

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235643	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/22/2024
NAME OF PROVIDER OR SUPPLIER St Ann's Home		STREET ADDRESS, CITY, STATE, ZIP CODE 2161 Leonard 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)
<p>F 0699</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care or services that was trauma informed and/or culturally competent.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to identify post-traumatic stress disorder (PTSD) triggers and develop individualized care plan interventions to mitigate triggers for 1 resident (Resident #22) of 1 resident reviewed for trauma informed care, resulting in the potential for re-traumatization due to staff not being informed and knowledgeable of the resident's past trauma.</p> <p>Findings include:</p> <p>Resident #22 (R22)</p> <p>Review of the admission Record and Minimum Data Set (MDS) dated [DATE] revealed R22 admitted to the facility on [DATE] with diagnoses including PTSD, depression, bipolar disorder (mood swings ranging from depressive lows to manic highs, chronic respiratory failure and Takotsubo Syndrome (sudden temporary weakening of the muscular portion of the heart which appears after a significant stressor, either physical or emotional). Brief Interview for Mental Status (BIMS) reflected a score of 15 out of 15 which indicated R22 was cognitively intact (13 to 15 cognitively intact).</p> <p>During an observation and interview on [DATE] in the afternoon, R22 was walking with her walker down the hall and appeared agitated (heavy breathing, fidgeting and uneasiness) after riding the exercise bike in the therapy room. R22 went into her room and reported that she was worried about getting COVID since she already had respiratory issues. R22 continued to discuss how many of her family members had passed away over the years.</p> <p>Review of R22's psychiatric periodic evaluation dated [DATE] revealed Family history father deceased at age [AGE] secondary to pedestrian hit by a train. Mother deceased at age [AGE] of facial cancer with metastasis. One sister living and with history of lung cancer history. Hx (history) of addiction in the family heavy alcohol and tobacco use.</p> <p>Review of R22's chart revealed there was not an assessment for PTSD that identified specific triggers of her PTSD or any mention of trauma or trauma triggers with interventions on the care plan.</p> <p>Review of R22's chart revealed no task for mood/behavior with interventions related to triggers.</p> <p>During an interview on [DATE] at 1:47 PM, Certified Nursing Assistant (CNA) II stated that R22 told her a little bit of her past but she didn't know too many details about triggers that can cause her distress.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235643	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/22/2024
NAME OF PROVIDER OR SUPPLIER St Ann's Home		STREET ADDRESS, CITY, STATE, ZIP CODE 2161 Leonard 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)		
<p>F 0699</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on [DATE] at 8:39 AM, Licensed Practical Nurse (LPN) Y stated that R22 doesn't like anything out of her normal routine since it makes her anxious. LPN Y stated that she knows some of R22's past but as far as triggers, she isn't aware of triggers that can cause her distress.</p> <p>During an interview on [DATE] at 2:06 PM, Assistant Director of Nursing (ADON) C stated that she wasn't sure about a PTSD assessment or care plan related to PTSD for R22.</p> <p>During an interview on [DATE] at 3:36 PM, Nursing Home Administrator A reported that the Social Worker acknowledged that a PTSD care plan was missing for R22.</p> <p>According to, National Alliance on Mental Illness (NAMI) Post-traumatic stress disorder (PTSD) is an anxiety disorder that can occur after someone experiences a traumatic event that caused intense fear, helplessness, or horror. PTSD can result from personally experienced traumas (e.g., rape, war, natural disasters, abuse, serious accidents, and captivity) or from the witnessing or learning of a violent or tragic event .While it is common to experience a brief state of anxiety or depression after such occurrences, people with PTSD continually re-experience the traumatic event; avoid individuals, thoughts, or situations associated with the event; and have symptoms of excessive emotions. People with this disorder have these symptoms for longer than one month and cannot function as well as they did before the traumatic event. PTSD symptoms usually appear within three months of the traumatic experience; however, they sometimes occur months or even years later . https://namimi.org/mental-illness/ptsd</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235643	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/22/2024
