

Department of Health & Human Services  
Centers for Medicare & Medicaid Services

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No. 0938-0391

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>235026                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                             | (X3) DATE SURVEY<br>COMPLETED<br><br>05/06/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Gogebic Medical Care Facility                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>402 North Street<br>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. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                      |                                                 |
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| <p>F 0699</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Provide care or services that was trauma informed and/or culturally competent.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility failed to assess and implement person centered interventions associated with trauma for one Resident (#71) of three residents reviewed for trauma informed care. Findings include: Resident #71 (R71) Review of Minimum Data Set (MDS) assessment dated [DATE], revealed admission to the facility on [DATE], with diagnoses that included: depression. R71 scored 13 of 15 on the Brief Interview for Mental Status (BIMS) assessment reflective of intact cognition. Further review of the MDS Section D: Mood revealed R71 experienced the following: Little interest or pleasure in doing things and felt down, depressed, or hopeless. Trouble falling or staying asleep and felt tired or had little energy. Trouble concentrating on things Felt bad about herself or that she is a failure During an interview on [DATE] at 1:52 p.m., R71 reported, I am very depressed. my daughter died and she and I were very close. we did everything together. I don't feel like eating. I hope I am taking an antidepressant. I tried to commit suicide years ago but would not do that now as I don't think about that. I sometimes cry when I am by myself because I miss her so much. During an interview on [DATE] at 8:56 a.m., Social Services Designee (SSD) H stated, (R71) was raped when she was younger and I have not completed a trauma assessment. (R71) is also very depressed about her daughter dying. I have not completed a trauma assessment for (R71) regarding the death of her daughter. During an interview on [DATE] at 10:30 a.m., Certified Nurse Aide (CNA) I stated, (R71) talked about her daughters death and became very depressed. (R71) wont get out of bed for days. She used to not eat and there was a time for months she would not eat breakfast all she would do is sit in the dark in her room. (R71) also talked about what happened to her when she was raped and she got very depressed about that. I don't know what happens to her, but she cycles with her depression. During an interview on [DATE] at 10:41 a.m., R71 stated, When I was around [AGE] years old, I moved away to live with a girlfriend. While we were drinking alcohol and having a little party I went with one of the guys to get some more alcohol. He suddenly hit me over the head, beat me, and raped me. He beat me so much that I had a broken jaw, broken teeth, and I was bruised everywhere. I was so scared and for several months I thought I might be pregnant as I did not have a period. I started to drink a lot of alcohol to get through it. I became an alcoholic. I have been sober for over 40 years. I still have horrible nightmares about being raped and wake up scared and afraid. What had helped me thru the years was going to (Support Group Redacted). I talked about it and helped others. but I have not had the opportunity to help anyone since coming here. The other horrible nightmare I have is about my daughter's death. I miss her everyday and my heart hurts. There are days I don't want to get out of bed and sometimes I don't. I don't want to eat and just want to give up. I have those horrible nightmares about being raped and my daughter's death, but nothing really triggers them. When I wake up it all hits me again. It would help me to talk about it and to help other people at meetings like (Support Group Redacted) or other support groups. Review of Social Services notes dated [DATE], read in part. Resident [R71] feels depressed, resident then listed the personal losses that she has experienced. writer asked resident if a support group was started would she attend, resident said yes and that she had led support groups. and would be interested in helping. Writer will meet with resident Monday to plan. Review of Social Services notes dated since [DATE] did not reveal any support (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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER<br>REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| F 0699<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | <p>groups being offered or plans for resident to attend support groups.Further review of Social Services notes did not indicate a trauma assessment had been completed or any indication of resident having nightmares over the trauma from being raped or nightmares regarding the death of her daughter.Review of R71's care plan did not reveal any trauma assessment being completed or the recurrent nightmares R71 had been experiencing.Review of document titled Facility Assessment (FA) last revised 1/26, read in part .Part 2: Services and care we offer based on our residents' needs.mental health and behavior. Manage the medical conditions and medication related issues causing psychiatric symptoms and behavior, identify and implement interventions to help support individuals with issues such as dealing with anxiety.care of individuals with depression, trauma.Review of policy titled Trauma-Informed Care (TIC) Policy and Procedure last revised 8/19, read in part . Trauma informed care is a principle based culture change process that acknowledges the pervasiveness of trauma a focuses on how trauma may affect an individual's life and response to behavioral health services.trauma is a wound.these traumatic events can create long lasting adverse effects on a residents physical, social, emotional, and spiritual well-being.adverse childhood experiences (ACE) contribute to trauma.(ACE's) include.abuse.substance use disorder, mental illness.when an elder faces a new trauma or stressor any changes involves loss and any loss needs to be grieved.During an interview on [DATE] at 12:34 p.m., the Nursing Home Administrator (NHA) acknowledged the concern regarding a lack of a trauma assessment/trauma informed care.Review of a document provided by the facility on [DATE] at 1:47 p.m., revealed an undated and untitled document, read in part .In the past I had a traumatic experience of being raped. Things that may upset me due to this experience is: Think about it sometimes makes me sick to my stomach. The document was unsigned by any staff member. The document did not indicate an assessment related to the trauma over the death of her daughter or the recurrent nightmares from being raped or the death of her daughter.</p> |                                                                                      |                                                 |

