

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235015	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/11/2024
NAME OF PROVIDER OR SUPPLIER  Ingham County Medical Care Fac		STREET ADDRESS, CITY, STATE, ZIP CODE  3860 Dobie Rd Okemos, MI 48864	

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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 38383</p> <p>Based on interview and record review, the facility failed to ensure witnesses observed the signing of a Do-Not-Resuscitate (DNR) document by one (Resident #78) of one reviewed.</p> <p>Findings include:</p> <p>Review of the medical record reflected Resident #78 (R78) admitted to the facility on [DATE] and readmitted [DATE], with diagnoses that included encephalopathy and left side hemiplegia and hemiparesis following cerebral infarction (stroke).</p> <p>R78's DNR form reflected the resident signed the form on 3/1/24, the Physician signed the form on 3/5/24, and two witnesses signed the form on 3/6/24.</p> <p>The Attestation of Witnesses section of the DNR document reflected, The individual who has executed this order appears to be of sound mind, and under no duress, fraud, or undue influence .</p> <p>In an interview on 10/09/24 at 12:40 PM, Social Services Supervisor (SS) K reported two witnesses had to sign the DNR document, indicating the person signing on behalf of the resident was of sound mind at the time of signing. SS K reported they would sign as a witness if they talked to the person (resident or responsible party) that signed the DNR document but may not have actually witnessed them sign it. SS K stated they would confirm the person signing the document was of sound mind to make the decision for DNR and that the resident's wishes were DNR before signing as a witness.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235015	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/11/2024
NAME OF PROVIDER OR SUPPLIER  Ingham County Medical Care Fac		STREET ADDRESS, CITY, STATE, ZIP CODE  3860 Dobie Rd Okemos, MI 48864	
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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 27306</p> <p>Based on observation, interview and record review the facility failed to implement appropriate preventive measures and take corrective action for allegations of abuse for 3 of 3 residents (R#'s 9, 113 and 33) reviewed for abuse.</p> <p>Findings include:</p> <p>Resident #33</p> <p>Review of the clinical record including the Minimum Data Set, dated dated dated [DATE] reflected Resident # 33 (R33) was admitted to the facility on [DATE] with fractured fibula. R33 scored 13 out of 15 (cognitively intact) on the Brief Interview for Mental Status (BIMS).</p> <p>On 10/08/24 01:56 PM during a bedside interview with R33 it was reported that things at the facility were going well with the exclusion of being molested by another resident (Resident #113) during bingo last week. Resident #33 stated while assisting R113 with the bingo cards, R113 allegedly touched R33's upper thigh, left breast and calf . R33 stated the incident was reported and investigated by management. When queried what was done to ensure the incident didn't happen again, R33 reported R113 now sits a few tables away at bingo.</p> <p>Resident #113</p> <p>Review of the medical record reflected R113 admitted to the facility on [DATE], with diagnoses that included traumatic brain injury and disorders of psychological development. The admission/Medicare 5 day Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 7/11/24, reflected R113 scored six out of 15 (severe cognitive impairment) on the Brief Interview for Mental Status (BIMS-a cognitive screening tool).</p> <p>Review of the facility reported incident dated 9/30/24, revealed R113 was not able to be interviewed due to cognitive deficits and English being a second language. R33 written statement dated 9/30/24 written statement reflected during bingo R33 and R113 were holding hands and during bingo R113 pulled R33's blanket down touched R33's thigh and then squeezed R33's left breast. R33 directed R113 to not touch her again.</p> <p>Activity Aide (AA) M written statement dated 10/01/24 reflected he witnessed the incident in which he observed R33 and R113 playing bingo and holding hands, AA M then witnessed R113 place a hand on R33 thigh. AA M then directed Resident Aide (RA) N to sit in between R33 and R113. RA N statement dated 10/01/24 reflected she say R113 move the blanket from R33 and I saw him picking at something on her left leg Then heard R33 say No Stop!</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235015	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/11/2024
NAME OF PROVIDER OR SUPPLIER  Ingham County Medical Care Fac		STREET ADDRESS, CITY, STATE, ZIP CODE  3860 Dobie Rd Okemos, MI 48864	