NAME OF PROVIDER OR SUPPLIER St Ann's Home		STREET ADDRESS, CITY, STATE, ZIP CODE 2161 Leonard 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)		
<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to ensure 1. as needed (PRN) medications did not extend greater than 14 days, 2. continued indication for use of psychotropic and antipsychotic medications, and 3. obtain informed consents for medications, for 2 (R23 and R27) of 5 residents reviewed for unnecessary medications, resulting in the risk of serious side effects and adverse reactions from potentially unnecessary medications.</p> <p>Findings include:</p> <p>According to https://www.aafp.org/afp/2000/0301/p1437.html, in an article titled, Appropriate Use of Psychotropic Drugs in Nursing Homes, revealed, Because treatment with psychotropic medications is indicated only to maintain or improve functional status, diagnoses and specific target symptoms or behaviors must be documented, and the effectiveness of drug therapy must be monitored.</p> <p>Resident #23: (R23)</p> <p>Review of a Face Sheet for R23 revealed she was admitted to the facility on [DATE] with pertinent diagnoses of dementia, adjustment disorder, depression, anxiety, stroke, chronic pain, and disorientation.</p> <p>A review of R23's Minimum Data Set (MDS) (a tool used for assessing a resident's care needs), dated 8/14/24, revealed .Section E: Behaviors: Hallucinations and delusions .B. Symptoms: Physical, Verbal, and Other .Not exhibited .</p> <p>1.</p> <p>Review of Order dated 6/24/24, revealed, .PRN .Lorazepam Tablet 0.5 MG .Give 1 tablet by mouth every 6 hours as needed for Anxiety, agitation, restlessness, delusions .D/C Date: 8/10/24 .</p> <p>Review of Medication Administration Record (MAR) for June revealed, no administration of PRN Lorazepam Tablet 0.5 MG .</p> <p>Review of Medication Administration Record (MAR) for August revealed R23 received the ordered Lorazepam on .8/1/24 at 6:09 PM, 8/4/24 at 1:18 PM .</p> <p>Review of medical record revealed no behaviors or agitation noted for administered date to indicate use of PRN medication.</p> <p>Review of Order dated 8/10/24, revealed, .PRN .Lorazepam Tablet 0.5 MG .Give 1 tablet by mouth every 6 hours as needed for Anxiety, agitation, restlessness, delusions for 30 days .</p> <p>Review of Medication Administration Record (MAR) for August revealed R23 received the ordered Lorazepam .8/10/24 at 11:47 PM, 8/22/24 at 7:05 PM, and 8/26/24 at 3:50 PM .</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235643	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/22/2024
NAME OF PROVIDER OR SUPPLIER St Ann's Home		STREET ADDRESS, CITY, STATE, ZIP CODE 2161 Leonard 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)		
<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of medical record revealed no behaviors or agitation noted for administered date to indicate use of PRN medication.</p> <p>Review of Pharmacy Medication Reviews dated 8/12/24, revealed, .Patient continues with Ativan PRN. Medication last used 8/11/24, dose was effective .</p> <p>2.</p> <p>Review of Order Note dated 6/24/24, revealed, .Haloperidol Lactate Concentrate 2 MG//ML .Give 0.5 milliliter by mouth every 4 hours a needed for agitation, restlessness, paranoia, hallucinations, delusions for 30 days .</p> <p>Review of Medication Administration Record (MAR) for August revealed R23 received the ordered Haloperidol on, .8/26/24 at 7:33 PM, 8/27/24 at 4:20 PM, and 8/30/24 at 3:39 PM .</p> <p>Review of medical record revealed no behaviors or agitation noted for administered date to indicate use of PRN medication.</p> <p>Review of Order dated 9/25/24 revealed, .Haloperidol Lactate Oral Concentrate 2 MG/ML (Haloperidol Lactate) .Give 0.5 ml by mouth every 4 hours as needed for agitation, restlessness, paranoia, hallucinations for 30 Days .D/C Date10/16/2024 1038 .</p> <p>Review of Medication Administration Record (MAR) for September revealed R23 received the ordered Haloperidol on, 9/27/24 at 11:04 AM .</p> <p>Review of record revealed no behaviors or agitation noted for administered date to indicate use of PRN medication.</p> <p>Review of Medication Administration Record (MAR) for October revealed, no PRN administered in October 24.</p> <p>Review of Pharmacy Medication Reviews dated 10/15/24, revealed, .Medications reviewed and are appropriate to needs based on function and diagnoses. (Resident #23) is now on hospice. Patient continues with Ativan PRN. Medication last used 10/14/24, dose was effective. Medication remains appropriate for hospice/end of life comfort care. Haloperidol PRN started, last used 9/27, dose was ineffective. Will continue to monitor PRNS for use and effectiveness .