STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235573	A. BUILDING _____ B. WING _____	08/11/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
GRACEWAY AT COUNTRYSIDE	120 BASELINE RD SOUTH HAVEN, MI 49090

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)
F 0607 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	**Develop and implement policies and procedures to prevent abuse, neglect, and theft.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** This citation pertains to intake number MI 435. Based on interview and record review, the facility failed to implement their abuse policy regarding provision of psychosocial support for two residents (Resident #2 and #3) of 11 residents reviewed for abuse. This deficient practice resulted in the potential for undetected psychosocial effects of abuse and impaired mental health. Findings include: Resident #2 's face sheet revealed an admission date of [DATE] and medical [DIAGNOSES REDACTED]. Resident #2's Minimum Data Set (MDS) assessment revealed a Brief Interview for Mental Status (BIMS) score of 13/15 indicating Resident #2 was cognitively intact. A review of Resident #3's face sheet revealed an admission date of [DATE] and medical [DIAGNOSES REDACTED]. Resident #3's MDS assessment revealed a BIMS score of 3/15 indicating severe mental impairment. A review of the Facility Reported Incident (FRI) investigation revealed Resident #2 and #3 had an altercation on 05/15/20. Resident #2 had pulled Resident #3's hair and kicked them when Resident #3 had tried to take Resident #2's belongings. On 08/06/20 at 10:40 a.m., Licensed Social Worker (LSW) I reported they did not follow up with either Resident #2 or Resident #3 after the alteration had occurred because nursing had taken care of it. LSW I did not believe additional follow up was necessary. During an interview with the Nursing Home Administrator (NHA) on 08/06/20 at 12:00, the NHA stated the expectation would have been for the LSW I to perform a follow up for Resident #2 and Resident #3 after the altercation to assess for psychosocial well being. The NHA reported they had directed LSW I to follow up with Resident #2 and Resident #3. When this Surveyor notified the NHA social service follow up had not occurred, the NHA said, What else is there to say? A review of Resident #2's Electronic Medical Record (EMR) revealed a progress note written on 05/15/20 at 14:48 (2:48 p.m.) by former Director of Nursing (DON) H with the following information, .Resident was trembling as she described incident to this DON, visibly upset . A review of Resident #3's EMR revealed a progress note written on 05/15/20 at 12:53 p.m. by former DON H revealed the following information, This DON was notified that resident had entered another resident's room & other resident was physically aggressive toward this resident. When I attempted to assess (Resident #3) to find out what had happened, (Resident #3) sat with eyes closed, head bowed and would not speak to me . The facility's Abuse, Neglect, Exploitation & Misappropriation of Resident Property policy dated 2018 revealed the following information, .the social services department should be notified of the incident so that it may take appropriate interventions to care for the psychosocial needs of any involved resident .
F 0727 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Many	**Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.** This citation pertains to intake numbers MI 207 and MI 304. Based on observation, interview, and record review, the facility failed to assure a Registered Nurse (RN) was on duty eight consecutive hours a day, seven days a week. This deficient practice resulted in the potential for inadequate coordination of care and negative clinical outcomes, affecting all 59 residents currently residing in the facility. Findings include: An observation with the Nursing Home Administrator (NHA) on 8/06/20 at approximately 12:30 p.m. revealed the facility nursing staff posting, dated 8/06/20, on the wall adjacent to the front central nurse's station. Review of the 8/06/20 Nursing Staff Posting, (Facility Name), otherwise untitled, provided by the NHA, revealed handwritten numbers: Date: 8/6/2020, Census: 59, (Three Columns): Staff Category, Staffing Total, and Hours Worked .RN . All Three Columns next to RN were blank for the day shift, afternoon shift and night shift, showing there was no RN present in the building on all three shifts. This Surveyor next requested the staff postings for the last two weeks from the NHA. Review of the 8/01/20 Nurse Staff Posting, requested and received from the NHA on 8/06/20, revealed there was also no RN present in the building on 8/01/20, as the three columns next to the RN designation were also blank for all three shifts. During a telephone interview on 8/07/20 at 8:50 a.m., LPN (Licensed Practical Nurse) E was asked about RN coverage, and any care concerns. LPN E reported there was no RN on duty on 8/06/20. Regarding resident care needs, LPN E responded the resident care needs are met by the nurses assisting, and staying over (their scheduled hours) as needed. LPN E confirmed the facility is hiring more staff, including RN's. During a telephone interview on 8/07/20 at 9:01 a.m., the MDS (Minimum Data Set) Coordinator, Licensed Practical Nurse (LPN) D, was asked about the lack of RN coverage on 8/06/20 and 8/01/20. LPN D responded, Our Director of Nursing (DON) was off yesterday (8/06/20). LPN D confirmed there was also no RN in the facility on 8/06/20 and 8/01/20. LPN D explained the facility has limited RN's, and they try to have one on duty. LPN D added there is an RN who works weekends and another newly hired RN will begin next week. LPN D related the DON is on call and available when they are not in the building for guidance and direction as needed. LPN D denied any care concerns or resident outcomes related to the recent lack of RN daily coverage. Review of the facility assessment, provided by the NHA on 8/06/20, revealed on Page 11, .A nursing home shall not be licensed under this part unless that nursing home has on its staff at least 1 registered nurse .who shall serve as the director of nursing and who shall be responsible for planning and directing nursing care. The nursing home shall have at least 1 licensed nurse on duty at all times and shall employ additional registered and licensed practical nurses in accordance with subsection (2) .A nursing home shall employ nursing personnel sufficient to provide continuous 24-hour care and services sufficient to meet the needs of each patient in the nursing home .Nursing home personnel shall be under the supervision of the director of nursing . During a telephone interview on 8/07/20 at 4:23 p.m., the DON was asked (with the NHA also on the call) about RN coverage on 8/01/20 and 8/06/20. The DON acknowledged they were not in the building on 8/06/20, and there was no RN in the building on 8/06/20. The DON reported they would need to check their records further for the date 8/01/20, to clarify if a Registered Nurse was present. An email was received from the NHA on 8/11/20 at 9:14 a.m. The NHA acknowledged there was no Registered Nurse staff coverage on 8/01/20. A prior email from the NHA, received on 8/07/20 at 12:37 p.m., confirmed a Registered Nurse was hired on 8/05/20, and will begin to work in the facility on 8/12/20.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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.