STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235031	A. Building B. Wing	01/28/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Canal View - Houghton County	1100 Quincy Street Hancock, MI 49930

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. Based on observation, interview, and record review, the facility failed to maintain best practices in the food service area resulting in the potential to spread food borne illness to all residents that consume food from the kitchen. Findings Include:On 1/26/2026 at 1:45 PM, during initial kitchen walk through with Dietary Data Tech D, an open container of sour cream was observed in an upright cooler. Written in marker on the outside of the container was Sour Cream O with a slash mark through the O (for date opened) 1/25/26, then below that X 2-18-26 for a total of 25 days. Dietary Data tech D stated the last date X was the date the product was to be thrown out.On 1/26/2026 at 3:40 PM, a bag of milk was observed in the bulk milk dispenser in the 1st floor kitchen dining area with a dispose by date sticker of 2/3/26, which is a total of 8 days since it was opened. Per Dietary Manager (DM) A this milk was placed in the unit that day (1/26/2026).On 1/27/2026 at 8:25 AM, while on kitchen tour with DM A and Dietician C, the 2 door Hoshizaki reach-in upright cooler was observed with a bag of boiled shelled eggs with a prepared date of 1/22/26 and a use by date of 01-29-26, totaling 8 days. Also noted was a bag of prepared lettuce dated 1-26-26 with use by date of 2-2-26, and sliced onions with a prepared date of 1-26-26 and a dispose by date of 2-2-26 totaling 8 days from date of prep to dispose by date for all of these items.According to the 2022 FDA Food Code section 3-501.17 Ready-to-Eat, Time/Temperature Control for Safety Food, Date Marking. (A) Except when PACKAGING FOOD using a REDUCED OXYGEN PACKAGING method as specified under S 3-502.12, and except as specified in (E) and (F) of this section, refrigerated, READY-TOEAT, TIME/TEMPERATURE CONTROL FOR SAFETY FOOD prepared and held in a FOOD ESTABLISHMENT for more than 24 hours shall be clearly marked to indicate the date or day by which the FOOD shall be consumed on the PREMISES, sold, or discarded when held at a temperature of 5 C (41 F) or less for a maximum of 7 days. The day of preparation shall be counted as Day 1.On 1/26/2026 at 1:50 PM, kitchen Staff B was observed washing his hands at a hand sink, dried them with paper towel, lifted the lid of the garbage can container with a clean hand to throw the towel into the garbage and then return to his workstation. When asked what the facilities handwashing policy was, DM A stated, employees must wash their hands when they touch anything other than food or utensils, before returning to the task they are doing and before putting on clean gloves. A review of the facilities handwashing policy indicated hand washing should occur after touching garbage.According to the 2022 FDA Food Code section 2-301.14 When to Wash.FOOD EMPLOYEES shall clean their hands and exposed portions of their arms as specified under S 2-301.12 immediately before engaging in FOOD preparation including working with exposed FOOD, clean EQUIPMENT and UTENSILS, and unwrapped SINGLE-SERVICE and SINGLE-USE ARTICLES and: (E) After handling soiled EQUIPMENT or UTENSILSOn 1/26/2026 at 2:05 PM, the floor mixer was observed covered with plastic. When asked what the cover was for, DM A stated, it was to show the unit has been cleaned. The plastic was removed and the mixer was observed soiled with food debris.According to the 2022 FDA Food Code section 4-601.11 Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils. (A) EQUIPMENT FOOD-CONTACT SURFACES and UTENSILS shall be clean to sight and touch.On 1/26/2026 at 2:30 PM the floor under the dish machine was observed soiled with food debris. According to the 2022 FDA Food Code section (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
	235031	A. Building B. Wing	01/28/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Canal View - Houghton County	1100 Quincy Street Hancock, MI 49930

