STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235026	A. Building B. Wing	05/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Gogebic Medical Care Facility	402 North Street Wakefield, MI 49968

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 0602 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from the wrongful use of the resident's belongings or money. 49310 This deficiency pertains to intake #MI00144437. All times are in Eastern Daylight Time unless otherwise noted. Based on interview and record review, the facility failed to utilize a process for accurate inventory and accounting of controlled substances for One Resident (R1) of three residents reviewed for controlled substances. Findings include: Resident #1 (R1) was on end of life, palliative care (comfort care focused on preventing and treating suffering). A Minimum Data Set (MDS) Assessment on 4/16/24 documented a score of 00 on the BIMS (Brief Interview for Mental Status), indicating R1 was severely cognitively impaired. R1 was prescribed Morphine Sulfate solution (a medication used to treat pain) 2-4 mg by injection every two hours as needed. According to a report filed with the State Agency, two vials of R1's Morphine were identified as missing from the medication cart on 4/30/24. The Nursing Home Administrator (NHA) was interviewed on 5/15/24 at 11:55 a.m. The NHA said she was notified by staff on 4/30/24 at 5:00 a.m. Central Standard Time (CST) about the missing medication. The NHA said a search of the facility was conducted on 4/30/24 but the missing vials of Morphine were not located. The NHA said continuous camera footage was reviewed and the last time the missing Morphine was observed being physically counted by nurses was on 4/24/24. The pharmacy delivery slip confirmed the delivery of twenty-five vials of Morphine Solution for R1 on 2/14/2024. The NHA asserted the floor nurses were the only individuals with keys and access to the medication carts. The NHA revealed the oncoming-shift nurses and off-going shift nurses were not counting controlled substances at shift change. The NHA said the nurses on the floor were counting the controlled substance inventory during their shift amongst themselves but were not validating the controlled substance inventory with the off-going nurse when the exchange of keys took place and the oncoming nurses assumed responsibility for the inventory from the previous shift's nurses. The NHA said the policy had been revised to include the verification of the controlled substance inventory was completed by the nurse coming on shift with the nurse going off shift. (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
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0602 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 5/15/24 at 12:50 p.m., R1 was observed in her room lying in bed. R1 did not respond to questioning. On 5/15/24 at 2:05 p.m., The controlled substance inventory on the 200-unit east hall and the 200-unit west hall were validated with Licensed Practical Nurse (LPN) E. LPN E stated, We used to count the narcotics at some time during our shift but now we count with the nurse from the previous shift. It started sometime in May [2024]. LPN E was asked when the controlled substances were accounted for during the shifts prior to the new process. LPN E replied, it varied - there wasn't a set time. LPN C was interviewed on 5/15/24 at 2:55 p.m. LPN C said she and Registered Nurse (RN) H were the last nurses to verify the controlled substance inventory on 4/29/24 prior to the missing Morphine being identified on the next shift on 4/30/24. LPN C said she could not recall the time the medications were counted on 4/29/24. LPN C said on 4/29/24 she was sitting at the desk documenting on the declining inventory sheets while RN H visualized and inventoried the controlled substances in the medication cart. LPN C said RN H had the medication cart open and was counting the medications by herself while telling LPN C how many meds were there, and LPN C was writing the numbers RN H was telling her on the declining inventory sheet for each resident. LPN C said, I never even saw the medications in the cart. Phone calls were made to RN H on 5/15/24, and messages were left requesting a return call. RN H did not return the call as requested by the end of the survey. The facility's Consultant Pharmacist (RPh) was interviewed on 5/15/24 at 3:36 p.m. The RPh was asked if oncoming shift nurses are expected to verify the controlled substances inventory with the off-going shift nurses. The RPh replied, That goes without saying - it's a standard of practice. The RPh reiterated the nurse coming on-shift should be visually counting controlled substances with the nurse going off-shift to verify the accuracy of the number of controlled substances. The RPh produced an undated document labeled Control Substances with Facility. The document read, in part: . 8. Controlled substances are counted and agreed upon at shift change . The facility policy Controlled Substances dated 5/2024 read, in part: Purpose: The purpose of this policy is to assure [sic] safe and proper disposition of accounting for controlled substances .4. At the end of each shift, two nurses (outgoing nurse with oncoming nurse) together will count the amount of each controlled substance to ensure that [sic] it matches the amount of medication and number on the Certificate of Disposition form .