STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235009	A. Building B. Wing	04/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Thornapple Manor	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)
F 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are fully informed and understand their health status, care and treatments. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to obtain informed consent for psychotropic medications (prescription drugs that alter chemical levels in the brain to affect a person's mood, thoughts, behavior or perception) for 2 residents (Resident #80, Resident #88) out of 5 residents reviewed for psychotropic medications resulting in lack of documentation of communication/education to the resident/resident representatives for initiation and/or dose changes of psychotropic medications. Findings include: Resident #80 (R80)Review of the admission Record and Minimum Data Set (MDS) dated [DATE] revealed R80 admitted to the facility on [DATE] with pertinent diagnoses including Alzheimer's disease {disorder that primarily affects memory, thinking, and behavior and is the most common cause of dementia (decline in cognitive function, affecting memory, thinking, behavior, and the ability to perform everyday activities)}, dementia with anxiety, dementia with psychotic disturbance (cognitive decline accompanied by hallucinations, delusions, or paranoia, significantly affecting patients and caregivers) and depression. Brief Interview for Mental Status (BIMS) was not able to be completed due to R80's cognitive impairment. Review of R80's physician orders revealed she was on the following psychotropic medications Xanax Oral Tablet 0.25 MG (milligrams). Give 0.25 mg by mouth as needed for anxiousness for 14 Days PRN (as needed) BID (twice a day). Start date 4/22/2026. Olanzapine Oral Tablet. Give 10 mg by mouth at bedtime related to dementia with other behavioral disturbance. Start date 12/9/2025. Escitalopram Oxalate Oral Tablet. Give 10 mg by mouth at bedtime related to depression. Start date 12/9/2025. Review of R80's chart revealed there were no consents for the psychotropic medications (Xanax, Olanzapine and Escitalopram) and there were no progress notes or other documentation stating this was completed. Resident #88 (R88)Review of the admission Record and Minimum Data Set (MDS) dated [DATE] revealed R88 admitted to the facility on [DATE] with pertinent diagnoses including Alzheimer's disease {disorder that primarily affects memory, thinking, and behavior and is the most common cause of dementia (decline in cognitive function, affecting memory, thinking, behavior, and the ability to perform everyday activities)}, anxiety, dementia without psychotic disturbance and depression.Brief Interview for Mental Status (BIMS) reflected a score of 11 out of 15 which indicated R88's cognition was moderately impaired.Review of R88's physician orders revealed the following psychotropic medications Buspirone HCl (hydrochloride) Oral Tablet. Give 5 mg by mouth in the morning related to depression and generalized anxiety. Start date 4/5/2025. Trazodone HCl Oral Tablet. Give 100 mg by mouth at bedtime related to depression. Start date 8/21/2024. Cymbalta Oral Capsule Delayed Release Particles. Give 20 mg by mouth in the morning related to depression. Start date 11/27/2024. Review of R88's chart revealed there were no consents for the psychotropic medications (Buspirone, Trazodone, Cymbalta) and there were no progress notes or other documentation stating this was completed. During an interview on 4/22/2026 at 2:45 PM, Director of Nursing (DON) B stated that the facility dropped the ball on the regulation updates from April 2025 and they don't have consents for R80's and R88's psychotropic medications. DON B stated that they just developed a new psychotropic consent form in February and they will be using that moving forward. During an interview on 4/23/2026 at 8:42 AM, Director of Social Services (DSS) AA stated that they (continued on next page)

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

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F 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	use psychotropic medication forms for any residents that are new admits and are on psychotropic medications, with an increase in those medications, or if they added a new psychotropic medication. DSS AA reported that she thought R80's consent form was signed but she couldn't find it and stated that the resident/responsible party should still be contacted and this should be documented in the resident's chart. DSS AA stated that R88 doesn't have consents for the psychotropic medications since the facility was originally doing consents for antipsychotic medications only and not for antidepressant or antianxiety medications. DSS AA stated the facility didn't want to go back and fill out forms for R88 since she was on her psychotropic medications for a while and they didn't want to back date it. DSS AA said the facility would be using the new psychotropic consent forms they developed in February moving forward. During another interview on 4/23/2026 at 9:55 AM, DON B stated that she thought R80's psychotropic medications form was signed but they couldn't find it. Review of the Use of Psychotropic Medications Policy with an effective date of 1/19/2026 revealed . Procedure: 1. A psychotropic drug is any drug that affects brain activities associated with mental processes and behavior. Psychotropic drugs include but are not limited to the following categories: antipsychotics, antidepressants, anti-anxiety, and hypnotics. 7. The resident's medical record shall include documentation of this evaluation and the rationale for chosen treatment options. This includes any indicated documentation of rationale for prescribing multiple psychotropic medications or switching from one type of psychotropic medication, specifically an antipsychotic medication, to another category of psychotropic medication.9. Prior to initiating or increasing a psychotropic medication, the resident, family, and/or resident representative must be informed of the benefits, risks, and alternatives for the medication, including any black box warnings for antipsychotic medications, in advance of such initiation or increase. 10. The resident has the right to accept or decline the initiation or increase of a psychotropic medication. 11. The facility will document that the resident or resident representative was informed in advance of the risks and benefits of the proposed care, the treatment alternatives or other options and the preferred option to accept or decline in a format the facility deems to use (e.g., written consent form, narrative note, etc.) .

