STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235027	A. Building B. Wing	02/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Eaton County Medical Care Facility	530 W Beech Street 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)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record reviews, the facility failed to effectively clean and maintain food service equipment affecting 118 residents, resulting in the increased likelihood for cross-contamination and bacterial harborage.Findings include:On 02/10/2026 at 10:20 A.M., An initial tour of the food service was conducted with Culinary Services Manager E. The following items were noted:Walk-In Freezer: The air curtain strips were observed (cracked, brittle, missing). The entrance door gasket was also observed (worn, torn, etched). Frozen water condensation droplets and severe heavy frost deposits were further observed on the walk-in freezer ceiling, adjacent to the refrigeration fan unit. The effected area measured approximately 8-feet-wide by 8-feet-long. Culinary Services Manager E indicated she would contact maintenance for necessary repairs as soon as possible.The 2022 FDA Model Food Code section 4-501.11 states: (A) EQUIPMENT shall be maintained in a state of repair and condition that meets the requirements specified under Parts 4-1 and 4-2. (B) EQUIPMENT components such as doors, seals, hinges, fasteners, and kick plates shall be kept intact, tight, and adjusted in accordance with manufacturer's specifications.The [NAME] Beach microwave oven interior ceiling was observed (yellowed, etched, particulate). The ceiling/wall junctures were also observed (etched, corroded, particulate). Culinary Services Manager E stated: I will remove the microwave and have the unit replaced.The 2022 FDA Model Food Code section 4-501.13 states: Microwave ovens shall meet the safety standards specified in 21 CFR 1030.10 Microwave ovens. Failure of microwave ovens to meet the CFR standards could result in human exposure to radiation leakage, resulting in possible medical problems to consumers and employees using the machines.3 of 6 ventilation hood light assemblies were observed non-functional. Culinary Services Manager E indicated she would have maintenance replace the faulty lighting as soon as possible.The 2022 FDA Model Food Code section 6-303.11 states: The light intensity shall be:(A) At least 108 lux (10 foot candles) at a distance of 75 cm (30 inches) above the floor, in walk-in refrigeration units and dry FOOD storage areas and in other areas and rooms during periods of cleaning; (B) At least 215 lux (20 foot candles): such as buffets and salad bars or where fresh produce or PACKAGED FOODS are sold or offered for consumption, (2) Inside EQUIPMENT such as reach-in and under-counter refrigerators; and (3) At a distance of 75 cm (30 inches) above the floor in areas used for handwashing, WAREWASHING, and EQUIPMENT and UTENSIL storage, and in toilet rooms; and (C) At least 540 lux (50 foot candles) at a surface where a FOOD EMPLOYEE is working with FOOD or working with UTENSILS or EQUIPMENT such as knives, slicers, grinders, or saws where EMPLOYEE safety is a factor.On 02/10/2026 at 11:25 A.M., A comprehensive tour of the Unit A Kitchenette was conducted with Culinary Services Manager E. The following items were noted:The Formica laminate surface was observed (etched, scored, porous, particulate), adjacent to the two-compartment sink. The damaged area measured approximately 2-inches-wide by 8-inches-long. Culinary Services Manager E indicated she would contact maintenance for necessary repairs as soon as possible.The 2022 FDA Model Food Code section 4-101.19 states: NonFOOD-CONTACT SURFACES of EQUIPMENT that are exposed to splash, spillage, or other FOOD soiling or that require frequent cleaning shall be constructed of a (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	CORROSION-RESISTANT, nonabsorbent, and SMOOTH material.On 02/12/2026 at 09:00 A.M., Record review of the Policy/Procedure entitled: Dietary: Refrigerator - Freezer dated 5/20 revealed under Policy: A most important function of refrigeration is to protect against food borne illness. Record review of the Policy/Procedure entitled: Dietary: Refrigerator - Freezer dated 5/20 further revealed under Procedure: (4) Freezers must also be maintained free of excessive frost and ice buildup. Accumulated frost can interfere with air circulation, compromise temperature control, reduce efficiency, and increase risk of unsafe temperature fluctuation. Freezers shall be defrosted as needed to prevent ice accumulation from exceeding 1/4 inch in thickness or according to manufacturer recommendations. During defrosting: (1) Food must be removed and placed in another freezer or refrigerated unit that maintains safe temperatures. (2) Temperature must be monitored to ensure food does not rise above 41 degrees Fahrenheit, if temporarily stored in refrigeration. (3) Interior surfaces must be cleaned and sanitized prior to returning food to the unit. (4) The unit must return to 0 degrees Fahrenheit or below before food is restocked.On 02/12/2026 at 09:30 A.M., Record review of the Policy/Procedure entitled: Dietary Cleaning & Equipment Standards dated 2/04/2025 revealed under Policy: Dietary service shall maintain appropriate cleaning and equipment standards to prevent occurrence and/or spread of foodborne illness within the facility. Record review of the Policy/Procedure entitled: Dietary Cleaning & Equipment Standards dated 2/04/2025 further revealed under Procedure: Equipment: (6) All Dietary staff are responsible for reporting any faulty or potentially faulty, malfunctioning equipment or any equipment in need of repair to both maintenance via intranet work requests and to the Dietary Director.