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	6-501.12 Cleaning, Frequency and Restrictions. (A)PHYSICAL FACILITIES shall be cleaned as often as necessary to keep them clean. On 1/26/2026 at 3:30 PM the vegetable wash sink in the first floor kitchen was observed with an air break instead of an air gap. The tips of the drain pipes were cut off, but extended down below the lip of the floor drain. According to the 2022 FDA Food Code section 5-402.11 Backflow Prevention. (A) Except as specified in (B), (C), and (D) of this section, a direct connection may not exist between the SEWAGE system and a drain originating from EQUIPMENT in which FOOD, portable EQUIPMENT, or UTENSILS are placed.On 1/27/2026 at 8:10 AM, while on a tour of the second floor kitchen, 5 packages of single serve drink cup covers were observed with one of these packages being opened and lying in the space between the splash guard of the sink and the wall and where the drip zone was also located just below the hand towel dispenser used for hand drying for this hand sink.On 1/27/2026 at 8:39 AM, while on a tour of the third-floor kitchen, packages of single serve drink cup covers were observed lying in the space between the splash guard of the sink and the wall and in the drip zone just below the hand towel dispenser used for hand drying for this hand sink.According to the 2022 FDA Food Code section 4-903.11 Equipment, Utensils, Linens, and Single-Service and Single-Use Articles. (A) Except as specified in (D) of this section, cleaned EQUIPMENT and UTENSILS, laundered LINENS, and SINGLE-SERVICE and SINGLEUSE ARTICLES shall be stored: (1) In a clean, dry location; (2) Where they are not exposed to splash, dust, or other contamination; and (3) At least 15 cm (6 inches) above the floor. (B) Clean EQUIPMENT and UTENSILS shall be stored as specified under (A) of this section and shall be stored: (1) In a self-draining position that allows air drying; and (2) Covered or inverted.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235031	A. Building B. Wing	01/28/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Canal View - Houghton County	1100 Quincy Street Hancock, MI 49930

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure that environmental equipment utilized by residents was maintained in a manner that allowed equipment to be appropriately cleaned and sanitized for seven Residents (#34, #120, #103, #11, #18, #53, & #138) of eight residents reviewed for a clean, sanitary and homelike environment. Findings include:Resident #34 (R34) On 1/26/26 at 3:13 PM, R34 was observed sitting in a wheelchair in her room. The wheelchair had black tape wrapped around the entire perimeter of the hand rims (circular component on the outside of a wheelchair's wheels that allow users to grip and turn the rims to propel the wheelchair forward) on both sides of the wheelchair. The tape was visibly soiled and noted to be frayed in several places along the perimeter of the hand rims. R34 was asked the reason the black tape encompassed the hand rims of her wheelchair. R34 said the tape had been present for months but she did not know the reason the tape was applied. When queried regarding the frequency of wheelchair cleaning, R34 replied, It looks like they never clean them [hand rims on wheelchair] – they're filthy. A quarterly Minimum Data Set (MDS) assessment dated [DATE] documented a Brief Interview for Mental Status (BIMS) score of 15 indicating R34 had intact cognition. The MDS disclosed R34 utilized a wheelchair for mobility and independently propelled the wheelchair. An ADL (Activities of Daily Living) care plan in the electronic medical record (EMR) of R34 included an intervention Wheelchair use – independent. R34 did not have a care plan for the placement of black tape around the wheelchair hand rims. Resident #120 (R120) On 1/26/25 at 3:22 PM, R120 was observed sitting in a wheelchair next to her bed. Bed rails were noted to be attached to both sides of the bed, and flexible foam tubes encapsulated the entirety of both bed rails. The foam tubes were secured to the bed rails with tape placed intermittently along the length of the tubes. R120 said she used bed rails for turning and repositioning in bed. When asked the reason for the foam tubes and tape on the bed rails, R120 replied she did not know the reason for the tubes and tape on the bed rails and said the foam tubes and tape were on the rails when she was admitted to the facility. R120 said, They're unsightly. They probably belonged to the person who had this bed before I got here and they probably didn't change them out. They're all raggedy. A quarterly MDS dated [DATE] documented a BIMS of 15 indicating R120 had intact cognition. The MDS disclosed R120 required partial assistance from staff for bed mobility and transfers from the bed to the wheelchair. An ADL care plan in the EMR of R120 contained an intervention Roll left and right: independent. Resident #103 (R103) (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235031	A. Building B. Wing	01/28/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Canal View - Houghton County	1100 Quincy Street Hancock, MI 49930