</p> <p>3.</p> <p>Review of Order dated 7/25/24 revealed, .PRN (As Needed) ABH (Ativan, Bandryl, Haldol) .Apply to carotid topically every 4 hours as needed for Agitation, restlessness, psychosis symptoms for 15 days . 1mg/25mg/1mg cream .Apply 1 ML topically to skin over carotid artery Note: No discontinue date.</p> <p>Review of Medication Administration Record (MAR) for August 24 revealed .PRN (As Needed) ABH (Ativan, Bandryl, Haldol) .on 8/4/24 and 8/5/24 medication was dispensed at 1:27 PM and 7:27 PM .</p> <p>Review of medical record revealed no behaviors or agitation noted for administered dates to indicate use of PRN medication.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235643	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/22/2024
NAME OF PROVIDER OR SUPPLIER St Ann's Home		STREET ADDRESS, CITY, STATE, ZIP CODE 2161 Leonard 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)		
<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Pharmacy Medication Reviews dated 8/12/24, revealed, .(Resident #23) continues on scheduled ABH gel, PRN dosing not renewed .No recommendation at this time .</p> <p>Review of Order dated 8/13/24 revealed, .PRN (As Needed) ABH (Ativan, Bandryl, Haldol) .Apply to carotid topically every 4 hours as needed for Agitation, restlessness, delusions Apply 1 ML Per (Nurse Practitioner NN) .DC dated: 8/29/24 .</p> <p>Review of Medication Administration Record (MAR) for August revealed no administration of PRN ABH gel for R23 following new order dated 8/13/24 until discontinued on 8/29/24.</p> <p>Review of N Adv -Long Term Care Evaluation (MDS Quarterly Evaluation Assessment) dated 8/28/24 at 12:54 PM, revealed, .Mood and Behavior: Mood is pleasant, no unwanted behaviors witnessed .</p> <p>Review of medical record revealed no behaviors or agitation noted for administered dates to indicate use of PRN medication.</p> <p>Review of Order dated 8/29/24, revealed, .PRN (As Needed) ABH (Ativan, Bandryl, Haldol) .Apply to carotid topically every 4 hours as needed for Agitation, restlessness, delusions Apply 1 ML Per (Nurse Practitioner NN) .D/C Date-11/20/2024 1148 .</p> <p>Review of MAR's for August, September, October, and November 2024 revealed the PRN ABH cream was applied on 9/8, 9/13, 9/14, 10/20, 10/29, 11/14, and 11/19/24.</p> <p>Review of medical record revealed no behaviors or agitation noted for administered dates to indicate use of PRN medication.</p> <p>4.</p> <p>Review of Order dated 9/25/24, revealed, .Ativan Oral Tablet 0.5 MG (Lorazepam) Give 1 tablet by mouth every 6 hours as needed for anxiety, agitation for 30 days .</p> <p>Review of Order Note 9/25/2024 at 1:42 PM, revealed, .The system has identified a black box warning for the following order: Ativan Oral Tablet 0.5 MG (Lorazepam)*Controlled Drug* .Give 1 tablet by mouth every 6 hours as needed for anxiety, agitation for 30 Days .Black Box Warning: Warning: <i>Risks from concomitant use with opioids</i>Concomitant use of benzodiazepines and opioids may result in profound sedation, respiratory depression, coma, and death. Reserve concomitant prescribing of these drugs for patients for whom alternative treatment options are inadequate. Limit dosages and durations to the minimum required .</p> <p>Review of Medication Administration Record (MAR) for September revealed R23 received the ordered Ativan on .9/25/24 at 1:30 PM and 09/27/24 at 11:45 AM .</p> <p>Review of Medication Administration Record (MAR) for October revealed R23 received the ordered Ativan on, 10/4 at 3:57 PM, 10/10 at 1:12 PM, and 10/14 at 7:12 PM .</p> <p>Review of record revealed no behaviors or agitation noted for administered dated to indicate use of PRN medication.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235643	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/22/2024
NAME OF PROVIDER OR SUPPLIER St Ann's Home		STREET ADDRESS, CITY, STATE, ZIP CODE 2161 Leonard 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)		
