STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235058	A. Building B. Wing	07/31/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lapeer County Medical Care Fac	1455 Suncrest Dr Lapeer, MI 48446

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 - 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** 49944 This Citation pertains to Intake Number MI00145825. Based on observation, interview and record review, the facility failed to properly apply restraints in a transportation van and operationalize facility policy for one resident (Resident #1) of three residents reviewed for incident and accidents resulting in the resident falling out of their rolling walker during transportation and getting assisted off the floor of the van before being assessed by a license nurse. Findings include: Resident #1: Resident #1 is [AGE] years old and was admitted to the facility on [DATE] with diagnoses that include chronic pain syndrome, chronic kidney disease, hyperlipidemia and depression. Resident #1 has a brief interview for mental status score of 15 indicating they are cognitively intact. (continued on next page)

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

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 07/30/24 at 10:25am, an interview was conducted with R1. R1 was observed with a bruise on their left cheek, sitting on the edge of the bed and in good spirits. R1 stated they have been receiving Cortisone injections for an ongoing right shoulder issue from a few months back. R1 stated that on July 10th, 2024, they were accompanied by their daughter out on an appointment to receive a Cortisone injection in their shoulder. R1 stated that one facility van driver drove them to the appointment and another van driver, driver C drove them back from the appointment in the facility van. R1 stated they noticed that there were no seats available in the van just the driver and passenger seats. Driver C asked R1 if they could sit on their rolling walker to get back to the facility because it was short trip, R1 said they and their daughter reluctantly agreed to this. R1 stated that on the ride home the van made a sharp turn, and they went up and out of their rolling walker and ended up on the floor of the van in the back in between the driver and passenger seats. Driver C asked R1 if they were ok and R1 said no. Driver C asked R1 if they were hurt, and they said yes. R1 stated that driver C got them back to the facility and asked if they were ok to walk into the facility on their own and R1 said no. R1 was asked if they stayed on the floor of the van until they returned to the facility, R1 said yes. R1 stated that driver C helped get them off the floor of the van and into a wheelchair and taken back into the facility. R1 stated that once they got back to their room the nurse completed an assessment and took vital sings for quite a few hours and for the next day. R1 stated they had some pain in their right shoulder but that was the shoulder that always hurt, R1 stated the nurse gave them pain medication and it helped. R1 was asked if the facility completed an x-ray, R1 said they took an x-ray of her right arm, and it revealed an old fracture was present. On 07/30/24 at 12:44pm an interview was completed with Nurse D. Nurse D was asked when they became aware that the resident had sustained a fall in the van. Nurse D stated they became aware when R1 returned to the facility at 4pm and R1's daughter notified them. Nurse D was asked if they were able to assess the resident while they were in the van still. Nurse D stated they did not assess the resident in the van, only became aware of the fall after R1 returned to their room. Nurse D stated they completed an assessment, completed neurological checks and that those were normal and completed vital signs that were also normal. Noted swelling and redness to her face. Nurse D was asked if they notified anyone of the incident. Nurse D stated they notified the NHA of the incident. Nurse D was asked if the resident was injured. Nurse D stated they noted some redness and swelling to the resident's left cheek and that R1 only complained of shoulder pain in the shoulder that was already injured and that they gave R1 their scheduled pain medication and R1 had no further complaints. (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 07/31/24 at 9:01am an interview was conducted with driver C. Driver C was asked about the incident that occurred in the van on July 10th, 2024. Driver C stated they took it for granted that R1 can walk on her own and had her sit on her rolling walker and holding on to a bar inside the van. Driver C stated I had poor judgment and should've never let that happen. Driver C was asked if R1 had a seatbelt on. Driver C stated no. Driver C stated when they made a turn onto the road leading to the facility that R1 fell out of their walker and landed on their left side on the floor on a bag with blankets that was located behind the seats. Driver C stated they were about a mile or so away from the facility when R1 fell out of the walker. Driver C was asked if they should've pulled the vehicle over and called the facility for help when R1 tipped over out of their walker. Driver C stated they thought they were close enough to the facility and just kept driving there. Driver C was asked if they asked for help from the nursing staff to get R1 out of the van. Driver C stated that they helped R1 up off the floor of the van and into a wheelchair. Driver C was asked if they should've had a nurse come down and assess R1 before getting them up and Driver C said yes. Driver C was asked if they notified anyone of the incident and they stated no and that they feel bad for that and knows they should've said something. Driver C stated they assumed the daughter would notify the staff. Driver C stated that R1 was in good spirits despite tipping out of her walker. Driver C stated they have been a driver for the facility for [AGE] years and used poor judgement in that situation and should've never let R1 sit up in her rolling walker. Driver C stated they found out that R1 ended up with a bruise from the incident and believes it came from hitting the rolling walker. Driver C stated they apologized to R1 and that they still feel bad about the incident. A tour of the facility van was conducted with the DON which revealed that there is a bench seat in the back of the vehicle. A review of Driver C's employee filed revealed no other disciplinary action prior to this and that they were educated on the Transport Vehicle Pre-trip safety Checklist which includes: Final Check: -Make sure all passengers are buckled. A review of the policy titled Resident Incident Reports-Investigating and Reporting updated 02/20/23 revealed: 2. Assisting Accident/Incident Victims: Should you witness an accident or find it necessary to aid a resident you should first notify the charge nurse/team leader. - Do not move the resident until he/she has been examined for possible injuries: all residents who fall will have B/P, pulse and range of motion to all extremities. Residents with head injury or an unwitnessed fall will have neuro checks (vital signs, pupil reactions, hand grasps and level of consciousness) - If possible, after the charge nurse/team leader has determined there are no injuries, move the resident to their room, or if it is a resident in his/her room, move the resident to his or her bed; and (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-If you cannot leave the resident ask someone to report to the nurses' station that help is needed, or if possible, use the call system located in the resident's room to summon help.