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| <p>F 0880</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, interview, and record review the facility failed to ensure appropriate hand hygiene during wound care for one Resident (#66) of three residents reviewed for pressure injuries. This deficient practice resulted in the potential for the transmission of infectious organisms and delayed wound healing. Findings include: Resident #66 (R66) Review of R66's Minimum Data Set (MDS) assessment, Section M: Skin Conditions, dated 3/20/26, revealed three unhealed Stage IV pressure injuries (Full thickness tissue loss with exposed bone, tendon or muscle. Slough or eschar may be present on some parts of the wound bed. Often includes undermining and tunneling). R66 scored 11 of 15 on the Brief Interview for Mental Status (BIMS) reflective of moderately impaired cognition. Review of R66's Physician Orders for Month of 04/2026, obtained from the facility on 5/6/26 at 10:20 a.m., revealed the following wound care treatment orders: Buttock wounds Including right glut (gluteal/buttock), left glut and sacral: (brand name solution) 1/4 strength for 5 minutes to each wound with each dressing change. Apply (brand name dressing material) to all wound beds. Cut no more than 1 cm (centimeter) of overlap on Peri-Wound (surrounding wound tissue surface), The individual adhesive foam dressings. Change daily 7-3 (7:00 AM-3:00PM) shift first date: 01/22/26. Buttock wounds Including right glut (gluteal/buttock), left glut and sacral: (brand name solution) 1/4 strength for 5 minutes to each wound with each dressing change. Apply (brand name dressing material) to all wound beds. Cut no more than 1 cm of overlap on Peri-Wound, The individual adhesive foam dressings. Change daily p.r.n. (as needed) if loose, soiled, or saturated first date: 01/21/2026. Observation of wound care/dressing changes for R66 was performed on 5/5/26 at 10:40 a.m., with Licensed Practical Nurse (LPN) B. The following infection control/hand hygiene breaches were observed during wound care dressing changes for three Stage IV pressure injuries (per R66's MDS assessment) on R66's sacrum, left gluteal and right gluteal. 1. Left Gluteal Wound Observation on 5/5/26 at 10:40 a.m., of LPN B, who used a skin preparation wipe on the skin surrounding R66's left gluteal wound wearing clean gloves. LPN B touched the inside of the plastic garbage bag with now dirty gloves. LPN B picked up the (brand name dressing material) wound dressing with her contaminated gloves and applied the (brand name dressing material) directly onto the wound bed. 2. Sacral Wound Observation on 5/5/2026 at 10:58 a.m., with donned gloves LPN B removed R66's dirty sacral wound dressing. With the same dirty gloves LPN B took clean 4x4 gauze pads out of a zippered storage bag, picked up the bottle of (brand name solution) and moistened the 4x4's with the (brand name solution) and applied the moistened 4x4's (with dirty gloves) to the sacral wound bed to soak for five minutes. Following appropriate hand hygiene and donning of clean gloves LPN B touched the inside of the plastic garbage bag with her gloves while cutting the (brand name dressing material). LPN B placed her dirty gloves into the clean dressing supply zippered storage bag to get a skin prep wipe. The skin prep wipe was used on the skin surrounding R66's sacral pressure injury, and using the same dirty gloves the (brand name dressing material) was placed on the wound bed and a 6x6 dressing applied. 3. Right Gluteal Wound Observation on 5/5/26 at 11:36 a.m. with donned gloves LPN B removed the dirty dressing and placed it into the plastic garbage bag. Gloves were removed and new gloves donned, with no performance of hand hygiene, LPN B took clean 4x4 gauze pads out of the clean zippered storage bag with her, now considered dirty gloves, touched the inside of the plastic garbage bag with her gloves, applied (brand name solution) to the gauze and placed the gauze onto the wound bed (all with dirty gloves). With clean gloves now donned, skin prep was applied to the skin surrounding the right gluteal wound, including the scrotum. Slough was visible on the interior edges of the wound. With the same dirty gloves LPN B picked up the (brand name dressing material) and placed it into the wound bed. Exterior wound dressing was applied with the same contaminated gloves. During an interview on 5/5/26 at 11:36 a.m. Infection Preventionist (IP)/ Registered Nurse (RN) A agreed dirty gloves should have been removed and hand hygiene performed when dirty gloves were removed, after applying skin prep to the skin surrounding the wounds including the scrotum, gluteal area, and (continued on next page)</p> |                                                                                      |                                                 |

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| F 0880<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | sacrum, and touching the plastic garbage bag during the wound care process. IP A acknowledge the discussed, above concerns were not consistent with hand hygiene infection control policies and procedures. During an interview on 5/6/26 at 8:35 a.m., when asked about failure to perform appropriate wound care hand hygiene for R66 the previous day, LPN B said she had thought about forgetting to perform hand hygiene with the removal of dirty gloves. When asked if LPN B understood concerns with potential contamination of the wound with the use of contaminated gloves LPN B acknowledged understanding and explained that the skin would be considered dirty with use of the skin prep wipe. Review of the Clean Dressing Change policy, last revised 9/2025, revealed the following, in part: . Remove gloves, pulling inside out over the dressing. Discard into appropriate receptacle. 11. Wash hands and put on clean gloves. 12. Cleanse the wound as ordered taking care to not contaminate other skin surfaces or other surfaces of the wound . Pat dry with gauze. Review of the Hand Washing policy, last approved 10/2025, revealed the following, in part: Hand Washing Guidelines: Wash hands with soap and water or alcohol-based hand sanitizer (if hands are not visibly soiled) . before and after direct or indirect resident contact or contact with a contaminated object . before and after ?gloving'. During an interview on 5/6/26 at 10:31 a.m., when asked if gloves would be considered clean or dirty following use of a skin preparation wipe on the skin surrounding R66's pressure injuries, the Director of Nursing (DON) stated, Dirty. The DON acknowledged failure to perform hand hygiene following the removal of dirty gloves and prior to donning clean gloves and touching the interior of the garbage bag with clean gloves would not be acceptable infection control technique during wound care. |                                                                                      |                                                 |