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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 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide activities to meet all resident's needs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to provide impactful and meaningful activities for four Residents (#24, #55, #104, & #109) of four residents reviewed for activities.Findings include:Resident #55 (R55) Review of the clinical record and Minimum Data Set (MDS) assessment dated [DATE] revealed R55 was admitted to the facility on [DATE] with diagnoses that included dementia. According to the MDS, R55 had long and short-term memory impairment and was severely impaired regarding daily decision-making skills. R55 resided on the facility's secured dementia unit. On [DATE] at 11:32 AM, during the screening process R55 was observed sitting in his wheelchair sleeping in the secured units lounge/common area. Several other residents were observed sitting in the same area, 4 of which were also asleep. On [DATE] at 2:26 PM, R55 was observed in common area on unit, with approximately 6 other residents, the television was broadcasting a music channel but it was barely audible. R55 was observed bent over looking at their knee. Another resident was observed looking at magazine. Two other residents were sleeping and two others just sitting with blank stares. There were no attempts made by staff to engage with R55 or attempts to have R55 engage with his peers. The activity calendar posted on the unit read 9:30 staff visit- 11:00 staff visits- 4:00 and 7:30 staff visits there was no other activity listed. On [DATE] at 9:47 AM, R55 was observed sitting in his wheelchair bent forward and the radio was playing in common area. Two other residents were also sitting in the common area and were observed sleeping. No staff were present. The posted Activity Calendar read 9:00 activities on unit-11:00 activities on unit and 4:00 activities on unit On [DATE] at 9:32 AM, 6 residents, including Resident #55 were observed sleeping sitting in their wheelchairs in the common area. The television was on, but volume was very low and barely audible. Staff were observed at the nurse's station desk conversing. The posted Activity Calendar read 9:00 activities on unit-11:00 activities on unit and 4:00 activities on unit Review of R55's kardex (care guide) dated [DATE] revealed R55 liked pet visits, music, fiddle pet, special events, television, video calls, religious activities, back rubs and the barber shop. Review of R55's activity participation record revealed no participation in group activities for the last 30 days and the only activity recorded was noted as people watching on [DATE], [DATE] and [DATE]. There was no documentation R55 was offered and refused any activities over the last 30 days. On [DATE] at 10:41 am, during an interview, Activity Director D reported the facility recently had a shelter in place protocol due to covid and influenza. When queried why the activity calendar for the week of the survey listed activity on unit or staff visit opposed to actual structured activities being held or offered, Activity Director D offered no explanation. Resident #109 (R109) During an interview and observation on [DATE] at 1:52 PM, R109 stated they were locked down on the unit and they cannot go to other units to visit residents that were their friends. R109 stated they (continued on next page)

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F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	could only leave the unit with family on outings. R109 added that they have been locked down for weeks. During an interview and observation on [DATE] at 1:45 PM, R24 stated if they didn't have something to do, they would have to sit there and stare at each other. R24 stated they may get two activities a day if they are lucky. During an interview and observation on [DATE] at 2:03 PM, six residents were observed playing Bingo in the dining room on 300 hall/Melody Lane with Activity Aide E. The activity sheet hanging outside of the dining room doors listed two activities that day, one at 10:00 AM and one at 2:00 PM. Resident #104 (R104) Review of the medical record reflected R104 was admitted to the facility on [DATE] with diagnoses including legal blindness, cognitive communication deficit, abnormalities of gait and mobility and dementia. The most recent MDS assessment dated [DATE] revealed R104 had a Brief Interview of Mental Status (BIMS) of 12 out of 15 indicating they were mildly cognitively impaired. Section G0100, Activities of Daily Living (ADL) Assistance revealed R104 needed assistance of one person with personal care. During an interview and observation on [DATE] on 2:44 PM, Family Member (FM) J stated R104 didn't do much of anything since the shutdown. FM J stated R104 used to go down to Bingo when he had someone to help me with the numbers and markers, until that person got sick and died. R104 stated he didn't have anyone to help him anymore. R104 stated he enjoyed going down to the activities, but he was told they don't have enough help to assist him one on one with activities, and since he is legally blind, why bother going. FM J stated he got R104 set up with books on tape from the library, but R104 could not operate the player himself, so it sat in the drawer. When R104 was asked if anyone had offered to help him with the books on tapes and he stated, No. R104 added, it would be great if they could, and all he