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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235072	A. Building B. Wing	02/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Oakview Medical Care Facility	1000 Diana St Ludington, MI 49431

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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45410 Based on interview and record review, the facility failed to update a care plan to reflect current treatment for 1 resident (R13) of 18 residents reviewed for accuracy of care plans. Findings include: Review of an Admission Record revealed R13 admitted to the facility on [DATE] with pertinent diagnoses which included cerebral infarction (stroke) and dementia. Review of R13's Physician's Orders active 2/11/2025 at 1:37 PM revealed R13 had a urinary catheter and was being treated for a pressure ulcer on her coccyx. Review of R13's nursing Progress Note, dated 1/10/2025 at 11:22 AM, revealed a urinary catheter was inserted per the physician because her coccyx wound was not healing. Review of R13's current Care Plan, active 2/12/2025, revealed her coccyx wound was documented as healed. Further review revealed no urinary catheter care plan. In an interview on 2/12/2025 at 2:03 PM, Wound Registered Nurse (RN) H reported R13's care plan should have been updated to reflect her coccyx wound as active when it reopened on 7/26/2024. Wound RN H reported required care plan updates were discussed at the daily team meetings and the Minimum Data Set (MDS) Coordinator was responsible to update these. In an interview on 2/12/2025 at 2:18 PM, MDS Coordinator I acknowledged R13's current active care plan stated her coccyx wound was healed. In an interview on 2/13/2025 at 9:30 AM, Wound RN H reported R13's urinary catheter was placed on 1/10/2025 to facilitate healing of her coccyx pressure ulcer. Wound RN H reported R13 did not have a urinary catheter care plan in place. In an interview on 2/13/2025 at 10:50 AM, the Director of Nursing (DON) reported care plans were expected to be updated to reflect current treatment. (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

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of facility policy/procedure Comprehensive Care Plans, revised 3/6/2024, revealed .It is the facility policy to develop and implement a comprehensive person-centered care plan for each resident consistent with resident rights that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs . The comprehensive care plan will describe, at a minimum, the following . The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being .

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39056 Based on interview and record review, the facility failed to follow professional standards of nursing practice for medication administration for 4 of 18 residents (Resident #29, #40, #42, and #49), reviewed for the provision of nursing services, resulting in lack of vital sign assessments prior to medication administration and medications administered outside of physician ordered parameters. Findings: Resident #29 (R29) Review of an Admission Record revealed R29 was an [AGE] year-old female, admitted to the facility on [DATE], with pertinent diagnoses which included: hypertension and atrial fibrillation (abnormal beating of the heart) Review of R29's Order Summary dated 12/16/24 revealed, Metoprolol Succinate ER Oral Tablet Extended Release 24 Hour 25 MG Give 1 tablet by mouth two times a day .Hold if SBP (systolic blood pressure/top number) is less than 100, or DBP (diastolic blood pressure/bottom number) is less than 50 or HR (heart rate) is less than 60. To be administered at 9:00 Am and 9:00 PM. Review of R29's Pulse Summary revealed that from 1/1/25-1/31/25 R29's pulse was only assessed on 1/7/25, 1/14/25, 1/21/25, and 1/28/25. There were no other pulse assessments documented. Review of the January Medication Administration Record revealed that R29's metoprolol was administered twice a day from 1/1/25-1/31/25 despite the lack of a pulse assessments. Further review of R29's Pulse Summary and Medication Administration Record revealed that on 1/7/25 R29's pulse was documented as 58 and both doses of metoprolol were administered. Resident #40 (R40) Review of an Admission Record revealed R40 was a [AGE] year-old male, admitted to the facility on [DATE], with pertinent diagnoses which included: hypertension. Review of R40's Order Summary dated 12/17/24-1/10/25 revealed, Lisinopril Oral Tablet 5 MG (Lisinopril)-Give 1 tablet by mouth one time a day .HOLD if SBP is less than 100, DBP is less than 50 or HR is less than 60. Review of R40's January Medication Administration Record revealed: *On 1/5/25 R40's pulse was 52 and the lisinopril was administered. *On 1/6/25 R40's pulse was 56 and the lisinopril was administered. (continued on next page)

