

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235009	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/19/2026
NAME OF PROVIDER OR SUPPLIER Thornapple Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 2700 Nashville Rd Hastings, MI 49058	

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 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** This citation pertains to intake #2737521. Based on interviews and record review, the facility failed to effectively implement abuse policies and procedures that ensure staff report all alleged violations of abuse immediately to the Nursing Home Administrator (NHA) or designee for 1 resident (Resident #101) of 1 resident reviewed for an allegation of staff to resident abuse, resulting in delayed investigation of an allegation of potential abuse/mistreatment with the potential to impact safety. Findings include: Review of the facility policy Abuse, Neglect and Exploitation last revised date of September 2025 revealed, . Procedure: .It is the responsibility of our employees, facility consultants, attending physicians, family members, visitors, etc. to promptly report an incident or suspected incident of neglect or resident abuse to facility management. The abuse coordinator in the facility is the Administrator, Director of Nursing or facility appointed designee. Report allegations or suspected abuse, neglect or exploitation immediately to: 1. Administrator, 2. Director of Nursing, 3. Other officials in accordance with state law. 4. State survey and certification agency through established procedures .Resident #101Review of an admission Record revealed Resident #101 was originally admitted to the facility on [DATE], with pertinent diagnoses which included: dementia, early onset alzheimer's disease, anxiety and depression. Review of a Minimum Data Set (MDS) assessment for Resident #101, with a reference date of 11/28/25 revealed a Brief Interview for Mental Status (BIMS) score of 13, out of a total possible score of 15, which indicated Resident #101 was cognitively intact. Review of Resident #101's Care Plan revealed, Focus: I have dx (diagnosis) of depression and anxiety .I have reported a significant trauma history and have trauma and stressor-related disorder. I had a father who was verbally and physically abusive, a mother that had mental health issues .My first husband was physically abusive, and my second husband was controlling and manipulative .Date initiated: 8/26/25 .In an interview on 2/18/26 at 10:23 AM, Resident #101 reported that when people are mean to her, she tends to shut down, but that it had only happened one time since she had been in the facility. Resident #101 explained that Certified Nursing Assistant (CNA) K was having a bad day, had a temper tantrum and threw something that ended up knocking Resident #101's coffee over onto her lap. Resident #101 reported that she had forgiven CNA K and did not want to dwell on it. In an interview on 2/18/26 at 10:45 AM, CNA K reported that a few weeks ago while she was cleaning the cover to her tablet, CNA M and Resident #101 were teasing her about the way she was cleaning it. CNA K reported that she took it personally and got frustrated after a few minutes; CNA K reported that she tossed the tablet cover towards CNA M, but it knocked Resident #101's coffee mug over, and it spilled onto Resident #101's lap. CNA K reported that she apologized and made sure Resident #101 was not hurt. In an interview on 2/18/26 at 10:48 AM, CNA M explained details of the incident that occurred between herself, Resident #101 and CNA K on 1/31/26 at about 10:30 AM. CNA M stated that she and Resident #101 were teasing CNA K about how she was cleaning her tablet cover and CNA K got upset and tossed the cover. CNA M reported that the cover</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 235009	Facility ID: 235009 If continuation sheet Page 1 of 3

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