STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235005	A. Building B. Wing	12/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Maples Benzie CO Medical Care	210 Maple St Frankfort, MI 49635

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45123 Based on observation, interview, and record review, the facility failed to implement revised care plan interventions for falls sustained by one Resident (#67) of three residents reviewed for falls. This deficient practice resulted in the potential for potential for additional falls and potential for subsequent injury. Findings include: On 12/2/24 at 12:30 PM, Resident #67 (R67) was observed on the 400 unit sitting in a recliner in the living room area. R67 had a tab alarm device placed on them (Device used to alert caregivers, should R67 attempt to rise from the recliner without assistance). Review of R67's medical record revealed admission to the facility on [DATE] with diagnoses including cerebral infarction (stroke-occurs when blood flow to the brain is blocked, or otherwise disrupted, causing brain tissue to die), aphasia (affects a person's ability to understand and/or express themselves), and dementia. Review of R67's Minimum Data Set (MDS) quarterly assessment, dated 8/6/24, revealed R67 scored a 2/15 on the Brief Interview of Mental Status (BIMS) assessment indicating severe cognitive impairment. Review of R67's progress note, dated 6/22/24 at 1:00 PM, read in part, .upon entering room [R67] was observed laying on the floor perpendicular to the side of his bed with his head resting on the bottom of his bedside table .Resident does have 2 bruises to the top of right hand, right elbow is red, abdomen is reddened to the right middle side. Left knee is red, left crease of arm is red. Right side of right eye/head slightly red where resident was laying his head down on the end of his bedside table . Review of R67's progress note, dated 9/3/24 at 7:20 PM, read in part, Resident unwitnessed fall out of wheelchair found face down, facial trauma . Review of R67's progress note, dated 10/26/24 at 11:36 PM, read in part, .Fall was witnessed .TV room. Resident was reaching for item(s) at time of the fall .Fall Risk Score: 9 .Wheelchair was involved in fall. Wheelchair was not unlocked at time of fall .New. Location: Right knee. Pain score: 3 .Skin note: Right knee scab post fall (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of progress note, dated 12/02/24 at 1:49 PM, read in part, Had a fall on 10/26/24 and has a tab alarm for his chair and is to have staff keep eyes on him at all times. Uses a wheelchair for ambulation dependent on staff and has foot pedals . Review of R67's care plan, dated 5/1/24, read in part, .Focus: Safety: [R67's] is High risk for injury related to fall risk, Gait/balance problems, Poor communication/comprehension. [created on date 5/2/24] Goal: The resident will be free of falls through the review date [created on date 8/13/24]. Interventions/Tasks: Wheelchair and other assistive devices are in good repair. Remove malfunctioning equipment from use [created on 5/2/24]. [R67's] needs either non skid socks or shoes while up in .wheelchair [created on 5/17/24] . Further review of R67's care plan, dated 5/1/24, lacked additional interventions after R67 fell on [DATE], 9/3/24, and 10/26/24. On 12/4/24 at 8:35 AM, a review of R67's electronic medical record was conducted and revealed, a lack of post fall evaluation and fall risk evaluation on 6/22/24 and 9/3/24, and no documentation on the Kardex or care plan to routinely check for placement and operation of R67's tab alarm. On 12/4/24 at 9:10 AM, an interview was conducted with Certified Nursing Assistant (CNA) G who was asked if they knew when R67's tab alarm was added as a fall intervention and replied, I think it was about a month ago, maybe a little more, but I am not sure. On 12/04/24 at 12:15 PM, an interview was conducted with the Director of Nursing (DON) who was asked about R67 and their frequent falls and replied, After each fall a new intervention should be added. Nursing is also required to complete a post fall and a new fall risk evaluation. The DON was then asked when R67's tab alarm was added and replied, I am not sure I would have to look. The DON reviewed R67's care plan and stated, The tab alarm should have been documented in the medical record and the guardian should have been made aware at the time it was implemented. The DON stated, There is a post fall checklist that nursing fills out. I will get you a copy. Review of policy titled, Fall Risk Assessment, dated 5/18/22, read in part, Policy: It is the policy of this facility to provide an environment that is free from accident hazards over which the facility has control, and provides supervision and assistive devices to each resident to prevent avoidable accidents. Policy Explanation and Compliance Guidelines: 1. The risk assessment will be completed by the nurse or designee upon, admission, quarterly, or when a significant change is identified .3. An At Risk for Falls care plan will be completed for each resident to address each item identified on the risk assessment and will be updated accordingly. 4. The At Risk for Falls care plan will include interventions, including adequate supervision, consistent with a resident's needs, goals, and current standards of practice in order to reduce the risk of an accident. (continued on next page)

