STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235016	A. Building B. Wing	05/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Allegra Nursing and Rehab	434 W North St Jackson, MI 49202

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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Respond appropriately to all alleged violations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 22348 This citation pertains to Intake numbers: MI00152521 and MI00152424. Based on observation, interview, and record review, the facility failed to thoroughly and accurately conduct an investigation of a fall that sustained a left hip fracture for one Resident (R#501) of four (4) sampled residents reviewed for fall. Findings include: Resident #501 (R501) On 5/1/25 at 10:27 AM, Resident 501 (R501) was observed grimacing and complaining of severe, unbearable pain in bed. R501 revealed she fell and broke her hip, but could not recall how it happened or when it happened. R501 attempted to get up and indicated she wanted me to stay until she returned. She said she was going to the bathroom when asked where she was going. R501's call light was not within reach during the observation. However, R501 was observed holding the wall lamp metal chain cord and was pressing on the metal bell at the tip of the metal string. Like she was pressing a call light button. R501, during a brief interview, was observed to be very confused and expressed that she was in extreme pain. A review of R501's Electronic Medical Record (EMR) conducted on 5/1/25 revealed R501 was [AGE] years old, admitted on [DATE] with the diagnosis of Dementia, Difficulty Walking, Schizophrenia, and Type II Diabetes in addition to other diagnoses. On 4/17/25, R501 fell twice and was sent to the hospital the following day on 4/18/25. R501 returned on 4/23/25 with an additional diagnosis of Displaced Interthrochanteric Fracture of the left Femur, subsequent encounter for closed fracture with routine healing, and an encounter for other orthopedic aftercare. The Minimum Data Set, dated dated dated [DATE] indicated that R501's Brief Interview of Mental Status (BIMS) Score was 10/15. A score of 10 for BIMS indicates moderate cognitive impairment. R501's Care Plan for Safety was Ambulation, which requires assistance from (1) staff to walk with a walker daily. Locomotion: R501 is independent for locomotion in a manual wheelchair, and Transfers require assistance by (2) to move between surfaces with a 2-wheeled walker. Description of the 2 Fall incidents: (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235016	A. Building B. Wing	05/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Allegra Nursing and Rehab	434 W North St Jackson, MI 49202

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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Incident Report Fall #1 dated 4/17/25 at 4:00 PM was reviewed on 5/1/25 at 1:45 PM. It revealed that R501 was found on the floor in the hallway with a wheelchair in front of her. R501 was unable to give a description. Although the resident was described to be alert, her mental status was described to be oriented to person and place but not to situation or time. Post-fall, the pain level was left blank, and the level of consciousness, mental status, mobility, and other predisposing factors were all left blank. When the facility was asked for the Witness or direct care staff statements. The Director of Nursing (DON) on 5/1/25 at 3:45 PM, indicated that the incident report is the nurse's statement. They did not obtain a written narrative statement from the nurse. The DON also stated that she did not get a statement from the CNA D assigned because she was not involved in the incident, because she was not there, and that the fall was unwitnessed. According to Nurse K on May 1, 2025, at 11:20 AM, and the DON on May 2, 2025, at 3:45 PM, Fall Incident# 1 on 4/17/25 at 4:00 PM was an unwitnessed fall. Incident Report Fall #2 dated 4/17/25 at 4:35 PM was reviewed on 5/1/25 at 2:00 PM. It revealed, R501 got out of bed and started to push her wheelchair and fell on the floor in front of her room door.R501 was unable to give a descriptiondescription. Staff gotR501 back into bed, assessed resident-appeared at baseline, Did not hit head, Vital Signs WNL (Within Normal Limits). No injuries observed Post Incident. Resident Taken to Hospital? Y (Yes). The date and time of the incident report written was unknown or not specified. Several boxes were not answered or marked for assessment such as Level of Pain, Level of consciousness and Mobility status did not have an entry or check mark. Staff involved was not identified. An interview with Nurse K was conducted on 5/1/25 at 11:00 AM. She stated that there were two falls on 4/17/25. One was unwitnessed in the hallway when the resident (R501) yelled for help. And the second fall happened on 4/17/25 at approximately 4:35 when she self-ambulated in her room. When Nurse K was asked about the incomplete incident report, she stated that the resident was at her baseline, so there was nothing to write. When asked about the resident's baseline? Nurse K said, She was not in pain, but I did not indicate that there was zero pain at the time of assessment. Nurse K also indicated that R501 cognition/mental status and mobility remained the same, so there was nothing to write. She stated that there was another form that was handwritten. No witness statement was obtained from the nursing assistant (CNA) because she was not there to witness both falls. The Electronic Incident report did not contain a risk analysis and a thorough summary to conclude how the resident's fall resulted in fracture and surgery at the nearby hospital. There was no root-cause analysis, and no risk management and interventions were implemented to minimize or prevent further minor or major injuries caused by falls. There were no evidence of monitoring R601 for pain, nuerovital signs and change in condition from the last fall recorded at 16:35(4:35 PM) on 4/17/25 until the following morning approximately 16 hours later when R601 complained of unbearable pain and had difficulty moving and obvious left hip deformity observed by the morning staff the following day while in bed. A Nursing Checklist to Complete with Every Fall form was reviewed. The dates were initially written as 4/16/25 but were written over to reflect 4/17/25 at 16:30 (4:30 PM). The second Form, Nursing Checklist to Complete with Every Fall, was initially written on 4/18/25, but someone wrote over to reflect 4/17/25 at 16:32 (4:32 PM). The fall time did not match any of the dates and times of Fall #1 and #2 on 4/17/25. When Nurse K was asked, she did not respond. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235016	A. Building B. Wing	05/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Allegra Nursing and Rehab	434 W North St Jackson, MI 49202