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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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to implement enhanced barrier precautions (EBP) related to the presence of a pressure wound for 1 (Resident #5) of 3 residents reviewed for pressure wounds resulting in the potential for the spread of infection, cross contamination, and disease transmission.Findings include:Resident #5Review of an admission Record revealed Resident #5 was a female who originally admitted to the facility on [DATE] and had pertinent diagnoses which included: personal history of other infectious and parasitic diseases, dementia, and dermatitis (a condition of the skin, when it becomes red, swollen, and sore).Review of Order Summary for Resident #5 on 4/21/26 revealed .Apply a thin layer of honey (effective natural wound healing substance it is antibacterial, anti-inflammatory, and tissue-regenerative properties) to open area on right hip and cover with 2x2 border gauze (a 2 inch by 2 inch padded with gauzed and adhesive dressing) to promote analytic debridement (a gentle, selective wound-cleaning method that uses the body's own enzymes and immune cells to removed dead tissue in a moist environment) with a start date of 4/9/26. Cleanse left hip with normal saline, cut xeroform (a sterile non adherent gauze wound dressing impregnated with petroleum) to size and cover with 2x2 border gauze to promote autolytic debridement every day shift with a start date of 4/21/26.Review of Wound Care note for resident #5 dated 4/14/26 and 4/21/26 revealed .wound site: Left hip, stage 3 pressure wound.Review of Pressure Injury and Peripheral Ulcer QA Log dated 4/14/26 revealed .(Name Redacted) Resident #5 facility acquired on 4/8/26 on left hip pressure stage III (3).In an interview on 4/22/26 at 2:03 PM, Registered Nurse/Infection Preventionist (RN/IP) T reported enhanced barrier precautions were used for chronic wounds and the signage was posted in the resident's room on the personal protective equipment dispenser. RN/IP T reported there was no physician order, EBP was only in a resident's care plan and care guide for staff to reference. RN/IP stated, we star it and make it bold, so staff does not miss it.Review of Resident #5's care plan revealed no noted care plan for the implementation of EBP.During multiple observations in Resident #5's room, on 4/21/26, 4/22/26, and 4/23/26, there was no noted signage indicating Resident #5 was in enhanced barrier precautions.In an interview on 4/23/26 at 9:36 AM, Certified Nurse Assistant (CNA) X reported Resident #5 was not in enhanced barrier precautions and CNA X confirmed Resident #5 did have a wound on one of her hips.In a subsequent interview on 4/23/26 at 11:24 AM, CNA X reported EBP was used for residents who had chronic wounds, catheters, or PICC line (Peripherally inserted central line, a type of intravenous line for administration of medications or fluids).In an interview on 4/23/26 at 11:34 AM, RN/IP T reported Resident #5 did not have a wound and she was not in EBP. RN/IP T reported Resident #5 had a recurring wound that healed and reopened on her hips, and she was in and out of EBP. RN/IP T reported if Resident #5 had a current wound, she would not implement EBP during the first 4 weeks of treatment because a wound was not a chronic wound until it had been present and open for 4 weeks. RN/IP T reported she would wait 4 weeks to see if the wound resolved before she would implement EBP. RN/IP T reported she received weekly wound log from RN E and the last one she received on 4/10/26 was dated 4/7/26 and Resident #5 was not listed as having a wound. IP had not received another wound log since then. RN/IP T reported if Resident #5 had a wound, then yes, she should have been in EBP. RN/IP T stated I will go put her in right now.In an interview on 4/23/26 at 12:59 PM, RN E reported Resident #5 most certainly did have a wound on her hip. RN E reported it was an ongoing situation with Resident #5; the wound would heal and then reopen. RN E reported Resident #5 was not in EBP and that the wound had not present for longer than 4 weeks. RN E reported she was notified of Resident #5's wound on 4/8/26 and she added her to the wound log on 4/14/26. RN E reported RN/IP T was who would implement EBP after a wound was present for 4 weeks and considered chronic.In an interview on 4/23/25 at 12:59 PM, Director of Nursing (DON) B reported EBP was used for chronic wounds, and she defined chronic wounds as wounds lasting longer than 4 (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	weeks. DON reported EBP should be implemented if a wound was a stage 3.Review of facility policy Enhanced Barrier Precaution with a revision date of 4/2025 revealed .it is the policy of (Name Redacted) to follow the CDC's guidance on Implementation of Personal Protective Equipment .EBP will be initiated for any of the following.chronic wounds. Examples may include but are not limited to. pressure injuries/pressure ulcers.Review of the Center for Disease Control (CDC) Implementation of Personal Protective Equipment (PPE) use in Nursing Homes to Prevent the Spread of Multidrug-resistant Organisms (MDROs) (April 2, 2025) revealed, Expand the use of PPE and refer to the use of gown and gloves during high-contact resident care activities that provide opportunities for transfer of MDROs to staff hands and clothing. MDROs may be indirectly transferred from resident-to-resident during these high-contact care activities. Nursing home residents with wounds .are at especially high risk of both acquisition of and colonization with MDROs. The use of gown and gloves for high-contact resident care activities is indicated, when Contact Precautions do not otherwise apply, for nursing home residents with wounds . regardless of MDRO colonization.