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	5. Monitor the effectiveness of the care plan interventions, and modify the interventions as necessary, in accordance with current standards of practice. Review of policy titled, Post Fall Assessment and Intervention, dated 7/10/17, read in part, Purpose: To provide an analysis of each resident fall in an attempt to prevent future falls or decrease injuries related to falls. Policy Interpretation and Implementation: 1. The DON or designee will conduct the fall report and all witness statements, develop an initial summary report, and ensure an intervention was placed on the care plan . Review of document titled, Falls Checklist, dated 5/15/24, revealed the following: Resident assessment . All falls must have an intervention put in the care plan . Complete a Fall risk assessment . Review of policy titled, Alarms, dated 5/20/22, read in part, Policy Statement: To provide staff with guidelines on proper usage and application of alarms for use with residents. Policy Interpretation and Implementation . 2. Place on CNA Kardex and on nursing Care plans and state 'Check for placement and operation every shift. ' .

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49302 Based on observation, interview, and record review, the facility failed to ensure sanitary storage of respiratory equipment for two Residents (#19 and #20) of two residents reviewed for respiratory services. Findings include: Resident #20 (R20) Review of R20's electronic medical record (EMR) revealed initial admission to the facility on [DATE] with diagnoses including chronic obstructive pulmonary disease (COPD) and Parkinson's Disease. Review of R20's most recent Minimum Data Set (MDS) assessment, dated 9/3/24, revealed a Brief Interview for Mental Status (BIMS) score of 15/15, indicative of intact cognition. Review of R20's EMR revealed the following pharmacy order: Ipatropium-Albuterol Solution 0.5-2.5 mg/mL (milligrams/milliliter): inhale orally two times a day (between 8:00 AM - 9:00 AM and again between 5:00 PM - 6:00 PM) for wheezing. On 12/2/24 at 11:36 AM, R20 was observed sleeping in a wheelchair in her private room. A nebulizer (a medical device which turns liquid medication into a very fine mist that can be inhaled through a face mask or mouthpiece) was observed assembled and stored on top of a dresser. Additional observations of the assembled nebulizer stored on top of the dresser were made on: 12/3/24 at 8:19 AM, 12/3/24 at 12:12 PM, and 12/3/24 at 3:36 PM. Condensation was again observed in the nebulizer cup on 12/3/24 at 3:36 PM. Resident #19 (R19) Review of R19's EMR revealed initial admission to the facility on [DATE] with diagnoses including hypoxemia (low levels of oxygen in the blood) and congestive heart failure (CHF). Review of R19's most recent MDS assessment, dated 9/24/24, revealed R19's cognitive skills for daily decision making as, severely impaired. Review of 19's EMR revealed the following order: 1-3 L [liters] of Oxygen as needed to maintain SpO2 [oxygen saturation] above 90%. On 12/2/24 at 12:35 PM, R19 was observed sitting in a wheelchair in a common area, receiving supplemental oxygen via nasal cannula from an oxygen concentrator. A portable oxygen tank was observed affixed to R19's wheelchair with additional oxygen tubing, not in use, hanging on the back of the wheelchair. A protective storage bag was not observed. On 12/03/24 at 9:13 AM, oxygen tubing was again observed hanging on the back of R19's wheelchair, not in use. A protective storage bag was not observed. (continued on next page)

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Oxygen tubing resting on top R19's bed, not in use, was observed on the following dates: 12/3/24 at 10:33 AM, 12/3/24 at 11:59 AM, and 12/4/24 at 10:15 AM. On 12/4/24 at 10:17 AM, an interview was conducted with Licensed Practical Nurse (LPN) M regarding expectations with respiratory equipment storage. LPN M stated following each nebulizer treatment, the equipment should be rinsed and laid out to dry. LPN M stated after drying, the nebulizer equipment should be stored in its designated case or bag for infection control purposes. LPN M stated oxygen tubing and nasal cannulas should be stored in a bag when not in used. LPN M observed R19's oxygen tubing stored on top the bed with this Surveyor and stated, There should be a storage bag. On 12/4/24 at 10:48 AM, an interview was conducted with Clinical Care Coordinator (CCC) B regarding respiratory equipment storage expectations. CCC B indicated oxygen tubing should be dated and stored in a bag when not in use and nebulizer equipment should be cleaned after each medication administration. CCC B confirmed the floor staff required additional education to meet these expectations. Review of facility policy titled, Oxygen Use, revised 3/1/17, read, in part: .when the nasal cannula/tubing are not in use, place them in a Ziploc bag attached to the oxygen concentrator . Review of facility policy titled, Administering Medication through a Small Volume (Handheld) Nebulizer, reviewed 10/12, read, in part: .rinse the nebulizer equipment according to facility protocol, or; rinse with hot water, allow to drive on a paper towel .when equipment is completely dry, store in a plastic bag with the resident's name and date on it .

