

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235002	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/07/2024
NAME OF PROVIDER OR SUPPLIER Oceana CO MD Care Facility		STREET ADDRESS, CITY, STATE, ZIP CODE 701 E Main St Hart, MI 49420	

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 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 30120</p> <p>Based on interview and record review, the facility failed to: 1) provide documentation that they communicated a resident's wishes for code status to their guardian/ responsible party/Durable Power of Attorney for Medical Care in a timely manner for 3 of 4 residents (R32, R64, and R76) and 2) maintain a copy of a resident's advanced directives in the resident's medical record for 2 of 4 residents (R32 and R64) reviewed for advanced directives, resulting in the potential for a resident's wishes not being honored.</p> <p>Findings include:</p> <p>Resident #32 (R32)</p> <p>A review of R32's Admission Record, dated 8/7/24, revealed R32 was an [AGE] year-old resident admitted to the facility on [DATE] and readmitted on [DATE]. In addition, R32's Admission Record revealed multiple diagnoses that included late onset Alzheimer's Disease, dementia, and bipolar disorder. R32's Admission Record also revealed that Responsible Party (RP) J was R32's Power of Attorney (POA) for medical care and finances.</p> <p>A review of R32's Minimum Data Set (MDS) (a tool used for assessing a resident's care needs), dated 5/21/24, revealed R32 had a Brief Interview for Mental Status (BIMS) (a scale used to determine a resident's cognitive status) score of 10 which revealed R32 was moderately cognitively intact.</p> <p>A review of R32's Medical and Financial Determination form, dated 8/11/23, revealed R32's physician and a licensed psychologist determined R32 was no longer capable of participating in medical treatment decisions affecting their own health or financial decisions. Therefore, R32's advanced directive for medical and financial decisions was activated and R32's power of attorney (POA) to make medical and financial decisions was to take effect on this date.</p> <p>A review of R32's medical record, dated 8/11/23 to 8/6/24, failed to reveal an advanced directive for medical decisions that would officially designate someone as R32's POA.</p> <p>A second review of R32's medical record, dated 8/11/23 to 8/6/24, revealed that RP J (the individual listed as R32's POA for health care on R32's Admission Record) was first made aware of R32's code status (what to do in the event R64's heart and/or breathing stopped- Full Code) in a Social Service Note on 9/26/24 (1.5 months after R32 was determined to be unable to make medical decisions).</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
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<p>F 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 08/06/24 at 10:55 AM, the Director of Nursing (DON) was informed that the surveyor could not locate R32's advanced directives for medical decisions paperwork in R32's medical record. A copy of R32's advanced directives for medical decisions paperwork was requested from the DON, if they could locate it.</p> <p>During a second interview on 08/06/24 at 11:30 AM, the DON stated R32 was deemed incompetent (unable to make medical decisions). She stated the facility does not have any advanced directive for medical decisions paperwork in R32's medical record because RP J repeatedly refused to provide it to the facility. The DON suggested that the surveyor speak with Social Worker (SW) A for more information on the situation with RP J and his refusal to provide the facility with a copy of R32's advanced directives for medical decisions.</p> <p>During an interview on 08/07/24 at 09:02 AM, SW A stated she had tried to get the R32's advanced directives for medical decisions paperwork from RP J several times. SW A stated unfortunately I have not documented that in his medical record. SW A stated RP J has had some issues accepting that R32 had been determined to be unable to make medical decisions and this may be a reason why RP J has not provided the facility with a copy of R32's advanced directives for medical decisions paperwork, even though RP J had provided the facility with a copy of R32's advanced directives for financial decisions paperwork. She stated RP J had provided them R32's financial decisions advanced directives because there had possibly been some financial issues that needed to be addressed. SW A stated she understands that the facility needs R32's advanced directives for medical decisions paperwork to prove who his medical decision maker was because some residents have different people who make medical decisions and financial decisions. She stated she will try and contact RP J again today and see if he will send R32's medical decisions advanced directive paperwork.</p> <p>During an interview on 08/07/24 at 11:45 AM, SW A stated she spoke with RP J and he had still refused to send a copy of R32's advanced directives for medical decisions paperwork to the facility. She stated RP J had said he was aware the facility needed the paperwork, but he was not going to provide it to them.</p> <p>During a third interview on 08/07/24 at 12:27 PM, the DON stated she, the Nursing Home Administrator, and the Assistant Director of Nursing had a conference call with RP J. The DON stated RP J had said he was not aware that the advanced directives paperwork that he had previously submitted to the facility did not address medical decisions. RP J had stated he thought medical and financial decisions were both on the advanced directives paperwork that he had already provided to the facility. RP J had told the DON that he would contact his attorney for a copy of the documentation and have it sent to SW A. A copy of R32's advanced directives for medical decisions was requested from the DON when the facility receives it. As of the time of the completion of the survey and exit from the facility, the facility failed to provide a copy of R32's advanced directives for medical decisions to the surveyors.</p> <p>Resident #64 (R64)</p> <p>A review of R64's Admission Record, dated 8/7/24, revealed R64 was a [AGE] year-old resident admitted to the facility on [DATE] and readmitted on [DATE]. In addition, R64's Admission Record revealed multiple diagnoses that included late onset Alzheimer's Disease, dementia with agitation, dementia with behaviors, psychotic disorder, and hallucinations. R64's Admission Record also revealed that Responsible Party (RP) I was R64's Power of Attorney (POA) for medical care and finances.</p> <p>(continued on next page)</p>		