<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Hospice Visit Note dated 9/26/2024 at 10:15 AM, .94y/o admitted with cerebrovascular disease . Staff report an increase in her sleep and report her speech is more nonsensical this cert period .Spoke with facility nurse who reports patient has been lethargic today and has not taken her morning medications yet. She reports she is planning to try again soon .Patient sitting up in wheelchair in common area. RN brought patient back to her room for assessment. She was initially lethargic and difficult to arouse but throughout visit she became more alert and was staying awake. Patient is unable to answer most questions but she was able to state her birth month. Her speech is delayed, slurred and slow .RN brought patient back to the common area where staff are doing an activity .Declines: increased lethargy, decreased appetite, 4lb weight loss, requires frequent cueing at meals and activities .Interventions: collaboration with facility staff regarding care needs .Goals: maintain safety and comfort .Frequency: once weekly and PRN .</p> <p>Review of Hospice Visit Note dated 10/9/2024 at 2:48 PM, revealed, .Spoke with facility nurse (LPN Y) prior to visit, she declines immediate needs .Upon arrival to patient room she is alert and laying in bed, she appears calm and comfortable. Patient is mostly cooperative with assessment, she does tense her arm while this RN is applying BP cuff but does allow RN to check BP. Patient spoke a few words, often not appropriate to the context of the conversation and her speech is slurred and delayed .Patient remains alert throughout visit, she declines getting out of bed when asked. No additional needs noted .</p> <p>Requested behavior documentation and rational for continued use of PRN medications for R23. No documentation to support continued use was received prior to exit.</p> <p>Review of N Adv - Long Term Care Evaluation (MDS Quarterly review) dated, 11/11/2024 at 11:09 AM, revealed, .Lookback: Reason for evaluation: Other .Mood and Behavior: Mood is pleasant, no unwanted behaviors witnessed .</p> <p>Review of Behavior documentation retrieved on 11/20/24 for the previous 30 days revealed, no documented behaviors or agitation for R23.</p> <p>Resident #23 was observed from 11/20/24 to 11/22/24 with no behaviors or agitation noted.</p> <p>In an interview on 11/22/24 at 11:21 AM, Social Service Coordinator (SSC) K reported she was questioning why the facility, pharmacist, and hospice had decided to keep the ABH cream for the resident and she was informed the medication met the therapeutic effects to address R23's behaviors and other medications had been tried in the past prior to her appointment at the facility.</p> <p>This writer attempted to interview the facility pharmacist on 11/22/24 but was unable to speak with them prior to exit.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235643	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/22/2024
NAME OF PROVIDER OR SUPPLIER St Ann's Home		STREET ADDRESS, CITY, STATE, ZIP CODE 2161 Leonard 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)		
<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 11/22/24 at 12:04 PM, Hospice RN P reported hospice had done a lot of trail or error for R23. Hospice RN P reported she took over her case in August 24 and prior they had tried many doses and frequencies, different medications, such as the ABH gel and Haldol. Hospice RN P reported she had psychosis, delusions, and agitation noted on the nursing note and that was why the decision was made to start the routine ABH gel. Hospice RN P reported the hospice communicated with the providers at the facility and the providers at the facility would write the orders for the medications. Hospice RN P reported it is up to the discretion of the provider who renewed the prescription and if it is utilized and the provider/facility were the ones who drove the continued use of the medications. Hospice RN P reported the consents were driven by starting new or change the dose. She reported the hospice agency would obtain verbal consent from family for the medication consents. Hospice RN P reviewed the hospice records for R23 and noted there were no consents given for the lorazepam and Haldol that she could find.</p> <p>Review of the medical record revealed no documentation of a consent, informed consent or a signed consent for Resident #23's PRN Lorazepam orders, PRN ABH cream orders, PRN Ativan order, or PRN Haldol order.</p> <p>In an interview on 11/22/24 at 01:34 PM, Director of Nursing (DON) B reported the facility would write the orders per the recommendations from hospice.</p> <p>Review of policy, Use of Psychotropic Drugs revised on 5/8/24, revealed, .Residents are not given psychotropic drugs unless the medication is necessary to treat a specific condition, as diagnosed and documented in the clinical record, and the medication is beneficial to the resident, as demonstrated by monitoring and documentation of the resident's response to the medication(s) .9. PRN orders for all psychotropic drugs shall be used only when the medication is necessary to treat a diagnosed specific condition that is documented in the clinical record, and for a limited duration (i.e. 14 days) .12. The effects of the psychotropic medications on a resident's physical, mental, and psychosocial well-being will be evaluated on an ongoing basis, such as:</p> <p>a.