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F 0810 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide special eating equipment and utensils for residents who need them and appropriate assistance. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49302 Based on observation, interview, and record review, the facility failed to provide adaptive dining equipment for one Resident (#27) of one resident reviewed for nutrition. This deficient practice resulted in increased difficulty with independent eating. Findings include: Resident #27 (R27) Review of R27's electronic medical record (EMR) revealed initial admission to the facility on [DATE] with diagnoses including dementia, muscle weakness, and limitations of activity due to disability. Review of R27's most recent Minimum Data Set (MDS) assessment, dated 9/10/24, revealed a Brief Interview for Mental Status (BIMS) score of 10/15, indicative of a moderate cognitive impairment. On 12/2/24 at 11:53 AM, R27 was observed eating their lunch meal in bed. R27 was utilizing a stainless-steel fork and demonstrated difficulties with independent feeding due to a noticeable tremor of his right hand. Noodles were observed spilling onto R27's chest due to the tremor. On 12/2/24 at 3:22 PM, a phone interview was conducted with R27's Durable Power of Attorney (DPOA) O regarding self-feeding. DPOA O verified R27 had a progressive tremor in his right hand. DPOA O stated R27's ability to self-feed had improved since receiving special silverware from the facility. Review of R27's Plan of Care read, [R27] receives built-up/curved utensils for his meals. Review of R27's Tray Card read, Equipment: Built-up Utensils (1 each), curved spoon. On 12/4/24 at 8:15 AM, R27 was observed eating the breakfast meal in bed which consisted of eggs, waffles, and oatmeal. R27 was observed with standard stainless-steel cutlery and demonstrated an uncoordinated trajectory to his mouth. R27 was observed appearing to become frustrated and eventually resorted to eating the waffle with his hand. On 12/4/24 at 8:17 AM, an interview with conducted with Certified Nursing Assistant (CNA) L regarding R27's adaptive equipment needs. CNA L verified R27 was supposed to receive adaptive utensils with every meal. CNA L was unsure if R27 received the prescribed adaptive utensils with his breakfast meal. On 12/4/24 at 8:22 AM, an interview was conducted with [NAME] N regarding resident adaptive equipment needs. [NAME] N indicated equipment needs are located on the respective resident's tray card. When asked if R27 received the built-up utensils and curved utensils noted on his tray card, [NAME] N was observed retrieving them from a kitchen drawer. [NAME] N verified the cutlery was never placed on R27's meal tray. (continued on next page)

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F 0810 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 12/4/24 at approximately 10:55 AM, an interview was conducted with the Director of Nursing (DON) regarding adaptive equipment expectations. The DON verified residents should receive adaptive equipment per their plan of care. Review of facility policy titled, Adaptive Eating Devices, undated, read, in part: .Adaptive devices are available for those needing them . Adaptive devices in use are . provided for each meal. Adaptive devices are noted on each resident's diet card .

