

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235019	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/15/2026
NAME OF PROVIDER OR SUPPLIER Jackson County Medical Care Facility		STREET ADDRESS, CITY, STATE, ZIP CODE 524 Lansing Avenue Jackson, MI 49201	

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 0600</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** This citation pertains to intake #2712733Based on observations, interviews and record review, the facility failed to protect the resident's (R2) right to be free from neglect resulting in a fall with staff and suffering a fractured right humerus. Findings Include: Review of Resident #2 (R2) clinical record, including the Minimum Data Set (MDS) dated [DATE] revealed R2 was a [AGE] year-old female with diagnosis of dementia. R2 scored 6 out of 15 (severe cognitive impairment) on the Brief Interview for Mental Status (BIMS). Review of R2's fall risk assessment dated [DATE] indicated R2 was at high risk for falls.Review of R2's comprehensive care plan for the Activity of Daily Living (ADL) dated 11/23/25 revealed R2 required 2 staff persons for transfers using a mechanical lift assistive device stand-up lift. Review of R2's Kardex (a care guide used by Certified Nursing Assistants) that was in place on 12/26/25 revealed and confirmed that R2 required 2 staff persons for transfers using a stand-up lift. Review of the incident report, completed by RN H, dated 12/26/25 revealed Certified Nursing Assistant (CNA) C, had transferred R2 that morning after completing am care. CNA C was in the midst of transferring R2 from the bed to the wheelchair and while maneuvering the stand up lift heard a pop sound, the clasp unbuckled, right strap came off the lift and R2 fell out of the lift and onto the ground. R2 complained of right upper extremity pain with movement along with visible swelling.Record review reflected a stat x-ray was ordered of R2's right shoulder, results dated 12/26/25 at 10:12 am revealed R2 had a fracture of the surgical neck and greater tuberosity extension. On 01/15/26 at 10:37am during a phone interview with CNA C she reported R2 was transferred with only her in the resident room. CNA C stated she was a new CNA and this was her first job and had been employed at the facility since July 2025. CNA C elaborated that she was trained that R2 was a one person transfer and that everyone transfers R2 by themselves. CNA C was queried if she had access to R2's care plan or Kardex in which she replied she did have access to both. CNA C stated she did not reference it as there was no changes in her status at that time as CNA C knew R2's was a 1-person transfer. CNA C stated she only referred to the Kardex on new residents. During the same interview, CNA C stated was not aware that R2 was a two-person transfer using the stand-up lift until after she was suspended pending the investigation of the incident. When queried what occurred 12/26/25 during R2's transfer, CNA C stated she was alone with R2, completed care and was using the stand-up lift. CNA C stated she buckled R2's sling but one of the clips on the right of the lift was missing. CNA C stated she had used the same lift on Christmas Eve 12/24/25 when she saw that the sling clip/stopper was not in place. CNA C stated that she transferred R2 on Christmas Eve without incident. CNA C stated that the day after Christmas on 12/26/25 she transferred R2 with the same lift with the missing clip and decided to proceed to proceed with the transfer, as she used the same lift two days prior. CNA C said that on 12/26/25 while the resident was in the lift when she heard a pop and the buckle came apart. It came apart on the right side, where the sling loops onto the lift (where the missing clip/stopper</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: Facility ID: 235019	If continuation sheet Page 1 of 3

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