STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235150	A. BUILDING _____ B. WING _____	03/05/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
HEALTHSOURCE SAGINAW, INC	3340 HOSPITAL RD SAGINAW, MI 48603

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 0689 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Some	**Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** This Citation pertains to Intake Number MI 671. Based on observation, interview and record review, the facility failed to 1) ensure that one resident (Resident #13) was transferred according to the nursing plan of care, 2) ensure that nursing staff were following four residents' (Resident #10, Resident #11, Resident #12, and Resident #14) nursing Care Plans and Certified Nursing Assistants' (CNA) Care Guides and 3) ensure that wheelchair and seatbelt alarms were in proper working condition, of five residents reviewed for falls and fall preventive measures, resulting in the likelihood of resident falls, injury, pain and discomfort with hospitalization . Findings Include: Resident #10: Review of the Face Sheet, Minimum Data Set, dated dated ,[DATE], Physician orders [REDACTED].#10 was [AGE] years-old, confused with poor safety awareness, admitted to the facility on ,[DATE] and re-admitted on [DATE], and dependent on staff for assistance with all Activities of Daily Living (ADL's). The resident's [DIAGNOSES REDACTED]. The resident had a history of [REDACTED]. Review of the Incident report and Investigation dated 12/18/19, revealed the resident had a facility fall on 12/17/19, he was found in his bathroom. Review of the Physician order [REDACTED]. Observation was made on 3/5/20 at 7:55 a.m., of Nurse, RN C instructing Resident #10 to remove his seatbelt (it was alarmed) and when the resident un-did the seatbelt, the alarm did not sound. At the time of the observation, the resident was sitting in his wheelchair in the dining room. During an interview done on 3/5/20 at 7:55 a.m., Nurse C stated I might of reset it (the seatbelt alarm). Resident #11: Review of the Face Sheet, MDS dated ,[DATE], Physician orders [REDACTED].#11 was [AGE] years-old, admitted to the facility on [DATE], confused with poor safety awareness, dependent on staff for all ADL's and non-ambulatory. The resident's [DIAGNOSES REDACTED]. Review of the Physician order [REDACTED]. Review of the CNA care guide and Falls care plan dated 1/20, revealed staff were to use two staff members for all transfers. Observation was made on 3/5/20 at 8:00 a.m., Nursing Assistant/CNA D was asked by this surveyor to check the functionality of Resident #11's wheelchair alarm while he was sitting in the chair. When CNA D checked to see if the alarm was in proper function, she pressed the reset button and the alarm failed to alarm. The CNA attempted to get the residents wheelchair alarm to activate several times and it did not. At the time of the observation, the resident was in his wheelchair and in the dining room. During an interview done on 3/5/20 at 8:00 a.m., CNA D stated If it's reset sometimes the alarm goes off and sometimes it doesn't, it's supposed to make an alarm sound when you press it (the reset button). Resident #12: Review of the Face Sheet, Physician orders [REDACTED].#11 was [AGE] years-old, was admitted to the facility on [DATE], confused with poor safety awareness, dependent on staff for all ADL's. The resident's [DIAGNOSES REDACTED]. Review of the Incident reports and Investigations dated 12/31/19 and 3/2/19, revealed the resident had facility falls on 12/31/19 and on 2/28/19. Review of Physician orders [REDACTED]. Review of the CNA Care Guide and Fall care plan dated 5/19/19 through 7/16/19, revealed the resident had bed alarm and wheelchair Velcro seat belt alarms in place. Observation was made on 3/5/20 at 8:03 a.m., CNA B was asked by this surveyor to check the functionality of the resident's wheelchair alarm while the resident was in the chair. When CNA B pressed the reset button (to check the alarm function), the alarm did not sound. The CNA checked the alarm several times; it did not alarm. During an interview done on 3/5/20 at 8:03 a.m., when this surveyor asked CNA B why the residents wheelchair alarm did not work properly and alarm, she had no answer. During an interview done on 3/5/20 at 1135 a.m., Nurse Manger, RN E stated Staff is supposed to check to see if their (residents) alarms are on and functioning by checking the reset button or making the resident move (left weight off the alarm pad). Resident #13: Review of the Face Sheet, MDS dated ,[DATE], and Physician orders [REDACTED].#13 was [AGE] years-old, confused, admitted to the facility on [DATE] and was dependent on staff for all ADL's. The resident's [DIAGNOSES REDACTED]. Review of the Physician order [REDACTED]. Review of the facility CNA Care Guide dated 3/3/20 and Falls care plan dated 3/4/20, revealed the resident was a two person transfer with bed and wheelchair alarms in place due to multiple falls. Observation was made on 3/5/20 at 7:43 a.m., of CNA B transferring Resident #13 from the bed to the wheelchair by herself, it was a one person transfer. Resident #14: Review of the Face Sheet, History & Physical dated 3/22/19, Physician orders [REDACTED].#14 was [AGE] years-old, alert with confusion, admitted tot the facility on 12/18/17 and re-admitted on [DATE], dependent on staff for all ADL's and was a two person transfer. The resident's [DIAGNOSES REDACTED]. Review of the Physician order [REDACTED]. Review of the CNA Care Guide dated 5/27/19, and the Fall care plan dated 5/27/19, revealed the resident had bed and wheelchair alarms in place and required two staff members for all transfers. During an interview done on 3/5/20 at 11:00 a.m., Family Member #2 stated They (Nursing staff) use a one person to transfer (Resident #14). During an interview done on 3/5/20 at 12:10 p.m., CNA B was asked by this surveyor if she ever transferred resident #14 by herself (a one person transfer) and she stated, Some days I transfer her (the resident) by myself, but she is a two person transfer. During an interview done on 3/5/20 at approximately 4:20 p.m., the Director of Nursing said all nursing staff (Nurses and CNA's) were to be familiar with their assigned residents Fall care plans and Care Guides and they were to follow them. Review of the facility CNA (Certified Nursing Assistant) policy dated 11/04, revealed CNA's were to check the residents Care Guide daily and were to follow the Care Guide. Review of the facility Extended Care Center Fall Prevention policy #120/16 dated June, 2008, stated It is the policy of (the facility) extended care program to identify and treat the fall risk potential for each individual resident by virtue of implementation of its Fall Prevention Program; CNA Care Cards (Care Guides) will be updated immediately by the Resident Fall Team members to assure that interventions put in place are well communicated to staff.

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.