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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 10/09/24 at 10:05 AM during an interview with AA M he reported sitting 6 to 8 feet in front of R33 and R113 and the two residents were holding hands and seemed content. AA M stated he then witnessed R113 touch R33's thigh and was in process of getting up to intervene when R33 said Stop R113 did stop and RA N was instructed to sit in between the two residents. R33 was fine after we separated them, this was in the afternoon no further incidents that day, never R113 touch or attempt to touch R33's breast. AA M stated he then reported the incident to R33's and R113's nurse.</p> <p>When queried what was done to ensure other residents safety from this point forward AA M stated R113 was no longer able to sit by females while in Activities.</p> <p>On 10/09/24 at 11:32 AM during an interview with RA N she reported RA's start in activities department and if they like it and do well may go on to be a Certified Nursing Assistant. RA N stated she was helping other resident with bingo cards on 9/30/24 and did not witness any interaction between R33 and R113. RA N was stated she sat in between the two residents as directed, when queried if she knew why RA N said no , she didn't need to know. When queried if she thought she should be aware of an allegation of sexual abuse and the possible need for increased supervision , RA N said yes she should know that information. When queried if there were special instructions or guidance for R113 RA N said yes R113 was not allowed in groups without activity staff present and when activity is over R113 was the first person to be escorted back. RA N had no knowledge of not being allowed to sit by female residents. RA N elaborated she was shown that guidance via the computer but does not have access to the computer and has no knowledge of R113 not being allowed to sit by female residents.</p> <p>Review of R113's care plan initiated 7/09/24 revealed R113 was sexually inappropriate behavior. The care plan was updated on 10/02/24 to include hx (history) of touching female residents legs and breast Interventions included monitor episodes and determine underline cause, and redirect away from female residents while in dining room and multipurpose room. R113's activity care plan reflected R113 was to be placed by other male residents or activity staff during group activities. An intervention added to care plan on 10/04/24 was to ensure R113 was assisted back during the first wave.</p> <p>Further review on the facility reported incident reflected Activity staff and 1 Nurse received education on group dynamics, inappropriate touching, monitoring interactions, proper spacing during groups. Of note, RA N was not reeducated per the facility sign in sheet.</p> <p>R113's Care Plan reflected they had sexually inappropriate behaviors, which included but were not limited to a history of grabbing female caregivers, making inappropriate sexual comments to female staff and a history of touching a female resident's leg and breast. The care plan was initiated on 7/9/24 and revised on 10/2/24. An intervention dated 10/2/24 and revised on 10/3/24 reflected to tell R113 not to touch other residents and to redirect them from female residents in the dining room and multi-purpose room.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235015	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/11/2024
NAME OF PROVIDER OR SUPPLIER  Ingham County Medical Care Fac		STREET ADDRESS, CITY, STATE, ZIP CODE  3860 Dobie Rd Okemos, MI 48864	
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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 10/10/24 08:38 AM Quality Specialist/ Licensed Practical Nurse ( QS/LPN) E she reported R113 liked to be out and about and due to cognitive and language barrier was not able to be interviewed when she completed her investigation. When queried what steps the facility took to ensure R33 and other residents were protected during the facility investigation QS/LPN E stated R113 was no longer able to sit by females in group activities and should be the last resident brought to activities and the first one out as activity staff do transport residents to and from they would not be able to monitor R113 otherwise, along with a medication review and an evaluation by psychiatric group. When queried what interventions the Nursing staff, including the Certified Nursing Assistants were given, QS/LPN E revealed none because the incident occurred during an activity. Q'S/LPN E then elaborated the following day (after a separate allegation of sexual abuse that involved R113 and Resident # 9), staff were provided with education after an alleged incident on 9/30/24, when R113 allegedly touched Resident #33's thigh in an activity.</p> <p>On 10/10/24 at 03:20 PM, R113 was observed in the multipurpose room music group was ending and R113 was sitting next to and in arms reach of an unidentified female resident.</p> <p>38383</p> <p>Resident #9 (R9)</p> <p>Review of the medical record reflected R9 admitted to the facility on [DATE], with diagnoses that included multiple sclerosis. The quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 9/11/24, reflected R9 scored 15 out of 15 (cognitively intact) on the Brief Interview for Mental Status (BIMS-a cognitive screening tool).</p> <p>On 10/09/24 at 10:44 AM, R9 was observed asleep, in a specialty chair, in their room.</p> <p>A Progress note for 10/1/2024 at 7:40 PM reflected it was reported that Resident #113 was sitting next to R9, talking, then allegedly reached under R9's blanket, touched their thigh and asked R9 to come to come to his room that night.</p> <p>A facility investigation file reflected R9 was seated at a dining table when the alleged interaction with R113 occurred. According to the investigation file, R9 reported the alleged interaction to Certified Nurse Aide (CNA) D while being assisted with their meal. The investigation file reflected R113 was seen by the Nurse Practitioner on 10/2/24 due to inappropriate behavior of touching another resident the night prior and was unable to recall the incident.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235015	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/11/2024
NAME OF PROVIDER OR SUPPLIER  Ingham County Medical Care Fac		STREET ADDRESS, CITY, STATE, ZIP CODE  3860 Dobie Rd Okemos, MI 48864	