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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Two nursing assistants, CNA G and CNA D, were interviewed on 5/2/25 at 2:27 PM and 2:45 PM. They were assigned to R501 on the day of the two falls on 4/17/25 and post-fall on 4/18/25. They both stated that they did not give their statements, nor were asked to provide a statement, until today, 5/2/25, for the event that occurred on 4/17/25. The DON revealed on 5/1/25 at 3:45 PM that the Charge Nurse's (Nurse K) Incident Report was considered her statement. When the DON was asked about the accuracy of the written over and missed entries in the electronic incident report and the post-fall forms, the DON did not reply. The DON did not have a summary of the investigation to conclude that the investigation was deemed not reportable to the state, despite the actual Fracture, Hospital admission, and surgical intervention post fall. During an interview on May 1, 2025, at 3:45 PM, the DON stated that there is no need to check those boxes if there are no abnormal findings. She further explained that no documentation is required if abnormal findings are found. The DON revealed that they are part EMR and part handwritten. The staff writes everything in the Post Fall Form. The don revealed that there is no need to complete the Incident Report (IR) in PCC if the Post-Fall Form is complete. It is not necessary. The DON admitted that she did not have statements from the direct caregivers, CNA G and CNA D, because they were not involved in the fall and did not witness it. She also did not have a statement from the Charge Nurse (Nurse K) who had seen Fall #1 and was the first responder and witness Fall #2 on 4/17/25. After a thorough discussion on the Reporting Process with the DON on 5/1/25 at approximately 3:45 PM, the DON stated the following: 1. The check marks in the IR were missing, therefore incomplete. 2. NO neurovitals were taken despite the IR stating an unwitnessed fall, and R501 could not verbalize what happened during the fall. BIMS Score=10. 3. The DON could not identify or know who the CNAs assigned to residents were because they were not involved in the fall. The DON revealed the investigation process: The charge nurse interviewed the resident and staff, and the nurse wrote a summary in the report. When asked for the Falls summary on 4/17/25, the DON indicated none. When asked who the CNAs were, the DON could not say their names, and no staff names were written because the fall was unwitnessed and they were not involved. The Facility Fall Program, which was reviewed in 1/2024, indicated that its purpose was to provide a safe environment for residents, modify risk factors, and reduce the risk of fall-related injuries. A Facility Incident Report Policy was requested on May 2, 2025. The Abuse Policy revised date of 1/2023 revealed, POLICY (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235016	A. Building B. Wing	05/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Allegra Nursing and Rehab	434 W North St Jackson, MI 49202

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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Abuse, neglect, exploitation, and misappropriation of any kind against residents, by any person, is strictly prohibited. This includes, but is not limited to: facility staff, other residents, consultants or volunteers, staff of other agencies serving the resident, family members or legal guardians, friends or other individuals. All allegations of resident abuse (including injuries of unknown origin), neglect, exploitation, or theft/misappropriation of resident property will be reported to the State Agency, law enforcement, and other agencies as required by current regulations and investigated by facility management. Findings of all investigations are documented and reported as required. Elder Justice Act - It is the responsibility of the facility to ensure that all staff are aware of reporting requirements and to support an environment in which covered individuals report a reasonable suspicion of a crime, and staff and others report all alleged violations of mistreatment, exploitation, neglect, or abuse, including injuries of unknown source, and misappropriation of resident property. REPORTING Facility employees who become aware of abuse or neglect shall ensure the resident's safety and IMMEDIATELY report the matter to the facility Administrator and/or Director of Nursing. Facility must report alleged violations- If the event results in serious bodily injury, the suspicion will be reported immediately, but not more than two hours after the individual first suspects a crime has occurred. Suppose the event does not result in serious bodily injury. In that case, the suspicion will be reported immediately but not more than twenty-four hours after the individual first suspects that a crime has occurred . DEFINITION .Neglect failure of the facility, its employees, or service providers to provide goods and services to a resident that are necessary to avoid physical harm, pain, mental anguish, or emotional distress.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235016	A. Building B. Wing	05/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Allegra Nursing and Rehab	434 W North St Jackson, MI 49202