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 13791 Based on observation, interview and record review, the facility failed to store, prepare, distribute, and serve food in accordance with professional standards for food service safety. This deficient practice has the potential to result in food borne illness among any and all 77 residents of the facility. Findings include: On 12/2/24 at approximately 11:49 AM, observations in the Oak dining room were conducted. A stainless steel pan was observed sitting on an ice base, filled with a green liquid like substance. The temperature of the food was measured and found to be 48 F. An interview with Food Service Worker (FSW) I was conducted at this time, who stated the product was pureed salad. FSW I was requested to measure the temperature of the food with a facility thermometer. FSW I removed a thermometer from an adjacent drawer, and without any attempt to sanitize the probe of the thermometer, placed it in the food. FSW I was observed to push the thermometer stem to the bottom of the steel pan and reported a temperature of 39 F. FSW I was then asked to retract the thermometer somewhat so the temperature of the center of the product could be measured accurately. FSW I then reported a temperature of 48 F. When asked if the temperature of the product had been measured before service had begun, FSW I stated Yes. FSW I then stated the temperature was 37 F about 20 minutes prior. FSW I stated he was not aware the temperature of the foods was to be measured in the middle of the product and to protect against the tip of the thermometer from coming into contact with the bottom of the pan which was in contact with the underlying ice. When asked why the probe of the thermometer had not been sanitized prior to placing it into the food, FSW I stated the thermometer had been sanitized prior to placing it in the drawer, but then acknowledge that the probe of the thermometer was not protected from any contamination in the drawer. FSW I failed to implement any corrective action related to the food's temperature. On 12/2/24 at approximately 12:15 PM, an interview was conducted with the Dietary Manager (DM) H. The observations above were discussed and explained that no corrective action had been implemented related to the food being above the maximum holding temperature of 41 F. DM H stated that the food should be placed in the refrigerator to cool it down. No documentation of temperature demonstrating the food was in compliance with temperature below 41 F was provided. The FDA Food Code states: 3-501.16 Time/Temperature Control for Safety Food, Hot and Cold Holding. (A) Except during preparation, cooking, or cooling, or when time is used as the public health control as specified under S3-501.19, and except as specified under (B) and in (C) of this section, TIME/TEMPERATURE CONTROL FOR SAFETY FOOD shall be maintained: (1) At 57 C (135 F) or above, except that roasts cooked to a temperature and for a time specified in 3-401. 11(B) or reheated as specified in 3-403.11(E) may be held at a temperature of 54 C (130 F) or above;P or (2) At 5 C (41 F) or less (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	On 12/3/24 at approximately 8:41 AM observations were made of the morning meal in the Pine unit. Wiping cloths were observed to be stored in a red bucket, adjacent to the food preparation/service area. FSW J was requested to demonstrate the process of ensuring adequate sanitizing chemicals were present in the solution with the wiping cloths. FSW J removed a short length of QT 40 test strips, used to measure the concentration of quaternary ammonium (quat) in solution. FSW J swished the strip in the solution for approximately two seconds, removed it and read the concentration at more than 400 PPM (parts per million). FSW J was then requested to review the test strip package for directions for proper of the use of the strips. FSW J stated he had not be instructed to hold the strip still, in the solution for ten seconds before comparing the color of the strip to the package to determine the concentration. FSW J stated the only part he had been instructed on was the temperature of the water. The FDA Food Code states: 4-602.11 Equipment Food-Contact Surfaces and Utensils. (A)EQUIPMENT FOOD-CONTACT SURFACES and UTENSILS shall be cleaned: (5) At any time during the operation when contamination may have occurred.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. 38328 Based on observation, interview and record review, the facility failed to maintain infection control practice during dressing changes for one Resident (#46) of three residents reviewed for wound care. Findings Include: Resident #46 (R46) On 12/2/24 at 12:42 PM, during an interview, Registered Nurse (RN) R stated R46 stage II pressure injury which was in-house acquired. RN R stated she believed it to be from R46 having periods of prolonged sitting. On 12/3/24 at 2:30 PM wound care was observed performed by Licensed Practical Nurse (LPN) S for the pressure injury located on the coccyx of R46. During this observation LPN S failed to perform any hand hygiene after taking off her gloves following removal of the old dressing. LPN S applied new gloves on her hands and failed to perform any hand hygiene before cleansing and applying the new dressing. Immediately following the observation of wound care, an interview was completed with LPN S who acknowledged the concerns and indicated she was not aware hand hygiene needed to be performed between removal of old dressings and application of new dressings. On 12/4/24 at 1:51 PM, during an interview, the concern was reviewed with Clinical Care Coordinator (CCC) RN B regarding hand hygiene between old dressing and new dressing being applied. RN B acknowledged lack of hand hygiene concern at which time the facility policy addressing the concern was requested. On 12/4/24 at 2:00 PM the Hand Hygiene policy provided, dated 2/15/24 was reviewed in the presence of the Nursing Home Administrator (NHA) and read as follows: . All staff will perform hand hygiene procedures to prevent the spread of infection . . 1. Staff will perform hand hygiene when indicated, using proper technique consistent with accepted standards of practice. 2. Hand hygiene is indicated and will be performed under the conditions listed in, but not limited to, the attached hand hygiene table. . 6. Additional considerations: a. The use of gloves does not replace hand hygiene. If your task requires gloves, perform hand hygiene prior to donning gloves, and immediately after removing gloves. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	. After handling contaminated objects . Before applying and after removing personal protective equipment (PPE), including gloves . Before and after handling clean or soiled dressings, linens, etc. After handling items potentially contaminated with blood, bodily fluids, secretions, or excretions . When during resident care, moving from a contaminated body site, to a clean body site . After review of the policy, NHA acknowledged the hand hygiene concern.