STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235339	A. BUILDING _____ B. WING _____	08/27/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
EDISON CHRISTIAN HEALTH CENTER	1000 EDISON AVE NW GRAND RAPIDS, MI 49504

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 -** Actual harm **Residents Affected -** Few	**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 # MI 685. Based on observation, interview, and record review, the facility failed to implement care plan interventions to prevent falls in 1 of 6 residents (Resident #105) reviewed for falls, resulting in a fall with an acute clavicle fracture. Findings include: Review of the policy/procedure Falls Management/Incident Reporting, no date, revealed .It is the intent of (Facility Name) to prevent falls through a systematic program consisting of risk identification, assessment, care plan interventions, and monitoring .A fall is an uncontrolled, unplanned abrupt movement to the ground from a higher elevation .PERIODIC MONITORING .Care plan interventions are reviewed quarterly for applicability to the resident's current status/situation prior to and during the quarterly care conferences .INITIAL ASSESSMENT FOLLOWING A FALL .The resident care plan will be updated once the resident has been found medically stable with an intervention appropriate to help minimize likelihood of future falls . Review of the policy/procedure Fall Prevention Program, revised October 2010, revealed .Each resident will be assessed for the risks of falling and will receive care and services in accordance with the level of risk to minimize the likelihood of falls . Review of the policy/procedure Care Plans - Comprehensive, revised October 2010, revealed .An individualized comprehensive care plan that includes measurable objectives and timetables to meet the resident's medical, nursing, mental and psychological needs is developed for each resident .Care plan interventions are designed after careful consideration of the relationship between the resident's problem areas and their causes . Review of an Admission Record revealed Resident #105 was an [AGE] year-old female, originally admitted to the facility on [DATE], with pertinent [DIAGNOSES REDACTED]. Review of a Minimum Data Set (MDS) assessment for Resident #105, with a reference date of 6/25/20, revealed a Brief Interview for Mental Status (BIMS) score of 4, out of a total possible score of 15, which indicated severe cognitive impairment. Further review of this MDS assessment, with a reference date of 6/25/20, revealed Resident #105 required extensive assistance from staff for transfers and walking in her room, was not steady and only able to stabilize with staff assistance for transfers and walking, and had a history of [REDACTED]. Review of the CAA (Care Area Assessment) Worksheet for Resident #105, dated 7/1/20, revealed .has had two falls since last assessment. She is at risk for further falls and injury related to dementia with poor judgment and memory, imbalance, muscle weakness, and medication use. (Resident #105) has a hx (history) of vasovagal occurrences (a brief loss of consciousness caused by a sudden drop in blood pressure and heart rate) and significant orthostatic BPs (blood pressures) at times. She has the propensity to self transfer .The goal is for (Resident #105) to be free from falls and injury through the review date .A Tabs alarm (an alarm to notify staff when a resident attempts to stand unassisted - used for fall prevention) is pinned to her shirt when in her w/c (wheelchair) . Review of the current Care Plan for Resident #105 revealed the focus .at risk for falls/injury r/t (related to) dementia w/ (with) poor judgment & memory, Imbalance and muscle weakness, medication use, chooses to self-transfer and Hx of Falls, HX of vasovagal occurrences and significant orthostatic BP's (blood pressures) at times . last revised 3/31/20. Interventions include .Tabs alarm when in w/c. Pin Tabs alarm to clothing . last revised 4/10/20. In an observation on 8/26/20 at 1:39 p.m., heard an alarm sound in Resident #105's room. Observed Resident #105 leaning forward in her wheelchair, which set off her Tabs alarm. Observed staff respond immediately to Resident #105's room to redirect Resident #105 to sit in an upright position. Noted Tabs alarm was in place and functional at this time. Review of an Incident Report for Resident #105, dated 7/2/20 at 2:30 p.m., revealed .CNA (Certified Nursing Assistant) and Activities aid (sic) heard a loud thud in (Resident #105's) room and alerted nurse to her room. (Resident #105) had attempted to stand using her walker and fell down on what appeared to be her left side. She was laying on her floor parallel to her closet/tv. Her Tabs alarm was not pinned to the back of her shirt and was not sounding .Assessed for injury and her left shoulder is very sore to touch. Vitals taken and WNL (within normal limits). Used mechanical lift to pick her up and put her into bed. Called and received order to obtain x-ray of left shoulder .Sore left shoulder to touch and with slight ROM (Range of Motion). At rest she denies pain but when area touched she flinches .CNA forgot to put Tabs alarm back on after attempting to toilet . Review of a Health Status Note for Resident #105, dated 7/3/20 at 2:09 a.m., revealed .Resident fell Thursday afternoon 7/2/20 around 1430 (2:30 p.m.) onto her left side. Resident has been guarding her left arm, will not move it, and is complaining of pain in her left arm. An X-ray was performed showing an acute distal clavicle fracture, nondisplaced . In an interview on 8/26/20 at 9:45 a.m., Assistant Administrator C stated in regard to Resident #105's fall on 7/2/20 .the care plan was not followed . Assistant Administrator C reported the Certified Nursing Assistant (CNA) exited Resident #105's room after care was provided and forgot to reattach the Tabs alarm. In an interview on 8/26/20 at 2:04 p.m., CNA EE reported Resident #105's fall on 7/2/20 happened just before the end of the shift. CNA EE reported she went to toilet Resident #105, unhooked the Tabs alarm from Resident #105's clothing, and cued the resident to stand using the grab bar in the bathroom. CNA EE stated .she (Resident #105) became upset and started yelling. I helped her back out of the bathroom and told her I would come back .She was getting so agitated I stepped back to giver her space . CNA EE reported that when she left Resident #105's room she forgot to reattach the Tabs alarm. CNA EE reported Resident #105 fell approximately five minutes after she exited the room. In an interview on 8/26/20 at 2:20 p.m., Licensed Practical Nurse (LPN) N reported Resident #105 has a history of self-transfers and occasionally reaches for and tries to pick up things that are not there. LPN N stated often .there aren't warning signs of when she will be getting up . and reported the Tabs alarm is in place to help notify staff when she may be attempting to transfer without assistance. LPN N stated .She (Resident #105) can be really spontaneous .Often she is leaning forward . LPN N reported when he entered Resident #105's room after her fall on 7/2/20 .she was on the ground with the walker beside her . LPN N reported prior to the fall he was at the nurses desk, and stated .you could hear the thud. We all pretty much got up right away . LPN N reported no alarm sounded at the time of Resident #105's fall. LPN N reported Resident #105 has had the Tabs alarm .for a while . In an interview on 8/26/20 at 3:54 p.m., Activity Aide JJ stated regarding Resident #105's fall on 7/2/20 at approximately 2:30 p.m., she .heard a thud but no alarms . Activity Aide JJ reported she entered Resident #105's room with the CNA and .she (Resident #105) was on the floor . Activity Aide JJ reported Resident #105 said she was .trying to get up . Activity Aide JJ stated .(Resident #105) didn't seem upset but did complain of pain in her left shoulder . In an observation on 8/27/20 at 9:50 a.m., observed Resident #105 as she sat in her wheelchair in her room. Noted a Tabs alarm was in place and clipped to the back of her shirt. In an interview on 8/27/20 at 3:14 p.m., Unit Manager G reported the Tabs alarm for Resident #105 is a Care Plan intervention, which has been in place for .months . Unit Manager G reported she would expect the CNA's to check the Care Plan prior to providing care. Unit Manager G reported the interventions in the Care Plan should be implemented by the staff. In an interview on 8/27/20 at 3:53 p.m., Director of Nursing (DON) B reported the Tabs alarm for Resident #105 was added as an intervention after a fall in January. DON B reported all staff members should check the Care Plan prior to providing care .no matter how well they