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<p>F 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of R64's MDS, dated [DATE], revealed R64 had a BIMS score of 8 which revealed R64 was moderately cognitively intact.</p> <p>A review of R64's Medical and Financial Determination form, dated 3/11/24, revealed R64's physician and a licensed psychologist determined R64 was no longer capable of participating in medical treatment decisions affecting their own health or financial decisions. Therefore, R64's advanced directive for medical and financial decisions was activated and R64's power of attorney (POA) to make medical and financial decisions was to take effect on this date.</p> <p>A review of R64's medical record, dated 3/11/24 to 8/7/24, failed to reveal an advanced directive for medical decisions that would officially designate someone as R64's POA.</p> <p>A second review of R64's medical record, dated 3/11/24 to 8/7/24, failed to reveal that R64's wishes for code status were discussed with RP I (the individual listed as R64's POA for health care on R64's Admission Record).</p> <p>During an interview on 08/07/24 at 11:45 AM, SW A stated she was sure R64's POA (RP I) had signed a code status form. She stated she was also sure that R64 had advanced directive documentation in his medical record. SW A stated she would look for both of these items and send a copy to the surveyor. SW A stated if she could not locate R64's advanced directive documentation, then she would contact R64's lawyer's office for a copy of it.</p> <p>A review of R64's Designation of Patient Advocate document, dated 7/9/19, was received on 8/7/24 at 12:43 PM. R64's Designation of Patient Advocate document revealed that RP I would be the Patient Advocate (POA) in the event that R64 was determined to be unable to make medical decisions.</p> <p>A third review of R64's medical record, dated 3/11/24 to 8/7/24, revealed that RP I was made aware of R64's code status (DNR- Do Not Resuscitate) in a Social Service Note on 8/7/24 at 12:13 PM (approximately 5 months after R64 was determined to be unable to make medical decisions). In addition, R64's Designation of Patient Advocate document was noted to have been added to R64's medical record on 8/7/24.</p> <p>Resident #76 (R76)</p> <p>A review of R76's Admission Record, dated 8/7/24, revealed R76 was a [AGE] year-old resident admitted to the facility on [DATE] and readmitted on [DATE]. In addition, R76's Admission Record revealed multiple diagnoses that included dementia.</p> <p>A review of R76's MDS, dated [DATE], revealed a BIMS score of 12 which indicated R76 was moderately cognitively intact.</p> <p>A review of R76's Order Regarding Appointment of Guardian of Incapacitated Individual, dated 7/11/24, revealed Guardian (GRD) K was appointed as R76's guardian.</p> <p>A review of R76's Do Not Resuscitate Order, dated 4/3/24 and signed by R76, revealed she wanted to be a DNR in the event that her heart and breathing stopped.</p> <p>(continued on next page)</p>		