does is watch/listen to the TV all day, every day. Record review of the task sheet showing R104's participation in a group activity was zero. R104's participation in independent activity was marked for watching TV five times in the last 30 days. TV is not an independent activity as it takes no effort or engagement for someone to turn the TV on. R104 was marked two times for family visits, which takes no effort or engagement from the facility staff. R104 was marked for one-on-one activity 8 times in the last 30 days. R104's task sheet for group activity was not marked at all in the last 30 days, showing activity staff did not get him involved with the group activities on his unit. The kardex revealed R104 enjoyed Activities of interest: Staff Visits, Family Visits, TV (Gameshows-Listens), Music (has a radio), Pet Visits, Socializing with Others, Exercise, Current Events and Outside Visits (Weather Permitting). He is legally blind. Activities off unit are on hold. Staff will provide visits and support. R104 was born in [NAME], graduated high school, is divorced, has 2 children, is a registered voter, was a [NAME] and bingo is comforting to him. R104's care plan documents he likes to watches/listens to the TV, listens to music, visits with staff and attends some group activities in his leisure time. Activities of interest: Staff Visits, Family Visits, TV (Gameshows-Listens), Music (has a radio), Pet Visits, Socializing with Others, Exercise, Current (continued on next page)

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F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Events and Outside Visits (Weather Permitting). He is legally blind. Activities off unit are on hold. Staff will provide visits and support. Resident #109 (R109) Review of the medical record reflected R109 was admitted to the facility on [DATE] with diagnoses including stroke affecting right non-dominant side, depression, and dementia. The most recent MDS assessment dated [DATE] revealed R109 had a BIMS of 15 out of 15, indicating they were cognitively intact. Section G0100, Activities of Daily Living (ADL) Assistance revealed R109 needed assistance of two people with personal care. During an interview on [DATE] at 3:44 PM, R109 stated they could not hold resident counsel in the Great Room and they had to have a meeting on each hall due to a shelter in place. R109 stated he thought the other units/halls held their own meeting, but had no idea what was discussed because they did not bring back that information to him as Resident Council President. R109 stated he and two other residents held a meeting, with one resident taking minutes and indicated they could not have any joint meetings, activities or get togethers. R109 stated before shelter in place, they had a monthly Birthday party, they would go on a trip once a month and all that had been cancelled. R109 stated there wasn't anything to do, and that the facility may do one or two activities a day, but with the limited activity aides, the facility could not involve everyone. During an observation on [DATE] at 1:47 PM, R109 sat in his wheelchair sitting in the hallway of his unit waiting for something to do. R109 stated they had Bingo at 2:00, second activity today, otherwise just sitting here staring at each other. The kardex documented R109 had been assessed for safety and is able to sign himself in/out to attend activities in the community via appropriate transportation. Activities of interest: Table Games, Bingo, Bingo Store, Cards, Exercise, Crafts, TV, Cell Phone, Read, Music, Staff Visits, Family Visits, Current Events (on TV), Outings, Socializing with Others, Outside Visits(Weather Permitting), Barber Shop, Special Events, Resident Council, Birthday Party, Trivia, Fish Watching and People Watch. He often enjoys decorating his room for the holidays. He will at times listen to other conversations. Staff will redirect as needed. Activities off unit are on hold. Staff will provide visits and support. Playing bingo is comforting to him. He is the President of Resident Council. R109's Care plan documents Activities of interest: Table Games, Bingo, Bingo Store, Cards, Exercise, Crafts, TV, Cell Phone, Read, Music, Staff Visits, Family Visits, Current Events (on TV), Outings, Socializing with Others, Outside Visits (Weather Permitting), Barber Shop, Special Events, Resident Council, Birthday Party, Trivia, Fish Watching and People Watch. He often enjoys decorating his room for the holidays. He will at times listen to other conversations. Staff will redirect as needed. Activities off unit are on hold. Staff will provide visits and support. R109 attended group activity less than once a day, enjoys Bingo, exercises and current events. R109's independent activity task was blank for the last 30 days, showing no participation. On the completed task sheet for one-on-one activity, R109 received a social visit, with no way of knowing how long that visit was. Resident #24 (R24) (continued on next page)