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.

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F 0689 **Level of harm -** Actual harm **Residents Affected -** Few	(continued... from page 1) know the person . Review of a Radiology Results Report for Resident #105, dated 7/2/20, revealed .X-Ray .Conclusion: Acute distal clavicle fracture, nondisplaced . Review of a Change in Condition Evaluation for Resident #105, dated 7/3/20, revealed .The change in condition, symptoms or signs I am calling about is/are .Pain (uncontrolled) .Trauma (fall related or other) .This started on .07/02/2020 .Unable to perform range of motion to left arm .Describe skin changes .discoloration .Any new skin discoloration accompanied by significant pain .Pain in left shoulder, bruising beginning to surface .Pain Evaluation .Occasional moan or groan. Low-level of speech with a negative or disapproving quality .Facial expression .Sad, frightened, frown .Body language .Tense. Distressed pacing. Fidgeting .Consolability .Distracted or reassured by voice or touch .Musculoskeletal pain .Marked localized bruising, swelling, or pain over joint or bone, with or without recent fall .pain, no range of motion, bruising beginning .Abnormal Results .X-ray .Acute distal clavicle fracture, nondisplaced .unable to perform active or passive range of motion, with left arm, having 4/10 pain using the PAINAD scale, swelling and bruising noted to left shoulder . Review of a Physician's Note for Resident #105, dated 7/20/20, revealed .Moderately advanced [MEDICAL CONDITION] with significantly impaired short and long term memory. She has severe limitations in problem solving. Impaired judgement and poor safety awareness manifest as fall and clavicle fracture .Oriented to self only. Smiles and talkative, but lacking specific content. Unable to provide any medical history. Is notably wearing a sling on left arm (history of clavicle fracture) but no recall of any arm injury, denies hurting arm in fact, and offers no explanation for the sling . The facility was granted a Past Non-Compliance at the time of exit due to no further like incidents had occurred, the facility re-trained pertinent staff, the fall policy was reviewed and deemed appropriate, and the facility had achieved sustained compliance. Therefore, no plan of correction will be required.