

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 06/09/2025
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235548	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/30/2025
NAME OF PROVIDER OR SUPPLIER Inn at Freedom Village, The		STREET ADDRESS, CITY, STATE, ZIP CODE 145 Columbia Ave Holland, MI 49423	
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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 29073</p> <p>Based on interview and record review, the facility failed to document vital signs before withholding a medication with parameters ordered for 1 resident (Resident #83) out of 12 residents reviewed for professional standards.</p> <p>Findings:</p> <p>Resident #83 (R83)</p> <p>Review of an Admission Record indicates R83 admitted to the facility with diagnoses that included hypertensive (high blood pressure) chronic kidney disease, supraventricular tachycardia (an irregular heart rhythm), and nonrheumatic mitral valve insufficiency (a condition affecting blood flow in the heart).</p> <p>Review of the January 2025 Medication Administration Record (MAR) reflected an order for Midodrine HCl Oral Tablet 5 MG (milligram) Give 2 tablets by mouth two times a day for low blood pressures Hold if SBP (systolic blood pressure) is more than >140 -Start Date- 01/28/2025 0800 (8:00 AM). The document reflected R83 did NOT receive a dose of the prescribed medication on 1/28/25 at 8:00 AM or 5:00 PM as evidenced by a 4 in the dose record which indicates Vital sign out of parameter.</p> <p>Review of all Progress Notes dated 1/28/25 did not reflect a record of blood pressures that exceeded the parameter set by the prescribing physician.</p> <p>Review of a Blood Pressure Summary reflected that on 1/28/2025 at 5:54 AM, R83's blood pressure was 133/72 mmHg (millimeters of column mercury, a unit of pressure measurement). No other blood pressure readings were documented on this day.</p> <p>During an interview on 1/30/2025 at 9:53 AM, the Director of Nursing (DON) reviewed the clinical record and said the blood pressure recorded in the morning of 1/28/2025 would have indicated the Midodrine could have been given as ordered. The DON reported that it is the professional standard that a vital sign should be recorded in the clinical record when there are parameters set by the physician.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 235548	Facility ID: 235548 If continuation sheet Page 1 of 5

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the Fundamentals of Nursing revealed, The health care provider is responsible to provide accurate, complete, and understandable medication orders .also responsible for documenting any preassessment data required of certain medications such as a blood pressure measurement for antihypertensive medications or laboratory values, as in the case of warfarin, before giving the medication. After administering a medication, immediately document which medication was given on a patient's MAR per agency policy to verify that it was given as ordered. Inaccurate documentation, such as failing to document giving a medication or documenting an incorrect dose, leads to errors in subsequent decisions about patient care. For example, errors in documentation about insulin often result in negative patient outcomes. [NAME], [NAME] A.; [NAME], [NAME] Griffin; Stockert, [NAME] A.; Hall, [NAME]. Fundamentals of Nursing - E-Book (p. 609). Elsevier Health Sciences. Kindle Edition.		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>29073</p> <p>Based on observation, interview, and record review, the facility failed to implement its Hot Liquid Protocol for one resident (Resident #85) at risk for injury from hot liquids, out of 2 residents reviewed for accidents.</p> <p>Findings:</p> <p>Resident #85 (R85)</p> <p>Review of an Admission Record reflected R85 admitted to the facility from a hospital for rehabilitation.</p> <p>Review of a Hot Liquid Safety Data Collection dated 1/27/2025 reflected R85 had observed tremors in upper extremities and weakness/paresis in upper extremities which placed R85 at risk for hot liquid injuries.</p> <p>Review of a Care Plan initiated on 1/27/2025 indicated R85 was at risk for hot liquid injury. Interventions identified to prevent hot liquid injuries included Assist resident with hot liquids; (R85) to use cup with lid; (R85) to use splint for wrist stability; (R85) to wear clothing/lap protector; Encourage resident to drink hot liquids while sitting at the table.</p> <p>During an observation on 1/28/2025 at 1:52 PM, R85 was given a cup of coffee by a dietary aide. R85 had removed the lid and was drinking the coffee with a straw while in bed. R85 did not have a clothing protector in place and was not wearing a splint on his wrist for stability.</p> <p>Review of a dietary menu reflected R85 was to follow the Hot Liquid Protocol.</p> <p>Review of the Safety of Hot Liquids policy last revised 10/2014 reflected Residents will be evaluated for safety concerns and potential for injury from hot liquids upon admission, readmission and on change of condition. Appropriate precautions will be implemented to maximize choice of beverages while minimizing the potential for injury.</p> <p>During an interview on 1/30/2025 at 9:27 AM, the Director of Nursing (DON) reported that it is her expectation that all staff follow the care plan and hot liquid protocol.