

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 235574	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/23/2020
NAME OF PROVIDER OF SUPPLIER COUNTRYSIDE CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 2121 ROBINSON RD JACKSON, MI 49203	
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	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>This citation pertains to intake MI 2715. Based on observation, interview and record review the facility failed to ensure that one (#1) of three residents assessed for falls was safe while propelled in their wheelchair resulting in a fall out of the wheelchair, a [MEDICAL CONDITION], bruised knees and shoulder. Findings include: According to a facility document titled, Accidents and Supervision, revised 6/2020: Policy: The resident environment remains as free of accident hazards as is possible .1. Identification of Hazards and Risks- a. all staff (e.g. professional, administrative, maintenance, etc.) are to be involved in observing and identifying potential hazards in the environment . According to the electronic medical record, R1 was admitted to the facility on [DATE] for [DIAGNOSES REDACTED]. According to a facility document titled, Incident and Accident Risk and Analysis Review, on 6/4/2020 at 3:40 PM, Activities Aide (ACT) D was pushing Resident #1 (R1) across the parking lot in his wheelchair. The asphalt parking lot was in need of repairs due to several large holes and cracks. The front wheel of R1's wheelchair ended up in one of the holes between the facility and the outdoor area across the parking lot. R1 fell out of the wheelchair, scraping his knees, left shoulder and left upper forehead. Maintenance man E saw the event and got help from the facility. R1 was assessed, returned to his room, and sent to the hospital in an ambulance for evaluation. He returned later that evening with no fractures. On 7/23/2020 at 9:33 AM, R1 was observed and interviewed in his room. R1 was dressed in blue shorts and a polo shirt. He wore a splint on his left leg and athletic shoes. R1 said he was holding a watering can filled with water in his right hand and was going to water the flowers. I think the activities staff was pushing me too fast, R1 said. As the resident spoke, he was looking straight ahead and not at this surveyor. When asked, R1 said he fell on both knees, his shoulder and his head hit the asphalt. He was not knocked out. R1 said he only needed a butterfly tape on his forehead, and not stitches. On 7/23/2020 at 10:04 AM, ACT D was interviewed. When asked, ACT D said they usually drive around potholes in the parking lot. I have vision deficits, ACT D said, and I knew R1 insisted on being in his place in the dining room by 4:00 PM so I was trying to keep his schedule. When asked, ACT D said she was instructed on the correct way to go around the potholes to the sidewalk across the parking lot. Training included correct way to go around potholes to the sidewalk on the other side. R1 fell to right side. R1 hurt his left knee and left forehead. Maintenance Man (MM) E was outside too and got the nurses after R1 fell . On 7/23/2020 at 2:21 PM, MM E was interviewed as follows: He was taking the trash out. ACT D was pushing R1 in his wheelchair. I heard him groan, and when I looked, he was on the ground, said MM E. was pushing him in w/wheelchair. ACT D was pretty upset, and MM E went to get help. He had to ring the doorbell and wait for someone to come. MM E saw that ACT D and R1 were on a cell phone, talking to someone.</p>		
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.