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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 22348 This citation pertains to Intake numbers: MI00152521 and MI00152424. Based on observation, interview, and record review, the facility failed to thoroughly assess and monitor for pain and neurologic assessment after two falls (unwithnessed and witnessed) that sustained a left hip fracture for one Resident (R#501) of four (4) sampled residents reviewed for fall resulting in delay in treatment, increased experience in physical distress and worsening of pain. Findings include: Resident 501 (R501) On 5/1/25 at 10:27 AM, Resident 601 (R601) was observed grimacing and complaining of severe, unbearable pain in bed. R501 revealed she fell and broke her hip but could not recall how it happened or when it happened. R501, during a brief interview, was observed to be very confused and expressed that she was in extreme pain. A review of R501's Electronic Medical Record (EMR) conducted on 5/1/25 at 10:45 AM revealed R501 was [AGE] years old, admitted on [DATE] with the diagnosis of Dementia, Difficulty Walking, Schizophrenia, and Type II Diabetes in addition to other diagnoses. On 4/17/25, R501 fell twice and was sent to the hospital the following day on 4/18/25. R501 returned on 4/23/25 with an additional diagnosis of Displaced Intertrochanteric Fracture of the left Femur, subsequent encounter for closed fracture with routine healing, and an encounter for other orthopedic aftercare. The Minimum Data Set, dated dated dated [DATE] indicated that R501's Brief Interview of Mental Status (BIMS) Score was 10/15. A score of 10 for BIMS indicates moderate cognitive impairment. R501's Care Plan for Safety was Ambulation, which requires assistance from 1 staff member to walk with a walker daily. Locomotion: R501 is independent for locomotion in a manual wheelchair, and Transfers require assistance by (2) to move between surfaces with a 2-wheeled walker. Fall #1: Unwitness Fall 4/17/25 at 4:00 PM Incident Report Fall #1 dated 4/17/25 at 4:00 PM was reviewed on 5/1/25 at 1:45 PM. It was revealed that R501 was found on the floor in the hallway with a wheelchair in front of her. R501 was unable to give a description. Although R501 was alert, her mental status was oriented to person and place only. However, she was assessed as not oriented to the situation or time. Post-fall, the pain level was left blank, and the level of consciousness, mental status, mobility, and other predisposing factors were all left blank. When the Director of Nursing (DON) was asked for witness statements. The Director of Nursing (DON) on May 1, 2025, at 3:45 PM, indicated that Nurse K failed to report to the oncoming nurse of the two incident reports, and one fall was unwitnessed. If the fall was unwitnessed, they automatically get neurovital signs monitoring. When the DON was asked for the frequency of the neurovitals checked, she revealed that it was not done immediately after the fall #1. The neurovitals started after 8:00 AM the following day on 4/18/25. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235016	A. Building B. Wing	05/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Allegra Nursing and Rehab	434 W North St Jackson, MI 49202