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37872</p> <p>Based on observation, interview, and record review, the failed to maintain the kitchen/facilities equipment and fixtures in proper working order potentially affecting all residents that receive food from the kitchen.</p> <p>Findings include:</p> <p>The following observations were observed on 01/28/25 from 9:15 AM to 10:25 AM, during the initial tour of the kitchen/facility with Dining Manager (DM) A and Kitchen Supervisor (KS) B.</p> <p>Observation of the paper towel dispenser located above the hand sink (on the wall closest to the hood system) was out of paper towels.</p> <p>Review of the FDA 2017 Food Code Section, 6-301.12 Hand Drying Provision. Reflects the following, Each HANDWASHING SINK or group of adjacent HANDWASHING SINKS shall be provided with: (A.) Individual, disposable towels; .</p> <p>Observation of the inside of the True Refrigerator Unit revealed a build-up of food residue, debris and grime on the sides, bottom, and door seal.</p> <p>Review of the FDA 2017 Food Code Section, 4-601.11 Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils. Reflects the following, . (C) NONFOOD-CONTACT SURFACES of EQUIPMENT shall be kept free of an accumulation of dust, dirt, FOOD residue, and other debris.</p> <p>Observation of the large 2 Door [NAME] Cooler was found to be out of order. The unit is needed for cold holding food storage and ensuring safe food service operations. During the observation DM A and KS B revealed that the cooler had quit working a couple of weeks ago and were waiting to see if the facility was going to repair or replace the unit.</p> <p>Review of the FDA 2017 Food Code Section, 4-501.11 Good Repair and Proper Adjustment. Reflects the following, (A) Equipment shall be maintained in a state of repair and condition that meets the requirements under 4-1 and 4-2.</p> <p>Review of the FDA 2017 Food Code Section, 4-301.11 Cooling, Heating, and Holding Capacities. Reflects the following, EQUIPMENT for cooling and heating FOOD, and holding cold and hot FOOD, shall be sufficient in number and capacity to provide FOOD temperatures as specified under Chapter 3.</p> <p>Observation of the hand sink located the in the dish washing area needed to be recalked/resealed to the wall.</p> <p>Review of the FDA 2017 Food Code Section, 4-402.11 Fixed Equipment, Spacing or Sealing. Reflects the following, (A) Equipment that is fixed because it is not EASILY MOVEABLE shall be installed so that it is: . (3) SEALED to adjoining EQUIPMENT or walls, if the EQUIPMENT is exposed to spillage or seepage.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Observation of the 3 Compartment Sink Area revealed the nozzle of the spray arm was submerged in the first sinks basin that contained soiled soaking dishes. Further observation of the area revealed that the plumbing fixture the spray arm was attached to (including the water lines, pipes, the hot and cold-water handles) were no longer attached to the wall, sink, or plumbing. The disconnected plumbing fixture was resting on drain board to the left of the soiled dish sinks basin.</p> <p>Review of the FDA 2017 Food Code Section, 5-205.15 System Maintained in Good Repair Reflects the following, A PLUMBING SYSTEM shall be: (A) Repaired according to LAW; and (B) Maintained in good repair.</p> <p>Observation of the dish machine area revealed hot water was continuously leaking from the hot water handle for the spray arm fixture. The hose on the spray arm was worn/stretched-out an allowed the spray arms nozzle to be just above the flood rim of the spray basin. Resulting in the potential that the nozzle on the spray arm could easily become submerged in any pots and pans were being stored below the spray arm, causing a potential back-siphonage concern with the fresh water supply line.</p> <p>Review of the FDA 2017 Food Code Section, 5-205.15 System Maintained in Good Repair Reflects the following, A PLUMBING SYSTEM shall be: (A) Repaired according to LAW; and (B) Maintained in good repair.</p> <p>Review of the FDA 2017 Food Code Section, 5-202.13 Backflow Prevention, Air Gap. Reflects the following, an air gap between the water supply inlet and the flood level rim of the PLUMBING FIXTURE, EQUIPMENT, or nonFOOD EQUIPMENT shall be at least twice the diameter of the water supply inlet and may not be less than 25 mm (1 inch).</p> <p>Observation of the Walk In Freezer revealed the flooring was buckling up and down along the seams and would move while walking on them.</p> <p>Review of the FDA 2017 Food Code Section, 6-501.11 Repairing. Reflects the following, PHYSICAL FACILITIES shall be maintained in good repair.</p> <p>Observation of the door leading to the dumpster area reflected a large gap along the bottom of the door and the flooring.</p> <p>Review of the FDA 2017 Food Code Section, 6-202.15 Outer Openings, Protected. Reflects the following, (A) Except as specified in paragraph (B), (C), and (E) and under paragraph (D) of this section, outer openings of FOOD ESTABLISHMENT shall be protected against the entry of insects and rodents by: (1) Filling or closing holes and other gaps along floors, walls and ceilings; (2) Closed, tight-fitting windows; and (3) Solid, self-closing, tight-fitting doors.</p>		