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 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 45135</p> <p>This citation pertains to MI00146701</p> <p>Based on observation, interview, and record review, the facility failed to meet transfer/discharge documentation requirements for 2 of 2 reviewed (R#19 &amp; R#39) from a total of 24 sampled residents, resulting in the potential for these residents and/or their representatives not obtaining their due rights.</p> <p>Findings include:</p> <p>Resident 39 (R39)</p> <p>Review of the medical record reflected R39 was an initial admission to the facility on [DATE] with a readmission on 09/28/24. Diagnoses of Respiratory Failure, Pneumonia, Kidney Failure, Heart Failure, Diabetes Mellitus, Heart Failure, Chronic Obstructive, Pulmonary Disease and schizophrenia.</p> <p>The most recent Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 06/21/2024, revealed R39 had a Brief Interview of Mental Status (BIMS) of 14 (cognitively intact) out of 15. Under section G0100, Activities of Daily Living (ADL) Assistance reveals R39 requires maximum assistance to dependent with personal care.</p> <p>Record review revealed R39 was transferred to the hospital on 06/22/24 for shortness of breath. R39 was readmitted to the facility on [DATE].</p> <p>Record review revealed R39 did not reflect a transfer/discharge notice being provided to R39 as she was her own person.</p> <p>Record review revealed R39 was transferred to the hospital on 09/29/24 for low grade temperature, slurred speech, increased confusion. R39 was readmitted to the facility on [DATE]. Record review revealed R39 did not reflect a transfer/discharge notice being provided to R39 as she was her own person.</p> <p>During an interview on 10/10/24 at 11:36 AM, nursing Home Administrator (NHA) A stated the bed hold policy and transfer notices is part of the admissions office role.</p> <p>During an interview on 10/10/24 at 11:42 AM, Licensed Practical Nurse (LPN) S stated the nurses had a transfer/discharge/bed hold packet that they give to the resident or family if they were with them on the way out of the door to the hospital. LPN S showed this writer the template that they used and reported it should be scanned into the chart under miscellaneous tab.</p> <p>Email response dated 10/10/24 at 08:28AM received from NHA A included the forward email from the Chief Strategy Officer F. There was nothing documented in PCC, but I have the attached from discharge planner at [NAME] showing the daughter was aware of holding bed .</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235015	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/11/2024
NAME OF PROVIDER OR SUPPLIER  Ingham County Medical Care Fac		STREET ADDRESS, CITY, STATE, ZIP CODE  3860 Dobie Rd Okemos, MI 48864	

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 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>38383</p> <p>Resident #19 (R19)</p> <p>Review of the medical record reflected R19 was admitted to the facility on [DATE] and readmitted [DATE], with diagnoses that included metabolic encephalopathy, diabetes and heart failure. The quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 5/9/24, reflected R19 scored eight out of 15 (moderate cognitive impairment) on the Brief Interview for Mental Status (BIMS-a cognitive screening tool).</p> <p>R19's medical record reflected they transferred to the hospital on 8/21/24 due to being unresponsive.</p> <p>R19's medical record was not reflective of a transfer/discharge notice being provided to the responsible party.</p> <p>Upon inquiry, a Transfer Notice Form for R19's transfer to the hospital on 8/21/24 was provided by the facility. An email from Nursing Home Administrator (NHA) A on 10/10/24 at 12:39 PM reflected R19's transfer/discharge notice was mailed to R19's Guardian.</p> <p>During a phone interview on 10/10/24 at 11:39 AM, Guardian I reported they had not received a written notice of transfer/discharge when R19 was sent to the hospital on 8/21/24.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235015	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/11/2024
NAME OF PROVIDER OR SUPPLIER  Ingham County Medical Care Fac		STREET ADDRESS, CITY, STATE, ZIP CODE  3860 Dobie Rd Okemos, MI 48864	
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 0625</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Notify the resident or the resident's representative in writing how long the nursing home will hold the resident's bed in cases of transfer to a hospital or therapeutic leave.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 45135</p> <p>This citation pertains to MI00146701</p> <p>Based on interview and record review the facility failed to provide a written copy to two of two residents (R #19 and R#39) reviewed for bed hold notification in a language that was understandable, resulting in potential for lack of understanding and knowledge for and what the bed hold policy entailed.</p> <p>Findings include:</p> <p>Resident 39 (R39)</p> <p>Review of the medical record reflected R39 was an initial admission to the facility on [DATE] with a readmission on 09/28/24. Diagnoses of Respiratory Failure, Pneumonia, Kidney Failure, Heart Failure, Diabetes Mellitus, Heart Failure, Chronic Obstructive, Pulmonary Disease and schizophrenia.</p> <p>The most recent Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 06/21/2024, revealed R39 had a Brief Interview of Mental Status (BIMS) of 14 (cognitively intact) out of 15. Under section G0100, Activities of Daily Living (ADL) Assistance reveals R39 requires maximum assistance to dependent with personal care.