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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	According to Nurse K on May 1, 2025, at 11:20 AM, and the DON on May 2, 2025, at 3:45 PM, Fall Incident# 1 on 4/17/25 at 4:00 PM was an unwitnessed fall. Nurse K admitted she did not start a neurovitals and told the oncoming nurse that R501 fell , but did not go into the details that there were two falls and one was unwitnessed. I forgot to report to the oncoming nurse; I should have started it immediately when she was found in the hallway the first time she fell on [DATE]. Fall #2: Witnessed Fall #2 dated 4/17/25 at 4:35 PM The Fall #2 incident report on 4/17/25 at 4:35 PM was reviewed on 5/1/25 at 2:00 PM. It revealed that Nurse K was at the scene when R501 fell the second time on 4/17/25. R501 could not describe what happened. Staff got her up and put her back in bed. Denies pain. The DON revealed on 5/1/25 at 3:45 PM that if any unwitnessed fall occurred, especially when the resident could not describe how the fall occurred, the nurses automatically required neurovital signs monitoring. The DON explained the process for the nurses to follow: Neurological Assessments are monitored every 15 minutes X 4, (from the date and time of the incident), then every 30 minutes. X 4, then every hour X 4, and every 4 hours X 4. A neurological assessment form was reviewed for R501 on 4/17/25 at 16:30. There was no entered neurological assessments after 4/17/25 after 4:30 PM until T;00 AM the following day (4/18/25), approximately 15 hours later. The assessment did not include any description of the pain level. The following Neurological Assessment record was noted: 4/17/25 at 16:30 No entries found from 16:30 to 4/18/25 at 7:00 AM and 4/18/25 at 11:00 AM. Only 3 entries of assessment were entered. The entry dated 4/18/25 at 13:00 noted that R501 was out at the hospital. The assessment did not include any description of pain level. After a thorough discussion on the Fall Process with the DON on 5/1/25 at approximately 3:45 PM, the DON stated the following: 1. The check marks in the IR were missing, therefore incomplete. 2. NO neurovitals were taken despite the IR stating an unwitnessed fall, and R501 could not verbalize what happened during the fall. BIMS Score=10. 3. The DON could not identify or know who the CNAs assigned to residents were because they were not involved in the fall. Nurse F was the Day shift Nurse coming in on 4/18/25 at 7:00 AM On 5/2/25 at 1:30 PM, she revealed that when she went in that day, the outgoing nurse gave a report and mentioned her fall. Nurse F noticed that there was no neuro sheet. The aide alerted me and reported to her that the leg was swollen and painful when being moved. R501's pain level was 8/10. Tramadol for pain was administered, and the neurologic assessment started right away since nothing was found. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235016	A. Building B. Wing	05/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Allegra Nursing and Rehab	434 W North St Jackson, MI 49202

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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Nurse F stated, There was no handoff from the outgoing nurse. R501 told me she fell , and the staff member got her back in bed. Nurse F described that R501's left leg was displaced. It was very unusual, CNA G and nurse F observed that she was in pain. CNA G got me because she wanted me to see the leg. Nurse F got hold of the Nurse Practitioner right away. At first, the doctor ordered an X-ray. But because of the condition of the leg and the pain level, the Nurse Practitioner changed her mind and sent her to the hospital instead for further evaluation and treatment. Nurse Practitioner (NP E) was interviewed on the phone on 5/2/25 at 1:48 PM. She said she came to the facility between 9 AM and 12 PM. NP E revealed that she assessed R501 and observed a significant change in her pain level and left leg. NP E observed that R501's left leg was externally rotated, with discoloration and severe pain. There was a notable change in range of motion (ROM) on the lower left extremity. At first, an X-ray was ordered, but then we decided to send her out to the hospital for further evaluation and treatment, and rule out a fracture on the left lower extremity. We did not wait for the X-ray services to arrive in-house. R501 was sent out to the emergency room . Nurse Aide G (CNA G) on 5/2/25 at 2:00 PM stated that she did not get to write a statement until now, so she dated it now (5/2/25) related to R501's broken leg found on 4/18/25. CNA G explained she was in another room when the fall on 4/17 happened. I wrote the statement that she was acting differently. Sometimes she would act a little out of the ordinary. But on that day, she did not touch her breakfast. CNA G recalled pulling her pants, and R501 must have yelled, and her leg was big and swollen. R501's leg was bigger on one side than the other. It was significantly big. R501 did not get up or eat breakfast, and she wanted to lie back down. That's when CNA G stated that she was not herself. R501 yelled a little bit when she was repositioned. Usually, she would be out of bed to go downstairs for breakfast, back and forth, and everywhere. CNA G emphasized by saying, It was obvious, you can tell there was something wrong with the R501 (R501's name mentioned). Progress notes were reviewed on 5/2/25 at 3:30 PM: > On 4/17/25 at 17:40 (5:40 PM)Nurses Notes entered: I heard the resident yelling for help and looked down the hall and noticed the resident on the floor by her room, the resident stated she didn't know how she fell and wants to lie down. The Resident lying in bed. will continue to monitor. > On 4/17/25 at 19:02 (7:02 PM) Note Text: Resident yelling and screaming getting into her chair in her room, resident then nose dived into the wall in her bathroom. The resident is now lying back in bed. will continue to monitor. > On 4/18/25, the following entry was from the Nurse Practitioner NPE who examined R501 between 9:00 AM and 12:00 PM per NP E. R501 was sent to the hospital at approximately noon. No assessment and monitoring notes related to Pain Level and Neurological Assessment were found all night from 4/17/25 at 7:02 PM until 7:00 AM. The morning shift nurse entered a neurological assessment in the Neurovitals Assessment Form on 4/18/25. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235016	A. Building B. Wing	05/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Allegra Nursing and Rehab	434 W North St Jackson, MI 49202