</p> <p>Upon physician evaluation (routine and as needed),</p> <p>b.</p> <p>During the pharmacist's- monthly medication regimen review,</p> <p>c.</p> <p>During MDS review (quarterly, annually, significant change), and</p> <p>d. In accordance with nurse assessments and medication monitoring parameters consistent with clinical standards of practice, manufacturer's specifications, and the resident's comprehensive plan of care .13. The resident's response to the medication(s), including progress towards goals and presence/absence of adverse consequences, shall be documented in the resident's medical record .</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235643	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/22/2024
NAME OF PROVIDER OR SUPPLIER St Ann's Home		STREET ADDRESS, CITY, STATE, ZIP CODE 2161 Leonard 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)		
<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of PRN Medications revised on 5/8/24, revealed, .PRN medication refers to a medication that is taken as needed for a specific situation. It is not provided routinely, and requires assessment for need and effectiveness .Indications for use is the identified, documented clinical rationale for administering a medication that is based upon an assessment of the resident's condition and therapeutic goals and is consistent with manufacturer's recommendations and/or current evidence-based practices or standards. Policy Explanation and Compliance Guidelines: 1. Documentation will be provided in the resident's medical record to show adequate indications for a medication's use and the diagnosed condition for which it was prescribed .3. When administering a PRN medication: a. Verify physician's order for the medication .b. Document the reason voiced by the resident and/or assessment findings that show why the resident needs the medication. Verify the reason is for the prescribed indication for the medication .</p> <p>Resident #27(R27)</p> <p>Review of the admission Record and Minimum Data Set (MDS) dated [DATE] revealed R27 admitted to the facility on [DATE] with diagnoses including dementia, depression and anxiety. Brief Interview for Mental Status (BIMS) reflected a score of 9 out of 15 which indicated R27 was moderately cognitively impaired (8-12 is moderate cognitive impairment). R27 signed onto Hospice on 9/7/2022.</p> <p>Review of R27's Physician Orders revealed the following:</p> <p>Lorazepam Tablet 0.5 MG (milligrams) Give 1 tablet by mouth every 4 hours as needed for anxiety, agitation, restlessness or combative behaviors for 30 Days. It was started on 7/5/2024 and was completed on 8/3/2024.</p> <p>Lorazepam Tablet 0.5 MG Give 1 tablet by mouth every 4 hours as needed for anxiety, agitation, restlessness or combative behaviors for 30 Days. It was started on 6/13/2024 and was completed on 7/5/2024.</p> <p>Lorazepam Tablet 0.5 MG Give 1 tablet by mouth every 6 hours as needed for anxiety, agitation or restlessness for 30 Days. It was started on 4/23/2024 and was completed on 5/23/2024.</p> <p>Lorazepam Tablet 0.5 MG Give 1 tablet by mouth every 6 hours as needed for anxiety, agitation or combative behaviors for 30 Days. It was started on 3/12/2024 and was completed on 4/11/2024.</p> <p>Lorazepam Tablet 0.5 MG Give 1 tablet by mouth every 6 hours as needed for anxiety, agitation and combative behaviors with bathing cares until 2/18/2024. It was started on 1/18/2024 and was completed on 2/18/2024.</p> <p>Review of R27's Medication Administration Record (MAR) from January 2024 to April 2024 revealed that R27 took PRN (as needed) lorazepam 9 times.</p> <p>Review of R27's MAR from May 2024 to November 2024 revealed R22 took PRN lorazepam 1 time.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235643	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/22/2024
NAME OF PROVIDER OR SUPPLIER St Ann's Home		STREET ADDRESS, CITY, STATE, ZIP CODE 2161 Leonard 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)		