</p> <p>Record review revealed R39 was transferred to the hospital on 06/22/24 for shortness of breath. R39 was readmitted to the facility on [DATE].</p> <p>Record review revealed R39 did not reflect a transfer/discharge/bed hold notice being provided to R39 as she was her own person.</p> <p>Record review revealed R39 was transferred to the hospital on 09/29/24 for low grade temperature, slurred speech, increased confusion. R39 was readmitted to the facility on [DATE].</p> <p>Record review revealed R39 did not reflect a transfer/discharge/bed hold notice being provided to R39 as she was her own person.</p> <p>During an interview on 10/10/24 at 11:36 AM, nursing Home Administrator (NHA) A stated the bed hold policy and transfer notices is part of the admissions office role.</p> <p>During an interview on 10/10/24 at 11:42 AM, Licensed Practical Nurse (LPN) S stated the nurses had a transfer/discharge/bed hold packet that they give to the resident or family if they were with them on the way out of the door to the hospital. LPN S showed this writer the template that they used and reported it should be scanned into the chart under miscellaneous tab.</p> <p>Email response dated 10/10/24 at 08:28AM received from NHA A included the forward email from the Chief Strategy Officer F. There was nothing documented in PCC, but I have the attached from discharge planner at [NAME] showing the daughter was aware of holding bed .</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235015	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/11/2024
NAME OF PROVIDER OR SUPPLIER  Ingham County Medical Care Fac		STREET ADDRESS, CITY, STATE, ZIP CODE  3860 Dobie Rd Okemos, MI 48864	

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 0625</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>38383</p> <p>Resident #19 (R19)</p> <p>Review of the medical record reflected R19 was admitted to the facility on [DATE] and readmitted [DATE], with diagnoses that included metabolic encephalopathy, diabetes and heart failure. The quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 5/9/24, reflected R19 scored eight out of 15 (moderate cognitive impairment) on the Brief Interview for Mental Status (BIMS-a cognitive screening tool).</p> <p>R19's medical record reflected they transferred to the hospital on 8/21/24 due to being unresponsive.</p> <p>During a phone interview on 10/10/24 at 11:11 AM, Admissions Director (AD) H reported the facility called (the responsible party) regarding the bed hold policy within 24 hours of a resident leaving the facility. AD H stated it was then documented if they did or did not want to hold the bed.</p> <p>R19's medical record was not reflective of documentation that a bed notice had been provided to R19's responsible party upon transfer to the hospital.</p> <p>During a phone interview on 10/10/24 at 11:39 AM, Guardian I reported they did not get notified of the bed hold policy when R19 was transferred to the hospital on 8/21/24. Guardian I stated they received a phone call from facility staff on 8/22/24, notifying them that the facility would not be readmitting R19 from the hospital due to an outstanding balance with the facility.</p> <p>During an interview on 10/10/24 at 12:06 PM, Social Services Supervisor (SS) K reported they, along with two other staff members, had a phone conversation with R19's Guardian on 8/22/24. SS K reported there was conversation that the facility would not readmit R19 until payment arrangements were made for their outstanding balance.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235015	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/11/2024
NAME OF PROVIDER OR SUPPLIER  Ingham County Medical Care Fac		STREET ADDRESS, CITY, STATE, ZIP CODE  3860 Dobie Rd Okemos, MI 48864	

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 0626</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Permit a resident to return to the nursing home after hospitalization or therapeutic leave that exceeds bed-hold policy.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 38383</p> <p>This citation pertains to intake MI00146701.</p> <p>Based on interview and record review, the facility failed to permit timely readmission from the hospital for one (Resident #19) of two reviewed.</p> <p>Findings include:</p> <p>Review of the medical record reflected Resident #19 (R19) was admitted to the facility on [DATE] and readmitted [DATE], with diagnoses that included metabolic encephalopathy, diabetes and heart failure. The quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 5/9/24, reflected R19 scored eight out of 15 (moderate cognitive impairment) on the Brief Interview for Mental Status (BIMS-a cognitive screening tool).</p> <p>R19's medical record reflected they transferred to the hospital on 8/21/24 due to being unresponsive.</p> <p>A Hospital Progress Note for 8/26/24 reflected R19 was stable to discharge, pending placement.</p> <p>A Hospital Progress Note for 8/28/24 reflected R19 was medically stable for discharge. A Case Manager was assisting with placement, as prior placement was declined due to payment issues.</p> <p>Documentation reflected the hospital sent a referral to the facility, for R19, on 8/28/24.</p> <p>During a phone interview on 10/10/24 at 11:39 AM, Guardian I reported they received a phone call from facility staff on 8/22/24, notifying them that the facility would not be readmitting R19 from the hospital due to an outstanding balance with the facility. Guardian I reported R19 remained in the hospital while efforts were made to find placement in a facility.