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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Medication Administration Record (MAR) for April 2025 revealed that R501 has a routine order to receive Acetaminophen 500 mg, two tablets are ordered twice a day for pain, scheduled at 0900 AM and 1700 (5:00 PM). The resident's MAR indicated the number 12 and the nurse's initials. There was no number 12 among the codes supplied by the facility for use. Code 12 was unknown, and it was not related to pain level or the effectiveness of Acetaminophen, which was marked on the MAR on 4/17/25. It was not confirmed if R501 received any pain medication between 4/17/25 at 0900 AM and 4/17/25 at 1700 (5:00 PM). According to the MAR on 4/18/25 at 11:22 AM, R501 had a pain level of 8 and was given a PRN Tramadol HCL Tablet 50 mg, one tablet needed for moderate and severe pain. R501 did not receive pain control relief from 4/17/25 at 5:00 PM up to 4/18/25 at 11:22 AM. No pain assessment was recorded throughout 4/17 until 4/18/25, but pain relief was not administered until 4/18/25. The Facility Neurological Assessment Monitoring Policy and Pain Management Policy were requested on 5/2/25 at 10:28 AM. No policy was submitted to the surveyor upon exit on 5/2/25.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235016	A. Building B. Wing	05/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Allegra Nursing and Rehab	434 W North St Jackson, MI 49202

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 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** 22348 This citation pertains to Intake numbers: MI00152521 and MI00152424. Based of interview and record review, the facility failed to timely revise/update care plans for one resident (R#501) of four residents reviewed for care plan revision resulting in care plans not being revised as the status and needs of the residents changed related to pain and post surgical site skin care. Findings include: Resident #501 (R501) A review of R501's Electronic Medical Record (EMR) conducted on 5/1/25 at 10:45 AM revealed R501 was [AGE] years old, admitted on [DATE] with the diagnosis of Dementia, Difficulty Walking, Schizophrenia, and Type II Diabetes in addition to other diagnoses. On 4/17/25, R501 fell twice and was sent to the hospital the following day on 4/18/25. R501 returned on 4/23/25 with an additional diagnosis of Displaced Intertrochanteric Fracture of the left Femur, subsequent encounter for closed fracture with routine healing, and an encounter for other orthopedic aftercare. The Minimum Data Set, dated dated dated [DATE] indicated that R501's Brief Interview of Mental Status (BIMS) Score was 10/15. A score of 10 for BIMS indicates moderate cognitive impairment. R501 was hospitalized on [DATE] and underwent surgical repair of a displaced intertrochanteric Fracture of the Left Femur after subsequent falls on 4/17/25. R501's Care Plan was reviewed for pain and skin care (post-operative surgical site). According to the review of records, R501's skin care plan was reviewed on 5/2/25 at 10:00 AM. R501's pain care plan was reviewed on 5/2/25 at 10:05 AM R501's Pain Care Plan was last revised 3/17/25. Focus: I am at risk for pain related to scoliosis, general discomfort. On 3/17/25 at 4:00 and 4:35 PM, R501 fell and sustained a fracture on the left femur requiring surgery. New medications were ordered post-operatively upon readmission on 4/23/25, but no care plan revision was noted. New pain control regimen was noted upon return from the hospital: A new prescription was ordered, such as Norco every 4 hours, tramadol was discontinued, and the doctor examined R501 on 5/1/25 to ensure pain management was good since 4/23/25 readmission. R501's Skin Care Plan was reviewed on 5/2/25 at 10:10 AM. R501's altered skin integrity care plan was last updated on 2/24/2025. No additional interventions were planned for the post-operative surgical site skin care, monitoring, or treatments in place. The current change in condition since readmission on 4/23/25, such as surgical site care and infection prevention, was not put in place. An interview with the Director of Nursing (DON) was conducted on 5/2/25 at 12:00 PM. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235016	A. Building B. Wing	05/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Allegra Nursing and Rehab	434 W North St Jackson, MI 49202

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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The DON explained that they currently do not have an MDS nurse in the building and that she will try her best to answer any questions about MDS assessments and care plans. R501 care plan was reviewed with the DON. The DON agreed that R501 previously had pain and a skin care plan. It was not revised according to the recent post-surgical site care, and for a higher level of pain. The facility's policy for care plan update and revision was requested on 5/2/25 at 11:00 AM. No Care Plan Update and Revision Policy was provided during the exit conference on 5/2/25 at 3:00 PM.