<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the Pharmacist Note to Attending Physician/Prescriber dated 1/12/2024 revealed (resident name omitted- R27) is currently receiving a PRN order for the psychotropic medication Ativan. This medication is required by facility policy to be written for a 14 day supply when ordered for PRN use. Orders for this medication may be extended beyond the 14 days if the attending physician or prescribing practitioner believes it to be appropriate. The attending physician or prescribing practitioner should document the rationale for the extended time period in the medical record and indicate a specific duration on the prescription (F757/F758). Resident is currently on Hospice. Ativan PRN started on 1/5/2024 . The Physician/Prescriber Response was not filled out and signed by the provider.</p> <p>Review of R27's chart from January 2024 to July 2024 revealed that there was no documentation for the rationale for continued use of PRN lorazepam for greater than 14 days.</p> <p>During an interview on 11/22/2024 at 8:41 AM, Licensed Practical Nurse (LPN) Y reported that R27 has been on PRN lorazepam for a while and it was just discontinued on 11/21/2024 since R27 wasn't using it often. LPN Y stated that the Hospice nurse or facility Physician monitors PRN psychotropic medications.</p> <p>During an interview on 11/22/2024 at 10:43 AM, Director of Nursing (DON) B reported that a Psychoactive Medication Consent is given in the admission packet to each resident to consent or not consent to the use of psychotropic drugs. DON B stated that when a resident is on Hospice, Hospice obtains consents for new psychotropic medications and talks to the family.</p> <p>During an interview on 11/22/2024 at 11:58 AM, Hospice Registered Nurse (RN) P reported that the facility oversees resident medications. RN P stated that Hospice gets verbal consents from family for new psychotropic medications and a progress note should be put in the resident chart. She was unable to locate a consent or progress note regarding PRN lorazepam. Hospice RN P said that Hospice gets orders from the facility providers.</p> <p>During an interview on 11/22/2024 at 10:49 AM, Pharmacist O stated that PRN psychotropics duration should not be longer than 14 days. Pharmacist O reported that lorazepam PRN should only be written for 14 days but this can be extended with a rationale for the extension and must be documented by the provider with a new order. Pharmacist O stated that he has to remind Hospice and facility Providers that PRN psychotropics can't be written for more than 14 days at a time per regulations.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235643	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/22/2024
NAME OF PROVIDER OR SUPPLIER St Ann's Home		STREET ADDRESS, CITY, STATE, ZIP CODE 2161 Leonard 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)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, observation, and record review, the facility failed to adhere to profession standards of infection prevention for 1. the proper personal protective equipment use for enhanced barrier precautions for 1 of 1 resident (Resident #6) and 2. hand hygiene during dining and meal service, resulting in the increased potential for cross-contamination, bacterial harborage, and placing a vulnerable population at high risk for the transmission/transfer of pathogenic organisms and cross contamination between residents.</p> <p>Findings include:</p> <p>1. Enhanced barrier precautions</p> <p>Review of Centers for Disease Control and Prevention (CDC) dated March 20,2024, revealed, .Enhanced Barrier Precautions (EBP) refer to an infection control intervention designed to reduce transmission of multidrug-resistant organisms that employs targeted gown and glove use during high contact resident care activities .EBP are used in conjunction with standard precautions and expand the use of PPE to donning of gown and gloves during high-contact resident care activities that provide opportunities for transfer of MDROs to staff hands and clothing .EBP are indicated for residents with any of the following: o Infection or colonization with a CDC-targeted MDRO when Contact Precautions do not otherwise apply; or o Wounds and/or indwelling medical devices even if the resident is not known to be infected or colonized with a MDRO . Effective Date: April 1, 2024 .</p> <p>Resident #6:</p> <p>Review of the admission Record for Resident #6 revealed he admitted to the facility on [DATE] with pertinent diagnoses of peripheral vascular disease (circulatory condition in which narrowed blood vessels reduce blood flow to the limbs), cellulitis of right lower limb (potentially serious bacterial infection in the deeper layers of the skin), chronic ulcer of right lower leg with necrosis (death of cells or tissue) of the muscle, chronic ulcer of right lower leg with necrosis of bone, non pressure ulcer of right heel and mid foot, and non pressure ulcer of right ankle.</p> <p>During an observation on 11/21/24 at 03:00 PM, Resident #6 was woken up in his room and was removed from the room so Housekeeper RR could clean his room. Resident #6 was under enhanced barrier precautions due to his leg wounds and pressure ulcers. Housekeeper RR entered the room and began stripping down the resident's bed and placed the linens in a large plastic bag. Housekeeper RR was observed to not don personal protective equipment of a gown or gloves.