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 1/26/25 at 3:15 PM, R103 was observed sitting in a wheelchair in her room. The wheelchair had flexible foam tubes encapsulating the entire perimeter of the hand rims of her wheelchair. The foam tubes were secured to the hand rims by tape placed intermittently along the length of the foam tubes. The tubes were torn in numerous areas, and the tape was frayed in several areas. R103 was asked the reason for the foam tubes on the hand rims of her wheelchair. R103 said she did not know why the foam tubes were on the chair. R103 said, It looks like they need to be fixed and cleaned. A quarterly MDS dated [DATE] documented a BIMS score of 12 indicating R103 had moderately impaired cognition. The MDS disclosed R103 utilized a wheelchair for mobility and was able to propel her own wheelchair for locomotion. An ADL care plan in the EMR of R103 documented R103 independently propelled her wheelchair for locomotion. On 1/27/26 at 1:35 PM, Housekeeper (HSKP) E was asked about cleaning wheelchairs and bedrails. HSKP E said the night shift housekeeper utilized a specialized machine for washing wheelchairs and the day shift housekeeper cleaned resident environmental surfaces. When asked about cleaning the bed rails on the bed of R120, HSKP E said, I wipe them down with a sanitizer daily, but they're not very easy to clean with the foam and tape on them. The nurse manager, Registered Nurse (RN) F, was interviewed on 1/28/26 at 9:18 AM. RN F was questioned regarding the efficacy of cleaning wheelchair hand rims or bed rails with flexible foam tubes and/or wrapped in tape. RN F agreed padding was shredded and tape was frayed for some of the residents who used padding on the wheelchair hand rims or bed rails. RN F agreed cleaning items with the foam tubes or tape was an infection control concern and was not visually appealing. RN F could not recall when the foam tubes and/or tape was applied to the wheelchair hand rims of R34 and R103. When asked the reason for the foam tubes and/or tape, RN F reviewed the EMR of R34 and the EMR of R103 and said the reasons were not documented and the residents' care plans did not include the reason for or the need for foam tubes and/or tape to the wheelchair hand rims. RN F said the foam tubes and tape were on the bed rails of R120 when R120 was transferred to the unit from another unit in the facility. RN F reviewed the EMR of R120 and said she could not determine when the foam tubes and tape were applied to the bed rails of R120. Resident #11 (R11) On 1/26/26 at 3:00 PM, R11 was observed lying in bed in her room. The bedside table had black foam bordering the outer edges and an inch came over the top of the table. The top of the table was visibly soiled around the foam edges. R11's bed had bilateral mobility bars covered in flexible, porous foam tubes which encapsulated both bed rails. The foam tubes were secured to the bed rails with electrical tape placed intermittently along the length of the tubes. Resident #18 (R18) R18 was observed on 1/26/26 at 3:04 PM, lying in bed in their room had the same foam bordering their bedside table and bilateral assist bars. R18's bedside table was soiled with debris around and under (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235031	A. Building B. Wing	01/28/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Canal View - Houghton County	1100 Quincy Street Hancock, MI 49930

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	the foam bordering the bedside table. Resident #53 (R53) On 1/27/26 at 10:37 AM, R53 was observed sitting on the edge of their bed. R53's foot of the bed had a duct taped piece of foam padding the length of the foot board and a right sided assist bar with flexible, porous padding secured with electrical tape. R53 was asked the reasoning for the padding on the assist bar and the footboard and replied, I slide down in bed sometimes. I am not sure about the rail, but that was there when I got here. An ADL care plan in the EMR of R53 contained an intervention Roll left and right: independent. On 1/28/26 at 9:10 AM, an interview was conducted with Staff E who was asked about the addition of foam in R11, R18, and R53's rooms of their bedside tables and assist bars and replied, I think they are used for residents on blood thinners, but I am not sure. They are difficult to clean and disgusting. Staff E was shown R11 and R18's bedside tables and confirmed that they were both visibly dirty and had debris under the foam attached to the tables. Resident #138 (R138) On 1/26/2026 at 2:39 PM, R138 was observed sitting in her wheelchair with