STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235037	A. Building B. Wing	03/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Isabella County Medical Care Facility	1222 North Drive Mt. Pleasant, MI 48858

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 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that residents are fully informed and understand their health status, care and treatments. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to educate and provide informed consent of psychotropic medications for 3 residents (R1, R69, and R70) out of 5 reviewed. Findings include: R69 Review of an admission Record revealed R69 admitted to the facility on [DATE] with pertinent diagnoses which included dementia and depression. Review of R69's Physician's Orders active 3/18/2026 revealed R69 was taking fluoxetine HCl (used to treat depression, anxiety, and several other mental health conditions) and bupropion HCl (used to treat depression and other mental health conditions). Further review of the medical record revealed no consents on file to verify whether the facility had reviewed the risks and benefits of these medications with the resident and/or resident representative. Email correspondence received from the Nursing Home Administrator on 3/18/2026 at 10:07 AM confirmed the facility did not have a consent on file for R69's fluoxetine HCl or bupropion HCl. R70 Review of an admission Record revealed R70 admitted to the facility on [DATE] with pertinent diagnoses which included dementia and depression. Review of R70's Physician's Orders active 3/18/2026 revealed R70 was taking Ativan (used to treat anxiety) and sertraline HCl (used to treat depression, anxiety and other mental health conditions). Further review of the medical record revealed no consents on file to verify whether the facility had reviewed the risks and benefits of these medications with the resident and/or resident representative. Email correspondence received from the Director of Nursing on 3/18/2026 at 10:40 AM confirmed the facility did not have a consent on file for R70's Ativan or sertraline HCl. R1 Review of an admission Record revealed R1 admitted to the facility on [DATE] with pertinent diagnosis which included dementia, major depressive disorder, agitation, and restlessness. Review of an Order Summary on 3/17/2026 revealed R1 had active orders for hydroxyzine HCL (medication used for anxiety and tension), 10 milligrams (mg) by mouth at bedtime for agitation and (continued on next page)

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	restlessness. Further review of an Order Summary revealed an active order for Escitalopram Oxalate (medication used to treat depression), 10 mg by mouth one time a day for depression. During an interview on 03/17/2026 at 1:39 PM, the Director of Nursing (DON) stated that informed consents or risk versus benefits are only completed for residents that are on anti-psychotropic medications. The DON stated the facility had not completed risk versus benefits or offered informed consent for psychotropic medications (anti-depressants, anti-anxiety, hypnotics, and anti-psychotics) besides anti-psychotics. During an interview on 03/17/2026 at 2:16 PM, Social Services Coordinator (SSC) H stated that paper consents are obtained for residents with active orders for antipsychotics. SSC H stated that an informed consent is typically completed in a progress note in the resident Electronic Medical Record (EMR). SSC H could not provide any documentation that collaboration was completed with R1 regarding the use of psychotropic medications. Review of facility policy Use of Psychotropic Medication dated 05/22 revealed .The indications for initiating, withdrawing, or withholding medications(s), as well as the use of non-pharmacological approaches, will be determined by. assessing the resident's underlying condition, current signs, symptoms, expressions, and preferences and goals for treatment. the attending physician, or other prescribing clinician, will assume leadership in medication management by developing, monitoring, and modifying the medication regimen in collaboration with residents, their families and/or representatives, other professionals, and the interdisciplinary team .