

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 07/17/2025
NAME OF PROVIDER OR SUPPLIER Oceana County Medical Care Facility		STREET ADDRESS, CITY, STATE, ZIP CODE 701 East Main Street 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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to ensure call lights were in reach of dependent residents for 1 resident (R85) of 1 resident reviewed for availability of call lights. Findings include: Review of an admission Record revealed R85 admitted to the facility on [DATE] with pertinent diagnoses which included diabetes, heart failure, and weakness. Review of a current ADL (activities of daily living) Care Plan intervention for R85, initiated 12/3/2024, revealed resident was dependent on staff assistance for transfers. Review of a current risk for falls Care Plan intervention, initiated 11/29/2024, directed staff to leave R85's call light in reach when he was in the room without staff. In an observation and interview on 7/15/2025 at 11:36 AM in R85's room, R85 was sitting in his bedside recliner with a blanket over his lap and his call light was sitting on his lower legs and out of his reach. R85 reported he did not know where his call light was located. R85 reported he was able to use his call light to request staff assistance but could not locate the call light as he was unable to see it. In an observation and interview on 7/16/2025 at 1:29 PM in R85's room, R85 was sitting in his bedside recliner and reported he did not know where his call light was. Both call lights were wrapped around the frame of his bed and out of his reach. R85 reported he was supposed to let staff assist him when he needed to get up but could not call for help without his call light. In an interview and observation on 7/16/2025 at 1:34 PM in R85's room, Certified Nursing Assistant (CNA) C reviewed R85's care plan and confirmed he required staff assistance to get out of his chair. CNA C reported R85's call light should have been left within reach when staff escorted him back to his room from the dining hall. In an interview on 7/16/2025 at 1:36 PM, CNA F reported she assisted R85 back to his recliner in his room after lunch and forgot to place his call light within reach when she left the room. CNA F reported R85's call light should be left within reach as he was able to use his call light and required assistance to get out of his recliner.</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: Facility ID: 235002	If continuation sheet Page 1 of 1