her bedside table in front of her. The bedside table wheelbase had flexible, porous foam tubes secured with tape placed intermittently along the length of the tubes. The porous tubes were noted to have scuff marks and chunks missing. R138 could not state the reason for the addition of the porous tubes. R138 said she had been in the facility about three weeks and it (the bedside table) has been like that. The electronic medical record for R138 revealed an admission date of 1/5/26 with diagnoses including multiple fractures. During an interview on 1/27/2026 at 1:22 PM, Maintenance Staff G stated he did not recall adding the porous foam tubing to the bedside table but would look for a work order. Maintenance Staff G stated most likely therapy did this (the addition of foam to this piece of equipment.) No work order was presented as found. During an interview on 1/27/2026 at 1:40 PM, Physical Therapy (PT) staff L reviewed the tubing on the wheelbase of the bedside table and did not recall a reason this resident would have the porous tubing attached. PT Staff L stated he could find no care plans or interventions related to this resident regarding a padded foot rail. PT Staff L suggested this modification could have been potentially for a past resident. He could give no reason for this tubing from a therapy standpoint. During an interview on 1/27/2026 at 1:45 PM, RN M stated, I don't know if it (wheelbase modification) was for her (R138). She has been here a short time, and it probably was from a previous resident.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235031	A. Building B. Wing	01/28/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Canal View - Houghton County	1100 Quincy Street Hancock, MI 49930

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 0810 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide special eating equipment and utensils for residents who need them and appropriate assistance. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to provide adaptive dining equipment for six Residents (#82, #26, #33, #59, #16 & #115) of seven residents reviewed for adaptive dining equipment needs.Findings include: Resident #82 (R82)During the breakfast meal service on 1/27/2026 at 8:52 AM, R82 was observed with a meal tray card indicating a need for adaptive equipment including 2-Handled Spout Cups. R82 did have these adapted cups for two of her beverages but did not for two other beverages. The tray card also indicated a need for Flat Handled [NAME] or [NAME] Utensils. She received regular silverware wrapped in a napkin.During an interview on 1/27/26 at approximately 9:30 AM, R82 confirmed the 2-handled cups were much easier for her to use. She pointed to the beverages in her room on her bedside table in these 2-handled cups.The Electronic Medical Record (EMR) for R82 included a quarterly nutritional assessment dated [DATE] which read in part: Resident is able to feed herself independently after initial set up assistance with the use of 2 handled spout cups, an inner lipped plate, and a flat handled fork and spoon.The interventions on R82's current care plan included: Resident is able to feed herself independently after initial set up assistance with the use of 2 handled spout cups, an inner lipped plate, and a flat handled fork and spoon.Resident #26 (R26)During the breakfast meal service on 1/27/2026 at 8:41 AM, R26 was observed with her breakfast in front of her with a tray card indicating **NO KNIVES** on the bottom of the card and NO KNIVES in bold in the box midway down the tray card. R26 had been given regular silverware including a knife.During the breakfast meal service on 1/28/2026 at 8:25 AM, R26 was observed with her breakfast in front of her with a tray card indicating **NO KNIVES** on the bottom of the card and NO KNIVES in bold in the box midway down the tray card. R26 had been given regular silverware including a knife.An interview conducted on 1/28/2026 at 8:26 AM, with Registered Nurse (RN) N revealed R26 had a history of aggression and the intervention had been to remove knives from this resident.Resident #33 (R33)During the breakfast meal service on 1/27/2026 at 8:38 AM, R33 was observed with a meal tray card indicating a need for adaptive equipment including a Tall Spout Cup and Flat Handled [NAME] or [NAME] Utensils. R33 did not have these pieces of adaptive equipment. R33 received regular silverware wrapped in a napkin.The EMR for R33 included a quarterly nutritional assessment dated [DATE] which read in part, Resident (R33) is able to feed herself independently after initial set up assistance w/ encouragement/supervision. She (R33) is told placement of foods. She uses flat handled utensils.The care plan for R33 included a focus of: I have a fair appetite and intake and included interventions of: .I may have non-finger foods, but I may require increased assistance with self-feeding of these items due to my visual impairment. I use a flat handled fork and spoon and a red high-lipped plate to help aid me with my self-feeding ability.Resident #59 (R59)During the breakfast meal service on 1/28/2026 at 8:39 AM, R59 was observed being assisted with his meal. The tray card for R59 stated he needed the adaptive equipment of a Spoon, Flat-Handled. R59 did not receive this special spoon.The EMR for R59 included a quarterly nutritional assessment dated [DATE] which included: .He uses a flat handled spoon and a scoop plate at meals.Resident #16 (R16)During the breakfast meal service on 1/28/2026 at 8:42 AM, R16 had a tray card indicating **NO KNIVES** on the bottom of the card. R16 received regular silverware wrapped in a napkin including a knife. R16 was being assisted with the meal by Certified Nurse Aide (CNA) Q. When asked if R16 should receive a knife, CNA Q stated R16 had been aggressive in the past but had declined and was no longer aggressive. The tray card had further instructions of: Dependent/Total Assist with meals.Resident #115 (R115)During the breakfast meal service on 1/28/2026 at 8:29 AM, R115 had a tray card indicating she needed a Smaller Fork to assist her with meal intake. R115 received regular silverware wrapped in a napkin including a regular sized fork.The EMR for R115 included a quarterly nutritional assessment dated [DATE] which included: She is using ReFlo cups, a divided plate, (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235031	A. Building B. Wing	01/28/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Canal View - Houghton County	1100 Quincy Street Hancock, MI 49930

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 0810 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	small/flat handled spoon and smaller fork to help maintain her self-feeding ability. The facility policy titled Meal Supervision and Assistance dated as effective 10/2025 was reviewed. This policy read in part, 1. The facility will utilize a systemic approach to ensure safety throughout the resident's environment and among all staff. 6. Ensure that the necessary non-food items (i.e. silverware, napkin, special devices, straw, etc.) are on the tray' especially assistive and adaptive devices. Report or replace missing items.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235031	A. Building B. Wing	01/28/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Canal View - Houghton County	1100 Quincy Street Hancock, MI 49930

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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. Based on observation, interview, and record review, the facility failed to prevent worsening and the development of a pressure ulcer for one Resident (Resident #53) of one resident reviewed for pressure ulcer development.Findings include:Resident #53 (R53)Review of R53's face sheet revealed an admission to the facility on 8/5/25, with diagnoses including heart failure, hypertension, diabetes mellitus, and depression.R53's quarterly minimum data set (MDS) assessment, dated 8/21/25, included Section M Skin which revealed R53 had a risk for developing pressure ulcers.The facility matrix disclosed R53 had developed a facility acquired pressure ulcer stage III which was not present on admission.On 1/27/26 at 10:37 AM, wound care was observed performed on R53 by contracted Physical Therapist (PT) / Wound Care Specialist (WCS) P. R53's pressure ulcer was located on her right sacral area and was circular in shape with some redness of the surrounding skin area. R53 did not have an air mattress on her bed. R53 was wearing an incontinence brief.Review of R53's wound clinic progress note, dated 1/27/26, revealed R53's stage III pressure ulcer on her right sacral area had worsened and deteriorated, with wound measurements of 0.99 centimeters (cm) in length x 1.02 cm in width x 0.2 cm depth, with an area measuring 1.01 cm 2. Additional orders read in part, .Off-loading.Avoid ?Granny Pads'.Other: Avoid full briefs if possible.Do not cross legs while sitting.Reposition every 2 hours in bed.Review of R53's wound clinic progress note, dated 1/15/26, revealed R53 had a stage III pressure ulcer on her right sacral area which developed on 11/23/25, with wound measurements of 0.68 cm in length x 0.79 cm in width x 0.2 cm depth, with an area measuring 0.53 cm2. Additional orders read in