</p> <p>During an interview on 10/10/24 at 12:06 PM, Social Services Supervisor (SS) K reported they, along with two other staff members, had a phone conversation with R19's Guardian on 8/22/24. SS K reported there was conversation that the facility would not readmit R19 until payment arrangements were made for their outstanding balance.</p> <p>In a phone interview on 10/10/24 at 2:06 PM, Case Manager (CM) J reported hospital staff spoke with the facility's admissions department on 8/26/24 and were notified that R19 would not be permitted to return to the facility. CM J reported R19's discharge from the hospital was pending placement in a facility and was not due to an acute change in condition during the hospital stay. R19 remained in the hospital until discharged back to the facility on [DATE].</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235015	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/11/2024
NAME OF PROVIDER OR SUPPLIER  Ingham County Medical Care Fac		STREET ADDRESS, CITY, STATE, ZIP CODE  3860 Dobie Rd Okemos, MI 48864	
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 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>PASARR screening for Mental disorders or Intellectual Disabilities</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 32064</p> <p>Based on interview and record review, the facility failed to ensure a Level II determination was completed for two residents (Resident #83 and Resident #104) of two reviewed.</p> <p>Findings include:</p> <p>Resident #83 (R83)</p> <p>Review of the medical record revealed R83 was admitted to the facility on [DATE] and readmitted [DATE] with diagnoses that included schizoaffective disorder, vascular dementia with anxiety, dementia with psychotic disturbance, and anxiety disorder. The Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 9/4/24 revealed R83 scored 15 out of 15 (cognitively intact) on the Brief Interview for Mental Status (BIMS-a cognitive screening tool).</p> <p>Review of the Physician's Orders revealed R83 had been prescribed Zyprexa (an antipsychotic medication) and Remeron (antidepressant medication) since admission to the facility.</p> <p>Review of the Change in Condition Preadmission Screening (PAS)/Annual Resident Review (ARR) Level I Screening completed on 3/14/24 revealed R83 was marked yes for questions 1-4 in section II. The form revealed If any answer to items 1-6 in Section II is Yes, send ONE copy to the local Community Mental Health Services Program (CMHSP), with a copy of form DCH-3878 if an exemption is requested. The nursing facility must retain the original in the patient record and provide a copy to the patient or legal representative.</p> <p>R83 did not have a Level II evaluation or exemption.</p> <p>Resident #104 (R104)</p> <p>Review of the medical record revealed R104 was admitted to the facility on [DATE] with diagnoses that included post-traumatic stress disorder (PTSD), vascular dementia with psychotic disturbance, anxiety disorder, and depression. The MDS with an ARD of 9/17/24 revealed R104 scored 3 out of 15 (severe cognitive impairment on the BIMS).</p> <p>Review of the PASARR Level I Screening completed on 6/22/24, revealed R104 was marked Yes for questions 1-4 under Section II. The form revealed If any answer to items 1-6 in Section II is Yes, send ONE copy to the local Community Mental Health Services Program (CMHSP), with a copy of form DCH-3878 if an exemption is requested. The nursing facility must retain the original in the patient record and provide a copy to the patient or legal representative.</p> <p>R104 did not have a Level II evaluation or an exemption.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235015	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/11/2024
NAME OF PROVIDER OR SUPPLIER  Ingham County Medical Care Fac		STREET ADDRESS, CITY, STATE, ZIP CODE  3860 Dobie Rd Okemos, MI 48864	
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 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 10/9/24 at 11:34 AM, Social Services Supervisor (SSS) K reported R83 and R104's Level II evaluations were still in progress according to the CMHSP's website, but they were not sure why they were not completed yet. On 10/9/24 at 1:48 PM, SSS K reported they called the CMHSP who reported they were not able to see the in progress evaluations because the facility's physician had not yet provided their signature.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235015	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/11/2024
NAME OF PROVIDER OR SUPPLIER  Ingham County Medical Care Fac		STREET ADDRESS, CITY, STATE, ZIP CODE  3860 Dobie Rd Okemos, MI 48864	

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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38383</b></p> <p>Based on observation, interview and record review, the facility failed to implement care planned interventions to promote the healing of wounds for one (Resident #78) of 24 reviewed.</p> <p>Findings include:</p> <p>Review of the medical record reflected Resident #78 (R78) admitted to the facility on [DATE] and readmitted [DATE], with diagnoses that included encephalopathy and left side hemiplegia and hemiparesis following cerebral infarction (stroke). The quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 8/20/24, reflected R78 scored 15 out of 15 (cognitively intact) on the Brief Interview for Mental Status (BIMS-a cognitive screening tool). The same MDS reflected R78 was coded for one stage four pressure ulcer and one unstageable pressure, both present on admission/entry or reentry.