

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>235373</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/12/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>NORTH OTTAWA CARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>18525 WOODLAND RIDGE DRIVE SPRING LAKE, MI 49456</b>	
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 0842  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> This citation refers to MI 642, MI 683, MI 771, and MI 055. Based on interview and record review, the facility failed to maintain complete and accurate medical records for 1 of 3 residents (Resident #1), resulting in incomplete and inaccurate medical records and the potential for providers not having an accurate and complete picture of the resident's stay at the facility. Findings include: A review of Resident #1's Admission Record, dated 8/10/20, revealed Resident #1 was an [AGE] year-old resident admitted to the facility on [DATE]. In addition, Resident #1's Admission Record revealed Resident #1 had multiple [DIAGNOSES REDACTED]. A review of Resident #1's incident report, dated 3/27/20, revealed, Nurse in for 0600 (6:00 AM) meds (medications) and res (resident) requested to use bathroom. Nurse and CENA (certified nursing assistant) in to assist res to restroom with (name brand of lift device that assists a resident to stand from a sitting position and transfer to the bed, a wheelchair/chair, or the commode with staff assistance). After getting lift pad attached staff started to stand res up. Res started to slide down and buttocks were below level of bed. Staff lowered res to floor. Res did not bump head and denied any pain. Resident stated, I slid out of that thing when asked what happened. No injuries noted or observed post incident. A review of Resident #1's medical record (electronic and hard copy), dated 3/22/20 to 4/9/20, failed to reveal documentation that Resident #1 had slid down and been lowered to the floor while using the (name brand of lift device) on 3/27/20. During an interview on 3/11/20 at 3:00 PM, the Director of Nursing (DON) stated usually the nurses write a progress note with incidents or they click on the progress notes box in the incident report to link the incident report documentation to the progress notes. The DON stated if the nurses link the incident report to the progress notes, they can type in the incident report and it will transfer to the progress notes section in the electronic medical record. Otherwise, they need to write a separate progress note. The DON stated the nurse that completed the incident report on 3/27/20 did not link the incident report and the progress notes together and should have written a separate progress note.		
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.