part, .Off-loading.Avoid ?Granny Pads'.Other: Avoid full briefs if possible.Do not cross legs while sitting.Reposition every 2 hours in bed.R53's care plan, date revised 11/26/25, read in part .Focus: I have a stage 3 to my buttock. I am at further risk for skin impairments r/t (related to) incontinence, limited mobility, need for assistance with self-cares, cognitive deficits, nutritional risks.Goal: My risk for skin impairment will be minimized.Interventions/Tasks: Monitor my ability to turn and reposition. If I am unable to adjust my weight, assist me as I allow to redistribute my weight frequently.On 1/28/26 at 9:35 AM, R53 was observed in her room lying in bed on her back with her legs crossed. R53 was asked if she had the pressure ulcer on her sacral area before she was admitted and replied, No, it opened up after I was here. R53 stated she only eats breakfast sitting on the side of her bed. R53 was asked if she was willing to try an air mattress to help off-load the area so it could heal and replied, Yes, I would try that.On 1/28/26 at 11:30 AM, Unit manager Registered Nurse (RN) O was interviewed and asked if R53 had any documented education on the importance and reason for an air mattress regarding the off-loading to enhance healing of her pressure ulcer in her electronic medical record. RN O did not provide any documented education for R53 by the end of the survey on 1/28/26.On 1/28/26 at 2:35 PM, an interview was conducted with the Director of Nursing (DON) and the Assistance Director of Nursing (ADON) who both agreed R53 should have been educated and reapproached about the importance of using an air mattress. The DON further explained there are several different types of air mattresses and they could try a different one to see if it would be more appropriate for R53.Policy titled Pressure Injury Prevention and Management, dated 12/2025, read in part Policy: This facility is committed to the prevention of avoidable pressure injuries, unless clinically unavoidable, and to provide treatment and services to heal the pressure ulcer/injury, prevent infection and the development of additional pressure ulcers/injuries.6. Modifications of Interventions.b. Interventions on a resident's plan of care will be modified as needed. Considerations for needed modifications include.Lack of progression towards healing.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235031	A. Building B. Wing	01/28/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Canal View - Houghton County	1100 Quincy Street Hancock, MI 49930

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. Based on observation, interview and record review, the facility failed to use foot pedals to safely propel three wheelchair dependent Residents (#33, #115 and #126) of five residents reviewed for safe wheelchair mobility. Findings include: Resident #33 (R33)On 1/27/2026 at 7:56 AM, Certified Nurse Aide (CNA) I was observed transporting R33 into the dining room from the hall. R33 had her feet scraping the floor as CNA I pushed the resident forward. R33 continued to propel herself out of the dining room and at 7:58 AM, Registered Nurse (RN) J redirected R33 by pushing her toward R33's room. No foot pedals were used and R33's feet dragged on the floor as she was pushed. R33 continued to propel herself and then RN J transported R33 back to the dining room, again without using foot pedals.On 1/27/2026 at 8:58 AM, CNA I was observed pushing R33 out of the dining room. CNA I said, Hold your feet up but R33's feet dragged on floor as her wheelchair did not have foot pedals.Resident #115 (R115)On 1/27/2026 at 8:00 AM, CNA H was observed transporting R115 into the dining room from the hall. CNA H instructed R115 to lift her feet, but R115 could not accomplish this request, and no foot pedals were applied to prevent R115's feet from dragging on the floor.Resident #126 (R126)On 1/27/2026 at 8:04 AM, CNA H was observed transporting R126 to the dining room. R126's wheelchair did not have foot pedals. R126 attempted to lift her feet but upon arrival to the dining room, she put her feet down and was jarred forward.During an interview on 1/28/2026 at 1:57 PM, the Nursing Home Administrator (NHA) stated the facility policy was to use foot pedals when transporting wheelchair dependent residents.The facility policy titled: Safety During Transportation dated as last approved 8/2025, was reviewed. It read in part, .A resident shall remain safe while being transported by staff with in [sic} and outside the building. 5. Protect the resident's feet by putting their feet on foot pedals during any assisted propulsion of the wheelchair.