</p> <p>R78's Care Plan reflected they were dependent on two staff for repositioning and turning in bed. An intervention for 3/5/24 reflected R78 had an alternating pressure mattress.</p> <p>On 10/08/24 at 9:03 AM, R78 was observed lying in bed, with the head of the bed elevated. R78 reported they admitted with a wound on the buttocks that was improving. An air mattress pump was observed hanging on the foot board of the bed. No lights were illuminated on the pump, indicating the air mattress was not powered on and/or not functioning.</p> <p>On 10/08/24 at 12:24 PM, R78 was observed lying in bed, watching TV. An air mattress pump was hanging on the foot board of the bed. No lights were illuminated on the pump, indicating the air mattress was not powered on and/or not functioning. R78 reported they were not sure if the mattress was working at that time, and if it was, it was soft. R78 reported staff accidentally knocked the air mattress plug out of the wall at times when moving the bed.</p> <p>On 10/08/24 at 12:57 PM, Licensed Practical Nurse (LPN) R went to R78's room, looked at the air mattress pump and stated it was off. LPN R reported the pump was plugged into the wall. When LPN R disconnected the power cord from the air mattress pump and plugged it back in, the pump turned on. LPN R reported they did not know how long the pump had been turned off for.</p> <p>On 10/09/24 at 10:40 AM, R78 was observed lying in bed, watching TV. An air mattress pump was observed on the foot board of the bed. There were no lights illuminated on the pump, indicating it was not turned on and/or not functioning.</p> <p>In an interview on 10/09/24 at 1:23 PM, Registered Nurse (RN) C reported the purpose of an air mattress was to alleviate pressure.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235015	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/11/2024
NAME OF PROVIDER OR SUPPLIER  Ingham County Medical Care Fac		STREET ADDRESS, CITY, STATE, ZIP CODE  3860 Dobie Rd Okemos, MI 48864	
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 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide activities to meet all resident's needs.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 27306</p> <p>Based on observation, interview and record review the facility failed to provide a meaningful, diverse and engaging activity program for one resident (#58) of two reviewed for activities.</p> <p>Findings include:</p> <p>Review of the clinical record reflected Resident # 58 (R58) was admitted to the facility on [DATE] with diagnosis that included dementia and depression. Review of the Minimum Data Set (MDS) with an assessment reference date of 7/18/2024 and it was revealed R58 had long and short term memory impairment and severely impaired decision making skills.</p> <p>On 10/08/24 at 10:30, PM R58 was observed in his room sitting in his wheel chair up against the wall, a television (TV) was above him and not on. R58 sat in the room which was dark, TV not on, music not on. R58 observed in the same position after lunch again no TV, sitting in his room in wheelchair.</p> <p>On 10/09/24 at 01:22 PM, R 58 was observed being brought back from the dining room after lunch, staff observed leaving R58 in room sitting against wall under the TV, which was not offered to be put on, no music.</p> <p>On 10/10/24 at 11:21 AM observed in his wheelchair sitting against wall underneath TV (not on) no music playing .</p> <p>Review of R58's clinical record including the most recent Activity assessment dated [DATE] revealed R58 enjoyed exercise, music, TV, movies, wheeling outdoors, group activities, family and friend visits . Review of R58's group participation attendance record over the last 30 days reflected zero times attended. R58's 1 on 1 activity participation record reflected he had conversation on 09/19, 9/29 and 10/7, and watched TV one time - 10/02.</p> <p>On 10/10/24 at 12:38 pm, during an interview with Nursing Home Administrator of [NAME] and Activity Director L she reported that activity participation records were done via computer program but was trialing something new as of 3 weeks ago. A request to view the system she was trialing was requested and reveled on 10/2 and 10/7 activity staff checked in with R 58 and 10/1 conversation and TV and 10/09 conversation. When asked to clarify check in as an activity Nursing Home Administrator of [NAME] and Activity Director L reported We pop in just to check on him. When queried why R58 had not been invited to his activity of interests as listed on his assessment Nursing Home Administrator of [NAME] and Activity Director L offered no response.</p> <p>There was no evidence that R58 had been invited to and refused any exercise, music programs, taken outside or invited to group activities.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235015	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/11/2024
NAME OF PROVIDER OR SUPPLIER  Ingham County Medical Care Fac		STREET ADDRESS, CITY, STATE, ZIP CODE  3860 Dobie Rd Okemos, MI 48864	