</p> <p>Review of sign, Enhanced Barrier Precautions indicated Everyone must: Clean their hands, including before entering and when leaving the room .Providers and staff must also: Wear gloves and a gown for the following High-Contact Resident Care Activities Changing linens .</p> <p>In an interview on 11/22/24 at 01:29 PM, Director of Environmental Services Q reported the staff would don PPE (personal protective equipment) when cleaning a room when a resident who was under enhanced barrier precautions and COVID (with additional PPE for that) was discharged or moved rooms.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235643	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/22/2024
NAME OF PROVIDER OR SUPPLIER St Ann's Home		STREET ADDRESS, CITY, STATE, ZIP CODE 2161 Leonard 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)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 11/22/24 at 10:04 AM, Director of Nursing (DON) B reported the facility did perform education for hand hygiene and enhanced barrier precautions, as well as verbal education when a break down was noticed. DON B reported audits were conducted for enhanced barrier precautions (EBP) and when to don and dof personal protective equipment. DON B reported EBP has been the the most challenging and the facility still struggled between the differences of precautions requirements, there was continual re-education provided to staff.</p> <p>2. Hand Hygiene</p> <p>During an observation on 11/21/24 at 12:08 PM, Certified Nursing Assistant (CNA) II was observed passing out lunch trays to residents in the small dining room area. CNA II performed set up for a resident and then proceeded to the meal cart to retrieve a lunch tray for another resident without performing hand hygiene. Performed set up for the resident, went and retrieved another tray for a female resident asked if she needed set up assistance, went to the meal cart and retrieved a meal tray for another female resident seated at the table with the other where she grabbed the female residents coffee cup lid removed it, obtained a refill for the coffee and returned it back to the table without performing hand hygiene. CNA II retrieved a meal tray for another female resident and performed set up for the resident utilizing her silverware to cut up the barbeque chicken on the resident's plate.</p> <p>In an interview on 11/21/24 at 12:43 PM, Certified Nursing Assistant (CNA) I reported she would performance hand sanitization between the delivery of each residents meal for infection control process so she was not spreading germs.</p> <p>In an interview on 11/22/24 at 10:04 AM, Director of Nursing (DON) B reported for hand hygiene there were we several avenues of hand hygiene education and audits we do, skills fair once a year and expectations for staff to complete hand hygiene - hand sanitization and hand washing (when indicated). DON B reported random CNA audits were conducted which covered hand hygiene/hand washing. DON B reported the facility would do weekly and monthly audits and try to cover every staff member and nursing staff. DON B reported staff should be performing hand hygiene prior to entering and when exiting a resident room, before and after care, when a resident was in isolation, hands become soiled, during meal service between delivery and set up assistance between residents. Typically there was hand sanitizer on the meal deliver carts for staff to utilize.</p> <p>During an observation on 11/21/24 at 12:06pm, Certified Nursing Assistant (CNA) X sat between 2 residents at the dining table in the memory care area of the facility. Each resident had a meal, and beverages set up in front of them. CNA X brought a loaded fork to the mouth of a resident who sat to her left, then turned to the right, picked up a fork loaded with food and brought the utensil to the mouth of a resident who sat to her right. No hand hygiene was observed between CNA X assisting residents with eating.</p> <p>During an observation on 11/21/24 at 12:09pm, CNA X used a napkin to wipe the face of the resident who sat to her left, then turned to her right, picked up a cup and assisted the resident to her right with drinking. CNA X then walked over to another resident, loaded that resident's fork and handed the utensil to that resident. No hand hygiene was completed between resident care as CNA X assisted 3 residents with eating.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235643	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/22/2024