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F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of the medical record reflected R24 was admitted to the facility on [DATE] with diagnoses including hereditary spastic paraplegia (weakness and stiffness in legs), atrial fibrillation (irregular heart pattern), polyosteoarthritis (protective cartilage that cushions the ends of the bones wear down over time), chronic pain and unspecified dementia. The most recent MDS assessment dated [DATE] revealed R24 had a BIMS of 13 out of 15, indicating they were cognitively intact. Section G0100, Activities of Daily Living (ADL) Assistance revealed R24 needed assistance of one to two people for personal care. During an interview and observation on [DATE] at 1:47 PM, R24 sat in her wheelchair sitting in the hallway of her unit waiting for something to do. R24 stated they have Bingo at 2:00 PM, second activity today, R24 stated otherwise we are just sitting here staring at each other. Record review of R24's one-on-one activity and activity participation revealed R24 had someone stop by for a social visit with her one to three times daily for the last 30 days. Charting did not reflect the amount of time that was spent with R24, nor did it reflect R24 being involved in any other activity as listed on her kardex that she enjoys. R24 enjoys Staff Visits, Family Visits, Table Games, Cards, Euchre, Bingo, Bingo Store, Beauty Shop, Exercise, TV, Cell Phone, Tablet, Music, Pet Visits, Socializing with Others, Outside Visits(Weather Permitting), Resident Council, Manicures, People Watch, Outings, Current Events, Read, Trivia, Crafts and Special Events. Activities off unit are on hold. Staff will provide visits and support, playing cards is comforting to her. R24's task completion log revealed she received one on one activity prn visits, nothing scheduled. No documentation to support what that one-on-one activity was. Group activity was marked prn at dinner time, so her being taken to the dining room was marked as group activity. No documentation to support what that group activity was. R24's care plan list Activities of interest: Staff Visits, Family Visits, Table Games, Cards, Euchre, Bingo, Bingo Store, Beauty Shop, Exercise, TV, Cell Phone, Tablet, Music, Pet Visits, Socializing with Others, Outside Visits (Weather Permitting), Resident Council, Manicures, People Watch, Outings, Current Events, Read, Trivia, Crafts and Special Events. Activities off unit are on hold. Staff will provide visits and support. Independent Activity was marked prn. No documentation to support what that independent activity was. During an interview and observation on [DATE] at 3:50 PM, Activity Aide F stated she was assigned to hall 300. Due to having one covid positive resident on this unit, Activity Aide F stated she went in and out of resident's rooms to visit with them and offered to bring things in for them to do, color pictures, etc. When asked how much time she would spend with them, Activity Aide F stated anywhere from a couple of minutes to 10-20 minutes. When asked how Activity Aide F was able to do all that when there were 24 residents on that unit, Activity Aide F stated she tried to see as many residents as she before the 10:00 AM activity and then between that and the afternoon activity at 2:00 PM, and then after the 2:00 PM activity. When asked if they were able to see all residents on the unit daily, Activity Aide F stated they tried their best to see everyone. During an observation and interview on [DATE] at 3:52 PM, Activity Aide G stated he was setting up for Bingo on hall 400 in the dining room. Four residents were wheeled down to the dining room in their (continued on next page)

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F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	wheelchairs to play Bingo, while the remaining nine residents were sitting in their rooms with no interactive activity. This writer walked down the 400 hall to observe residents in their rooms; four were sleeping, four were awake and watching TV. There were no activity materials visible from the doorway to engage these residents in meaningful interaction. During an observation on [DATE] at 9:25 AM, there were no activities going on in the dining room on 400 hall. Administrative Activity Aide I stated she did not hold an activity in the dining room this morning, she was painting fingernails. Writer asked what the other 12 residents were doing this morning for an activity. Administrative Activity Aide I stated painting fingernails is the activity this morning. During an observation and interview on [DATE] at 9:37 AM, Activity Aide F was painting resident's fingernails in the dining room. Activity Aide F stated she was on this floor every day other than on her breaks. Writer asked what activity the men had while the women get their nails done. Activity Aide F stated the men can get their nails done too, it's not just for women. Writer asked how many men wanted their nails painted? Activity Aide F stated she wasn't sure yet. Writer stated most likely not many, so Bingo at 2:00 PM would be their only activity today. During an interview on [DATE] at 10:05 AM, Activity Aide J stated he went into R104's room [ROOM NUMBER] times yesterday and tried to get him larger bingo cards and R104 still struggled seeing the numbers and indicated R104 hasn't attended lately. When asked if they had someone else that could assist him like the lady that helped him before, Activity Aide J stated that lady passed away and with them in lock down, they have minimal people working on the units. Activity Aide J stated maybe once the facility opened up; they can get someone to help him. During an observation on [DATE] at 10:25 AM, while walking back to the conference room, a resident on 100 hall was observed sitting in his wheelchair out in the hallway and was heard stating, there isn't anything to do, I'm just sitting on my ass . my ass hurts. An unnamed