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 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 45135</p> <p>Based on observation, interview and record review, the facility failed to ensure drug regimens were reviewed at least once a month by a licensed pharmacist and provider, in one of five residents reviewed for medication management and monitoring (Resident #3), resulting in the potential for increased adverse consequences related to medication therapy.</p> <p>Findings include:</p> <p>Resident #3 (R3)</p> <p>Review of the medical record reflected R3 was an initial admission to the facility on [DATE]. Diagnoses of Anxiety, Schizophrenia, Diabetes Mellitus, Coronary Artery Disease and other orthopedic conditions.</p> <p>The most recent Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 08/12/2024, revealed R3 had a Brief Interview of Mental Status (BIMS) of 15 (cognitively intact) out of 15. Under section G0100, Activities of Daily Living (ADL) Assistance reveals R3 was independent or required minimal assistance with personal care.</p> <p>Record review revealed on the 04/17/24 Monthly Medication Review (MMR) pharmacy made recommendations to increase Eliquis from 2.5mg to 5mg daily, Nurse Practitioner U disagreed with the recommendation with no rational given.</p> <p>Record review revealed on the 02/26/24 MMR pharmacy made recommendations made to increase Eliquis 2.5mg bid to 5mg bid. Nurse Practitioner U disagreed with the recommendation with no rational given.</p> <p>Record review revealed on the 02/25/24 MMR pharmacist made recommendations to the attending/prescriber that the abnormal involuntary movement evaluation (AIMS) is due for this resident (due at baseline and q 6 months for residents on an antipsychotic or Reglan) Please chart the assessment once it is completed. No response from the attending/prescriber to the pharmacist, no signature or date.</p> <p>Record review revealed on the 11/01/23 MMR pharmacy made recommendations to discontinue prn medications that had not been needed for over 30 days. Under follow through, note written by physician wrote LOA. R3 was currently taking pantoprazole 40mg bid for GERD. At this time would you consider a trial reduction to pantoprazole 20mg bid assess lowest effective dose. Prescribers' response was blank, no signature nor was it dated. At the bottom of the page, the words written in were Out of Facility 11/17/23-12/08/23.</p> <p>Record review revealed on the 10/10/23 MMR, provider did not sign this form with the expected 7-day response, nor was it signed within 30 days.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235015	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/11/2024
NAME OF PROVIDER OR SUPPLIER  Ingham County Medical Care Fac		STREET ADDRESS, CITY, STATE, ZIP CODE  3860 Dobie Rd Okemos, MI 48864	
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 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 10/09/24 at 02:08 PM, DON B stated the Nurse Practitioner (NP) U was terminated 2 weeks ago. DON B also stated NP U did not follow up on her documentation and rational for agreeing or not agreeing with pharmacy recommendations. DON B stated that her expectation was to have providers respond within 7 days and if not by 30 days, she herself called the provider.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235015	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/11/2024
NAME OF PROVIDER OR SUPPLIER  Ingham County Medical Care Fac		STREET ADDRESS, CITY, STATE, ZIP CODE  3860 Dobie Rd Okemos, MI 48864	

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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>45135</p> <p>Based on observation and interview, the facility failed to dispose of expired medications in one of four medication carts and one of three medication storage rooms reviewed, resulting in the potential for decreased efficacy of medications and adverse side effects in a current facility census of 132 residents.</p> <p>Findings include:</p> <p>During an observation on 10/09/24 at 08:50AM of Blue Cart a bottle of Thiamin Vitamin B-1 100mg with an expiration date of 03/24.</p> <p>During an observation on 10/09/24 at 09:00AM in the Blue Medication Room, observed a bottle of Move+Vision+Bones+Supplement expired on 04/24.</p> <p>During an observation on 10/09/24 at 09:10AM of the [NAME] Ridge Medication Room, two bottles of Calcium Carbonate 500mg with an expiration date of 04/24.</p> <p>During an interview on 10/11/24 at 09:20 AM, DON B stated nurses checked them on the night shift. DON B also stated the central supply person was supposed to have helped monitor the medication carts and the medication rooms, but she did not the carts and rooms.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235015	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/11/2024
NAME OF PROVIDER OR SUPPLIER  Ingham County Medical Care Fac		STREET ADDRESS, CITY, STATE, ZIP CODE  3860 Dobie Rd Okemos, MI 48864	

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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32064</b></p> <p>Based on observation, interview, and record review, the facility failed to store and prepare food in accordance with professional standards for food service safety.</p> <p>Findings include:</p> <p>An observation of the main kitchen reach in cooler on [DATE] at 08:36 AM with Dining Services Manager (DSM) P revealed the following:</p> <ul style="list-style-type: none"> <li>- a container of chicken with a use by date of [DATE]</li> <li>- two containers of pureed vegetables with a use by date of [DATE]</li> <li>- a container of blue cheese dressing with a use by date of [DATE]</li> <li>- a container of pureed pasta with a use by date of [DATE]</li> <li>- an unlabeled/undated container of food.</li> </ul> <p>DSM P removed the expired/undated food items from the cooler and reported they believed the unlabeled container was pumpkin pie filling.</p> <p>On [DATE] at 08:50 AM, upon entrance into the rehab kitchen, a cloth hamper was observed overflowing with soiled rags and aprons. There were numerous fruit flies flying above the hamper. DSM P agreed there were fruit flies and reported the hamper should have been emptied the night before. An observation of the reach in cooler revealed the following:</p> <ul style="list-style-type: none"> <li>- a tub of coffee creamer with a use by date of [DATE]</li> <li>- ready care thickened water with a use by date of [DATE]</li> <li>- an unlabeled/undated bowl of unidentified food</li> <li>- an undated bowl of oatmeal</li> <li>- two pitchers of smoothies with a use by date of [DATE]</li> <li>- a jug of barbeque sauce with a use by date of [DATE]</li> <li>- ketchup with a use by date of [DATE]</li> <li>- tub of vanilla pudding with a use by date of [DATE]</li> </ul> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235015	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/11/2024