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	*On 1/7/25 R40's pulse was 56 and the lisinopril was administered. *On 1/8/25 R40's pulse was 58 and the lisinopril was administered. *On 1/9/25 R40's pulse was 56 and the lisinopril was administered. Resident #22 (R22) Review of an Admission Record revealed R22 was an [AGE] year-old female, admitted to the facility on [DATE], with pertinent diagnoses which included: hypertension. Review of R22's Order Summary dated 11/12/24 revealed, Lisinopril Oral Tablet 10 MG (Lisinopril)-Give 2 tablets by mouth one time a day .HOLD if SBP is less than 100, DBP is less than 50 or HR is less than 60. To be administered at 9:00 PM. Review of R22's Pulse Summary and Blood Pressure Summary revealed that on 1/22/25 R22's blood pressure was assessed at 5:24 PM and was documented as 111/63 with a pulse of 71. R22's blood pressure and pulse were not reassessed until 1/25/25 at approximately 8:00 PM. Review of R22's January Medication Administration Record revealed: *Lisinopril was administered on 1/22/25 with the blood pressure and pulse assessment of 111/63 and 71. *Lisinopril was administered on 1/23/25 with the blood pressure and pulse assessment of 111/63 and 71. *Lisinopril was administered on 1/24/25 with the blood pressure and pulse assessment of 111/63 and 71. Resident #49 (R49) Review of an Admission Record revealed R49 was an [AGE] year-old female, admitted to the facility on [DATE], with pertinent diagnoses which included: orthostatic hypotension. Review of R49's Midodrine HCl Oral Tablet 5 MG (Midodrine HCl)-Give 1 tablet by mouth two times a day . Check STANDING Blood Pressure. HOLD if SBP is greater than 120. To be administered at 11:00 AM and 5:00 PM. Review of R49's January Medication Administration Record revealed: *On 1/8/25 R49's blood pressure was 132/66 and the 5:00 PM dose of midodrine was administered. *On 1/13/25 R49's blood pressure was 138/75 and the 5:00 PM dose of midodrine was administered. *On 1/14/25 R49's blood pressure was 126/72 and the 5:00 PM dose of midodrine was administered. (continued on next page)

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 02/13/25 at 11:11 AM, Director of Nursing (DON) confirmed the above medication errors. DON reported vital signs should be assessed prior to the administration of medications with ordered parameters followed.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37577 Based on observation, interview, and record review, the facility failed to follow standards of practice for medication storage and labeling. Finding: During an observation on 02/11/25 at 10:02 AM, the treatment cart sat unlocked and unattended and contained prescription medications including insulin pens. A partially used humalog insulin pen that was prescribed to the resident in room [ROOM NUMBER]-2 was not dated to indicate when it had been opened. During an observation on 02/11/25 at 10:16 AM, the green hall medication cart's narcotic box was unlocked and a drinking straw had been intentionally placed through the back hinge of the narcotic box so that it would not latch and lock. During an interview at the same time, Registered Nurse (RN) J indicated that this was not an acceptable practice and that this should not have been done. During an observation on 02/11/25 at 10:39 AM a small plastic medication cup that contained chocolate pudding and a spoon, sat unattended and uncovered on the green hall medication cart. It was unclear if the pudding contained any prescribed medications. During an interview on 02/12/25 at 08:28 AM, RN K stated that medication carts are to be locked at all times and the controlled substance separate lock box was always locked. Review of the facility policy Medication Storage reflected the following: (A1) All drugs and biological's will be stored in locked compartments . and (C1a) Scheduled 2 controlled medications are stored under double-lock and key.

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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. 37872 Based on observation, interview, and record review, failed to ensure 1) equipment was being maintained, 2) required information/reminders are being provided at hand sinks 3) maintain physical facilities in sanitary conditions and in good repair potentially effecting 69 residents that receive food/water from the facility. Findings include: The following observations were observed on 02/11/25 between 10:29 AM to 1:50 PM, during tour of the kitchen/facility with Directory of Dietary (DOD) A. Observation of the dish washing area revealed a large area of the flooring had low grout, resulting in a build-up of food residues/debris, standing water and grime between the floor tiles. Observation of the (Name of Living Center's) Kitchenette found, 1) An employee handwashing reminder sign was not provided at the hand sink. 2) Ice machine's water filter was not labeled/dated. Observation of the shared hallway kitchenette revealed, ice machine did not have a water filter installed. During an interview on 2/12/25 at 10:02 AM, Maintenance Director (MD) D revealed he was unsure of when maintenance (filter change) had last taken place on the (Name of Living Center's) ice machine. MD D further revealed he was not sure why the other ice machine did not have a filter but would investigate it further. The 2017 FDA Model Food Code section 6-501.12 states: (A) PHYSICAL FACILITIES shall be cleaned as often as necessary to keep them clean. The 2017 FDA Model Food Code section 6-501.11 states: PHYSICAL FACILITIES shall be maintained in good repair. Review of the FDA 2017 Food Code Section, 6-301.14 Handwashing Signage. Reflected the following, A sign or poster that notifies FOOD EMPLOYEES to wash their hands shall be provided at all HANDWASHING SINKS used by FOOD EMPLOYEES and shall be clearly visible to FOOD EMPLOYEES. Review of the FDA 2017 Food Code Section, 5-204.13 Conditioning Device, Location. Reflected the following, A water filter, screen, and other water conditioning device installed on water lines shall be located to facilitate disassembly for periodic servicing and cleaning. Review of the FDA 2017 Food Code Section, 5-205.13 Scheduling Inspection and Service for a Water System Device. A device such as a water treatment device or backflow preventer shall be scheduled for inspection and service, in accordance with manufacturer's instructions and as necessary to prevent device failure based on local water conditions, and records demonstrating inspection and service shall be maintained by the PERSON IN CHARGE.