STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235144	A. Building B. Wing	05/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bayside Village	832 Sicotte Street L' Anse, MI 49946

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to identify high fall risk residents, implement a fall prevention program and care plan interventions to prevent falls for three Residents (R1, R2 and R3) of three residents reviewed for falls. This deficient practice resulted in the potential for continued and/or increased falls with possible injury related to staffs' lack of knowledge of residents identified as high fall risk requiring increased supervision. Findings include: On 5/27/26 at 8:53 a.m., review of R1's Minimum Data Set (MDS) assessment, dated 4/10/26, revealed R1 was admitted to the facility on [DATE] with diagnoses that included the following, in part: History of falling, unspecified dementia, nondisplaced intertrochanteric fracture of the right femur, repeated falls and need for assistance with personal care. R1 scored 4 of 15 on the Brief Interview for Mental Status (BIMS) reflective of severe cognitive impairment.Review of R1's Fall Risk Evaluation, completed on 4/13/26 (prior to fall with major injury on 5/6/26) with a score of 13, revealed the following instructional information: If the total score is 10 or greater, the resident should be considered HIGH RISK for potential falls. Prevention protocol should be initiated immediately and documented on the care plan.Review of the Fall Prevention Program policy, reviewed/revised 6/12/25, revealed the following, in part: Policy: Each resident will be assessed for fall risk and will receive care and services in accordance with their individualized level of risk to minimize the likelihood of falls . Complete a fall risk assessment every 90 days and as indicated when the resident's condition changes . 6. High Risk Protocols: a. The resident will be placed on the facility's Fall Prevention Program. i. Indicate fall risk on care plan. ii. Place Fall Prevention Indicator (such as star, color coded sticker) on the name plate to resident's room. iii. Place Fall Prevention Indicator on resident's wheelchair . Provide additional interventions as directed by the resident's assessment, including but not limited to: assistive devices, increased frequency of rounds, sitter, if indicated . low bed, alternate call system access, scheduled ambulation or toileting assistance, family/caregiver or resident education, (or) therapy services referral. 7. When a resident who does not have a history of falling experiences a fall, the resident will be placed on the facility's Fall Prevention Program .Review of R1's Fall Care Plan I have had a fall with major injury, revision on 5/7/26, revealed the following interventions: - Check with me upon waking, before and after meals, at hs (hour of sleep) and every 2 hours during the night and as needed for episodes of incontinence. Offer and assist me to the bathroom at these times to promote continent elimination and to help minimize my risk for falls. Date Initiated: 4/28/26. - I have an alarm on my bed to alert staff when I am getting out of my bed. Date Initiated: 5/12/26. (Added post-fall with major injury) - I have recently had a change in my antipsychotics. I have not had any breakdowns, but I have had increased confusion. Date Initiated: 4/24/26. - If you see me walking encourage me to use my wheelchair. Date Initiated: 2/23/26. - Remove foot pedals when staff is not propelling wheelchair. Date Initiated: 2/23/26.During an interview on 5/27/26 at 9:47 a.m., the Director of Nursing (DON) and the Business Office Manager (BOM) (who also has a Nursing Home Administrator (NHA) license) were asked what Fall Risk Evaluation score would indicate a resident had a high risk of falling. The DON said she did not know (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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	and after looking it up stated, A score of 10 or above is high risk for falling. The DON was asked to review R1's Fall Care Plan for a High Risk for Falling status. The DON said the Fall Prevention Program was managed by the IDT (interdisciplinary team) and stated, I have a list of people that fell, but I don't know who is in the Fall Prevention Program. We don't have a (Fall Prevention) program. When asked about symbols/stickers on high fall risk Resident's door name plates and wheelchairs, the DON stated, No, we have no (sic) stickers on doors. They do not have stickers on their wheelchairs. The BOM Manager (assigned supervision of the abbreviated survey during the NHA's limited absence), acknowledged the facility was currently not doing what they indicated they would be doing for high fall risk Residents.Review of the list entitled, Residents that have fallen in the last 3 months, listed 17 facility Residents that had fallen, without high fall risk identified in the care plan or without staff education provided to identify high risk for fall residents. The number of falls identified for these Residents totaled 46 falls in the last three months, with 37 of those falls unwitnessed by facility staff.During an interview on 5/27/26 at 10:00 a.m., the NHA acknowledged the facility had not implemented a Fall Prevention Program which identified high fall risk residents and would have informed staff of the potential need for increased supervision of those Residents to ensure their safety.During interviews with Certified Nurse Aides (CNAs) E and F, on 5/27/26 at 10:20 a.m., both CNAs were asked how they would know if a resident was a high fall risk. CNA E stated, In their care plan. CNA E was asked to review R1's Fall Care Plan and identify if R1 was a low, moderate, or high fall risk. CNA E reviewed R1's Fall Care Plan in the Resident's Electronic Medical Record (EMR) and said R1's care plan did not identify a fall risk. CNA E stated, I think it (resident fall risk level) should be in the care plan . CNA F agreed R1's risk for falling was not detailed in their Fall Care Plan and both CNAs confirmed no symbols or stickers were used to identify high fall risk residents on their name plates, wheelchairs, or anywhere else in the facility. When asked which Residents in the facility were high fall risks, CNA E and CNA F both agreed Residents R2 and R3 may be high fall risks because they had alarms to signal when they were getting up. Both CNAs agreed they did not have any other method to identify high fall risk residents. When asked if knowing which residents were high fall risks would increase their awareness of the increased risk for falls for those individuals, CNA F nodded up and down, signifying an affirmative answer, and CNA E acknowledged agreement.Review of R2 and R3's Fall Care Plans, on 5/27/26 at 11:33 a.m. and 2:47 p.m. respectively, found no documentation of their level of fall risk contained within the care plans.During observation of the facility name plates and wheelchairs of R1, R2, and R3 on 5/27/26 at 2:15 p.m., fall risk indicators (symbols/stickers) were not present on door name plates or wheelchairs. No symbols were identified throughout the facility for any resident.During the Exit Conference on 5/27/26 at approximately 3:30 p.m., the NHA acknowledged residents with high fall risks did not have documentation of such in their care plans, nor did they have any method within the facility of visual identification of residents' increased risk for falls, such as their door name plates and wheelchairs as applicable. This resulted in staffs' lack of knowledge related to increased supervision needs of high-fall residents and the potential for increased fall rates.