Certified Nurse Aide asked him what he would like to do, an activity aide walked by and stated they were doing nails this morning. Writer asked her what they were doing for the men this morning, she stated, There is only so many of them and walked away. During an interview on [DATE] at 10:41 AM, Activity Director D stated he was a full time Activity Director and also helped with driving residents to appointments with the facility van. Activity Director D stated he had 13 activity Aides who were part-time or pool/casual employees. Activity Director D stated the part time and pool staff could work up to 20 hours a week. Activity Director D then stated he had two full time staff besides himself. Activity Director D stated they were put in shelter in place the middle of [DATE]. Activity Director D stated they could no longer meet as a group and they had to hold activities on each unit due to residents not being able to leave their units. Activity Director D was asked if the staff were able to get all the residents to an activity. Activity Director D stated yes, he thought so. Activity Director D was asked to see the original calendar of activities prior to [DATE], and the current calendar of activities after [DATE]. During this same interview, Activity Director D stated the 300 hall was the most represented hall for activity attendance. Activity Director D stated Activity Aide F still did group activities in the dining room on that unit. Writer asked why there were only four residents observed in attendance out of the 26 residents on 300 hall? Activity Director D stated he wasn't sure. Activity Director D looked at the condensed activity calendar then stated some of the outside people wanted to wait until after the isolation was lifted. Activity Director D stated the aides could do any activities that they wanted to (continued on next page)

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F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	with residents, based on attention span, like they usually do. Writer asked Activity Director D how he knew which residents were involved with activities and which ones were not, he stated he wasn't sure. Activity Director D stated he was the one responsible for the activity care plans. During this same interview, Activity Director D stated Activity Aide G was on 400 hall today. Writer asked what activities were planned for that location and Activity Director D stated he didn't not know what Activity Aide G did today. Activity Director D then stated he believed Activity Aide H was on 100 hall. Activity Director D then stated they had 3-4 activity aide's working during the day for the whole building. Activity Director D then stated he gets his update on the isolation halls from the Administrator and Infection Preventionist. Writer asked Activity Director D what halls/units were shelter in place Activity Director D stated he didn't know, he was unsure. Record review of the calendar of activities prior to [DATE], provided seven to eight activities daily in the Great Room for all residents to attend. These activities were held between 9:00 AM to 7:30 PM daily. The condensed calendar following [DATE], activities offered three times a day on each hall with times 10:00 AM, 2:00 PM and 4:30 PM daily, if they did receive three activities a day. Activity calendars were hung outside of the dining room on each unit, and many had only two activities offered for the whole day. Record review of resident council meeting minutes from February 3, 2026, discussed the fact that residents could not go to other halls and hold joint meetings, they had to be held on each unit. Resident Council minutes noted three residents from the 300-hall met for a Resident Council meeting and one resident from 200 hall attended their own Resident Council meeting on [DATE]. No other notes or minutes were included that reflected if other units were able to hold a meeting. Reading those minutes, it discusses due to the units being in isolation Rescheduling events and outing due to isolation. Through observation, interview, record review, the facility failed to implement a condensed resident centered activities program that incorporated all resident's interests, hobbies and preferences which is integral to maintaining a resident's physical, mental, and psychosocial well-being.

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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** Based on observation, interview, and record review, the facility failed to accurately complete a Minimum Data Set (MDS) assessment for 1 (Resident #8) of 24 reviewed for MDS assessments. Review of the clinical record and Minimum Data Set (MDS) assessment dated [DATE] revealed Resident 8 (R8) was admitted to the facility on [DATE] with acute respiratory failure. The MDS dated [DATE] revealed Section N0415 question 1. E. was coded Yes for having been administered an anticoagulant medication within the last 7 days. Review of R8's Medication Administration Record (MAR) for November 2025 and monthly Physician orders for November 2025 revealed, R8 was not prescribed or administered an anticoagulant medication. On 02/12/26 at 3:10pm, during an interview with Registered Nurse/MDS Coordinator C, R8's November MDS, MAR and physician orders were reviewed. Registered Nurse/MDS Coordinator C agreed there was no documentation to support R8 was administered an anticoagulant medication. RN C acknowledged the MDS dated [DATE] was coded incorrectly.