NAME OF PROVIDER OR SUPPLIER St Ann's Home		STREET ADDRESS, CITY, STATE, ZIP CODE 2161 Leonard 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)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an observation on 11/21/24 at 12:12pm, Registered Nurse (RN) M sat between 2 residents at the dining table in the memory care area. RN M loaded a spoon with food and assisted a resident who sat to her right with eating, then turned to a resident on her left and placed a cup in that resident's hand. RN M did not complete hand hygiene after assisting the first resident/before assisting the next resident.</p> <p>During an observation on 11/21/24 at 12:24pm, CNA X gathered dirty dishes on a tray, then walked over to a resident who was still eating and assisted that resident was pouring root beer into a cup, placing a lid on the cup, placing a straw in the lid and removing the paper covering on the straw. No hand hygiene was completed between CNA X touching dirty dishes with bare hands and then assisting a resident with her drink.</p> <p>In an interview on 11/21/24 at 12:58pm, RN M reported the facility normally had 3 staff to assist the memory care residents with eating, but on this date only 2 staff assisted. When further queried, RN M reported other staff were available to assist but she had not asked for support. RN M reported she did not sanitize her hands between assisting each resident because several resident's needed physical assistance to eat and hand sanitizing between residents was not possible.</p> <p>In an interview on 11/21/24 at 1:04pm, CNA X reported staff expected to complete hand hygiene between each resident they assisted with eating. When further queried, CNA X reported she did not complete hand hygiene between residents as she assisted them with eating lunch on 11/21/24 because she was busy.</p> <p>During an observation on 11/20/24 at 12:10 PM, Certified Nurse Assistant (CNA) II was observed in the main dining room serving meal plates to residents. CNA II was observed serving a resident at the middle table in the dining room, returning to the food service area and retrieving another plate and serving that plate to another resident. CNA II was observed serving lunch to 5 different residents who were at different tables in the main dining room and CNA II did not perform hand hygiene at any time. At 12:16 PM, CNA II was observed delivering a meal plate to a resident seated at a table on the left side in the dining room, CNA II used the resident's silverware to cut the food on the plate, then CNA II went to the drink station and prepared a drink for a different resident. CNA II poured juice into a cup, added thickener (a substance that thickens liquid for special diets) to the cup, used the palm of her hand to apply a lid to the cup and delivered that drink to the resident. CNA II was then observed removing her mask, touching her nose, and readjusting her mask into place on her face and CNA II returned to meal service area to retrieve an empty cup. Again, CNA II did not perform hand hygiene at any time. CNA II was further observed adjusting a wheelchair of a resident, adjusting the clothing protector of different resident, and then returned to meal service to retrieve a plate that CNA II delivered to a resident seated at the far end of the middle table. At no time did CNA II perform hand hygiene during this observation. A bottle of hand sanitizer was noted on the window ledge near the meal service area and other staff members present in the dining room were noted sanitizing their hands multiple times during meal service.</p> <p>In an interview on 11/21/24 at 2:06 PM, CNA F reported that hands should be washed with soap and water when meal service begins and ends, and hand sanitizer could be used between residents. CNA F reported that staff should not assist more than one resident to eat at a time. CNA F reported there are more residents that need assistance than there was staff available to assist with meals, and staff did have to assist more than one resident with a meal. CNA F reported that hand hygiene should be done between every bite if staff had to assist more than one resident during a meal.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235643	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/22/2024
NAME OF PROVIDER OR SUPPLIER St Ann's Home		STREET ADDRESS, CITY, STATE, ZIP CODE 2161 Leonard 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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	In an interview on 11/21/24 at 2:10 PM, CNA R reported that staff could wear gloves when assisting a resident with a meal. CNA R reported that hand hygiene should be done at the beginning of meal service and between each resident.		