft leg and an abrasion to the left knee at the morning of 2/23/23 when R1 was at something was wrong with R1's hip f at she went to get the nurse right away pulled it back to see what was under it d 2/23/23 at 1:22 PM reflected, Impress in the hospital records dated 2/23/23 refusion a bandaid upon arrival from the facility. M Nail (L) Operative Noted dated 2/23/rith traction, I suspect the fracture is grime. 	he worked from 10:00 PM on hat 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 ain 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 cried out when then moved her. CNA J reposition R1 in bed. R1 had ad noted surgical wounds in approximately 2 cm x 1 cm. CNA I rransferred to the hospital. CNA I from just looking at it, it was charter to the hospital. CNA I from just looking at it, it was con 1. Displaced comminuted left effected an abrasion to the anterior 23 at 3:35 PM reflected, Based on eater than 24 hours. It may