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<p>F 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of R76's medical record, dated 7/11/24 to 8/6/24, failed to reveal that R76's wishes for code status were discussed with GRD K.</p> <p>During an interview on 8/6/24 at 10:54 AM, a copy of any documentation that R76's guardian (GRD K) was aware of R76's DNR wishes (e.g., progress note, care conference note, DNR order signed by GRD K, etc.) was requested from the DON.</p> <p>A review of R76's Communication- with Family/NOK (next of kin)/POA note, dated 8/6/24 at 4:27 PM, revealed GRD K was made aware of R76's wish to be a DNR (27 days after GRD K was appointed as R76's guardian).</p> <p>A review of the facility's Advanced Directives policy and procedure, dated 12/2016, revealed, It is the Policy of [Name of facility] to ask resident and/or resident representative at time of admission to facility if they have Advance Directives (medical Durable Power of Attorney, Five Wishes) or Guardianship . If resident has Advance Directive resident and/or resident representative will be asked to bring in form so that copy of Advance Directive can be scanned into [name of facility's electronic medical records program] .</p> <p>A review of the facility's Designation of Resident's Ability to Make Medical Decisions policy and procedure, dated 2/16/22, revealed, 4) If both physicians sign the Medical Determination form social worker will notify the person who has been designated as medical decision maker in the Durable Power of Attorney Form for Health Care or 5 Wishes form. 5) Medical Determination form will be scanned into [name of facility's electronic medical records program] under Medical Determination .</p>		

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<p>F 0923</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Have enough outside ventilation via a window or mechanical ventilation, or both.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37872</p> <p>Based on observation and interview, the facility failed to maintain ventilation, resulting in odors and uncirculated air, affecting all residents in the AU Unit and residents living in the 200 Hallways.</p> <p>Findings include:</p> <p>During an observation of the AU Unit on 8/5/24 at approximately 11:00 AM, the air on the halls and in the resident rooms felt muggy, humid and stagnant. During the observation, some of the resident rooms were noted to have lingering bathroom odors.</p> <p>During a family interview on 8/5/24 at 11:11 AM, resident's room was noted to be stagnant and hot. R50's daughter revealed, this room is always this way, we dress for it.</p> <p>On 8/7/24 between 10:58 AM to approximately 11:25 AM, the following AU resident restrooms (103, 109, 117, 127, 131 and 135) were tested using a tissue. The restroom vents were not producing any suction.</p> <p>On 8/7/24 at approximately 11:27 AM, the Unisex Restroom (located closest to room [ROOM NUMBER]) was also checked using a tissue and no suction was observed from the vent.</p> <p>During the 8/7/24 tour of the AU Unit with Maintenance Personnel (MP) L the unit was observed to be stuffy, and stagnant. The resident rooms/restrooms were noted to be hot, stagnant and some had lingering odors.</p> <p>During an interview on 8/7/24 at 11:51 AM, Maintenance Director (MD) C was queried on the maintenance of the AU's ventilation system and stated we had a blower motor issue on that unit. We may be having an issue down there again. We will get someone to check on it.</p> <p>37573</p> <p>During an observation and an interview on 8/7/24 at 10:19 AM, Maintenance Director (MD) C and this surveyor walked to room [ROOM NUMBER], 207, 209, 215, 217, 235, 237 and verified the air return ducts in the rooms had little to no air pressure pulling out the shared bathrooms and above the sinks. Some bathrooms had a lingering bathroom smell. The large activity room on the corner of Elm did not have a good air return ventilation either. MD C reported he did not see any problems on the roof with the functioning of the ventilation. He did not have a preventative maintenance checklist.</p>		