NAME OF PROVIDER OR SUPPLIER  Ingham County Medical Care Fac		STREET ADDRESS, CITY, STATE, ZIP CODE  3860 Dobie Rd Okemos, MI 48864	
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Dry storage included two containers of dry cereal with a use by date of [DATE]. An observation of the walk-in cooler revealed a tray of bedtime snacks which included three smoothies, four puddings, milk, a sandwich, and cottage cheese. The tray of items had a use by date of [DATE]. The walk-in cooler also contained a container of blue cheese with a use by date of [DATE], vanilla pudding with a use by date of [DATE], and an unlabeled/undated bottle of what appeared to be ranch dressing. DSM P removed all identified expired food items. DSM P reported the tray of bedtime snacks were likely snacks that were refused in which case they should have been disposed of and not placed back in the cooler.</p> <p>,d+[DATE].17 of the 2017 Food and Drug Administration (FDA) Food Code, revealed (A) Except when PACKAGING FOOD using a REDUCED OXYGEN PACKAGING method as specified under S ,d+[DATE].12, and except as specified in (E) and (F) of this section, refrigerated, READY-TO EAT, TIME/TEMPERATURE CONTROL FOR SAFETY FOOD prepared and held in a FOOD ESTABLISHMENT for more than 24 hours shall be clearly marked to indicate the date or day by which the FOOD shall be consumed on the PREMISES, sold, or discarded when held at a temperature of 5 C (41 F) or less for a maximum of 7 days. The day of preparation shall be counted as Day 1.</p> <p>On [DATE] at 12:21 PM, the South Unit/[NAME] Ridge steam table service was observed. Dietary Aide (DA) Q was serving meals and reported they already took temperatures of the food items on the steam table. DA Q was asked to take temperatures again. The chicken breast had a temperature of 123 degrees Fahrenheit. DA Q reported the chicken was too cold and it would be sent back to the kitchen.</p> <p>On [DATE] at 1:25 PM a test tray was given to the surveyor. All other trays on the unit had been passed; this was the last tray in the cart and was immediately handed to the surveyor after the previous tray had been passed. The food temperatures were as follows: Chicken Breast: 128 degrees Fahrenheit; Potatoes: 124 degrees Fahrenheit; [NAME] Beans: 120 degrees Fahrenheit; Milk: 43 degrees Fahrenheit.</p> <p>,d+[DATE].16 of the 2017 FDA Food code revealed Except during preparation, cooking, or cooling, or when time is used as the public health control as specified under S,d+[DATE].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 [degrees Celsius] (135 [degrees Fahrenheit]) or above, except that roasts cooked to a temperature and for a time specified in ,d+[DATE].11(B) or reheated as specified in ,d+[DATE].11(E) may be held at a temperature of 54 [degrees Celsius] (130 [degrees Fahrenheit]) or above; P or (2) At 5 C (41 F) or less.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235015	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/11/2024
NAME OF PROVIDER OR SUPPLIER  Ingham County Medical Care Fac		STREET ADDRESS, CITY, STATE, ZIP CODE  3860 Dobie Rd Okemos, MI 48864	
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 0883</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 for flu and pneumonia vaccinations.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 32064</p> <p>Based on interview and record review, the facility failed to administer an influenza immunization per consent for one (Resident #46) of five reviewed.</p> <p>Findings include:</p> <p>Review of the medical record revealed Resident #46 (R46) was admitted to the facility on [DATE] and readmitted [DATE] with diagnoses that included dementia and heart failure. The Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 8/9/24 revealed R46 had moderately impaired cognitive skills for daily decision making. The medical record revealed R46 had a legal guardian.</p> <p>Review of the Infection Note dated 10/13/24 revealed messages were left with R46's guardian to get consent for the influenza vaccine and that a letter was sent on 8/26/24 with no reply.</p> <p>R46 was then hospitalized from 10/16/24 to 10/24/24. The hospital documents revealed no immunizations were given during hospitalization .</p> <p>Review of the Influenza Vaccine Informed Consent/Declination revealed on 10/25/23, R46's guardian gave verbal consent for R46 to receive the influenza immunization.</p> <p>Review of R46's medical record revealed the last influenza immunization received was on 10/13/22. An influenza immunization was not given for the 2023 influenza season.</p> <p>In an interview on 10/11/24 at 9:33 AM, Director of Nursing (DON) B reported the facility did not have record that R46 received an influenza immunization after consent was given on 10/25/23.</p>		