

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235027	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/09/2024
NAME OF PROVIDER OR SUPPLIER Eaton County Medical Care Faci		STREET ADDRESS, CITY, STATE, ZIP CODE 530 W Beech St Charlotte, MI 48813	

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 0565</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to organize and participate in resident/family groups in the facility.</p> <p>45135</p> <p>This citation includes intake MI00144331.</p> <p>Based on observation, interview and record review, the facility failed to act promptly on grievances and or concern forms reported in and out of resident council meetings and provide responses and resolutions to 26 grievances filed in the last six months, as reported during a confidential resident council meeting, resulting in unresolved resident concerns and decreased quality of life.</p> <p>Findings include during a confidential interview with resident council group on 08/07/24 at 2:30 PM in one Community and 08/07/24 at 3:00 PM in the second Community where 18 residents attended. The last six months concern forms were reviewed and discussed for resolution.</p> <p>Concerns shared during two private meetings on 08/07/24 at 2:30 PM in one Community and 08/07/24 at 3:00 PM in the second Community.</p> <ol style="list-style-type: none"> 1) Resident Council Meeting had to be split into two separate meetings due to over crowding in the room they usually met in. 2) Resident Council Confidential interview stated the meetings were recorded and some residents were uncomfortable speaking up about concerns knowing the conversation was recorded. 3) Resident requested the local fire department could come in and do a presentation. No documented follow up. 4) Concern voiced about the loud noise on their community hallway. No documented follow up. 5) Staff do not knock on their doors before walking in. No documented follow up. 6) Request to see the diabetic menu and asked for sugar free jello. No documented follow up. 7) Missing clothes from the laundry department. No documented follow up. 8) Male resident requested having manicures during Men's group. No documented follow up. 9) Vegetable's over/under cooked. No documented follow up. <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
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<p>F 0565</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>10) Residents voiced they wanted to go outside and enjoy the warm weather. No documented follow up.</p> <p>11) Resident council minutes did not reflect the two separate meetings held by two different people.</p> <p>12) Resident council meetings were scheduled at the same time so the president could not attend both meetings.</p> <p>13) No allowed powered recliners in their rooms. No documented follow up.</p> <p>14) No receiving the food items, they ordered for meals. Remains an ongoing issue.</p> <p>15) Last ones served their meals, receive cold food. No documented follow up.</p> <p>During an interview on 08/08/24 at 11:00 AM, Activity Manager (AM) C stated the resident council meetings were separated due to overcrowding. Also stated that he had not had the Ombudsman attend any of the resident council meetings before. AM C stated the current president of resident council knows who she is from the last facility he was at. Writer asked AM C for signed consents allowing facility to record the resident council meetings and the people attending. AM C stated he didn't believe he had any but would look and get back to this writer. AM C never provided signed consents to this writer.</p> <p>Concern/ Grievance forms reviewed for completion and resolution.</p> <p>1) Resident wanted to go outside and enjoy the warm weather. No follow through documented. No audits or tracking of these concerns.</p> <p>2) Resident complained that staff were loud providing care to her roommate. No follow through documented. No audits or tracking of these concerns.</p> <p>3) Resident complained that staff do not knock loud enough for her to hear them. They then walk in, and it startles her. Asked them to knock louder and introduce themselves then they walk in her room. No follow through documented. No audits or tracking of these concerns.</p> <p>4) Resident complained of being woke up early to get her vital signs taken. Requested to have it done another time. No follow through documented. No audits or tracking of these concerns.</p> <p>5) Resident complained that another resident says rude things to her in passing down the hallway. No follow through documented. No audits or tracking of these concerns.</p> <p>6) Resident requested two sugar free jello's for her night snack related to Diabetes. They were taken from the refrigerator by other people. Told they would monitor the availability of jello. No follow through documented. No audits or tracking of concern.</p> <p>7) Resident missing several light-colored sweaters. Laundry was unable to find the missing items. Family replaced the sweaters.</p> <p>(continued on next page)</p>		

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<p>F 0565</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>23) Resident complained about not being able to go outside to get some fresh air and sunshine. No follow through documented. No audits or tracking of these concerns.</p> <p>24) Resident complained of missing food from the refrigerator that was labeled and dated. No follow through documented. No audits or tracking of these concerns.</p> <p>25) Resident complained that her jello is missing from the refrigerator again. No follow through documented. No audits or tracking of these concerns.</p> <p>26) Resident complained again about not getting to go outside. Resident was instructed to go to the front desk to be let out, nobody had been at the desk to let her outside. No follow through documented. No audits or tracking of these concerns.</p> <p>27) Resident requested her morning shower, which was her preferred time to take them. Follow up statement stated she received her shower in the evening per her preference. Resident restated that evenings were not her preferred time. No audits or tracking of these concerns.</p> <p>28) Resident complained of loud noise in the dining room during meals. Clinical leadership would try to be in the dining room during meals to address noise. No follow through documented. No audits or tracking of these concerns.</p> <p>Record review of the complaint/Grievance forms were not filled out completely. Many areas were left blank, staff would add comments or typed statements without the staff's name and date to show who followed up. No where on those forms did it show that a resident signed their name to it, to show the complaint was resolved to the resident's satisfaction. It revealed there were still concerns identified during this time and the forms did not reveal any follow up, correction or identifying the root cause to these concerns.</p> <p>During an interview on 08/08/24 at 2:00 PM, Nursing Home Administrator (NHA) A stated Social Services Director (SSD) D took over the grievance process. NHA A also stated that SSD D would bring the grievances to her to discuss, then take them to the resident to address, and then they go back to the NHA A. NHA A stated if there were staff named in the concern/grievance, she would re-education and if identified as a pattern, it would be written up as a disciplinary action. NHA A stated that historically the concerns/grievances would be handed off to the department managers looking for a simple solution, if it was resolved it would be closed. NHA A stated from the department managers, it was put in writing, met with the residents, and turned it back in to NHA A. NHA A stated that she did not educate SSD D on the completion of the grievance process. NHA A also stated that SSD D would do the best she could to address the concerns/grievances but did not follow the process of completing the grievance form and process. NHA A stated that various staff members would write on the form, type a separate form without a date or signature on the document.</p> <p>Record review revealed NHA A had not signed off on any of the concern/grievance forms showing completion.</p>