

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235157	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/01/2024
NAME OF PROVIDER OR SUPPLIER Sanilac Medical Care Facility		STREET ADDRESS, CITY, STATE, ZIP CODE 137 N Elk St Sandusky, MI 48471	

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)
<p>F 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are fully informed and understand their health status, care and treatments.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49944</p> <p>Based on observation, interview and record review the facility failed to obtain informed consent prior to initiating antipsychotic medication for two residents (Resident #25 and Resident #32) of three residents sampled for antipsychotic medication use, resulting in the resident and/or responsible party not being informed of the risk versus benefit of antipsychotic medication use prior to initiation.</p> <p>Findings include:</p> <p>Resident #25 (R25):</p> <p>Resident #25 is [AGE] years old and admitted to the facility on [DATE] with diagnoses that include Alzheimer's disease, dementia with agitation, anxiety and major depressive disorder. R25 has a Brief Interview for Mental Status (BIMS) score of 7, indicating severe cognitive impairment.</p> <p>On 06/25/24 at 04:30 PM, R25 was observed wandering in and out of multiple resident rooms in their wheelchair. R25 was yelling hello as they entered each room and they were looking for someone named [NAME]. This surveyor approached R25 and asked them who [NAME] was and if I could help them find her. R25 responded with jumbled speech and the response did not make sense. R25 continued to go room to room until staff intervened and led her back to the common area.</p> <p>On 06/27/24 at 09:33 AM, record review revealed R25 is followed by Behavioral Care Solutions (psych group that cares for residents at the facility) and is on Seroquel for mood disorder, Paroxetine for depression and Clonazepam for anxiety for 14 days with a stop date of 06/28/24.</p> <p>On 06/27/24 at 09:40 AM record review revealed R25 started on Seroquel 50mg on 03/28/24, Paroxetine 40mg started on 05/03/24 and Clonazepam 0.25mg started on 6/14/24. No progress notes or assessments were able to be located for the initiation of Clonazepam for 14 days. There was no documentation present that the resident or responsible party was notified of the initiation of Clonazepam.</p> <p>On 06/27/24 at 9:45 AM record review revealed consents are present for Seroquel and Paroxetine, the consents were dated 04/04/24, one week after admitted [DATE]. Seroquel was initiated on admission on 03/28/24, no documentation was present that the resident or responsible party was informed of the medication upon admission. There was no consent present for Clonazepam 0.25mg which was initiated on 06/14/24 for 14 days.</p> <p>(continued on next page)</p>

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: 235157	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/01/2024
NAME OF PROVIDER OR SUPPLIER Sanilac Medical Care Facility		STREET ADDRESS, CITY, STATE, ZIP CODE 137 N Elk St Sandusky, MI 48471	

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)
<p>F 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Resident #32 (R32):</p> <p>Resident #32 is [AGE] years old and admitted to the facility on [DATE] with diagnoses that include dementia, post traumatic stress disorder and adjustment disorder with mixed anxiety and depressed mood. Resident #32 has a BIMS score of 3, indicating severe cognitive impairment.</p> <p>On 06/27/24 at 11:13 AM, record review revealed R32 was started on Ativan 1mg every 6 hours as needed for anxiety on 06/14/24 for 14 days with a stop date of 06/28/24. There was no documentation present in the electronic health record (EHR) that the responsible party or resident was informed of the treatment prior to initiation. A consent form was signed on 06/19/24, five days after the medication was initiated.</p> <p>On 06/27/24 at 11:16 AM an interview was conducted with the Director of Nursing (DON). The DON was asked if the staff should call the responsible parties for cognitively impaired residents for changes in psychotropic medication to inform them. The DON stated, yes the responsible parties should be informed prior to initiation of psychotropic medication. The DON then stated that recently they have been educating nursing staff to be sure they are informing families of med changes and documenting their notification of families with changes.</p> <p>On 07/01/24 the policy titled Use of Psychotropic Medications was provided by the facility. Review of the policy revealed:</p> <p>3. Residents and/or representatives shall be educated on the risks and benefits of psychotropic drug use and the appropriate party to sign the consent regarding the psychotropic medication(s) being given.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235157	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/01/2024
NAME OF PROVIDER OR SUPPLIER Sanilac Medical Care Facility		STREET ADDRESS, CITY, STATE, ZIP CODE 137 N Elk St Sandusky, MI 48471	
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)		
<p>F 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to and the facility must promote and facilitate resident self-determination through support of resident choice.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37666</p> <p>Based on observation, interview and record review the facility failed to accommodate resident choice in Guardianship for 1 resident (#16) of 27 residents reviewed for resident choice, resulting in Resident #16 becoming upset and worried that she would not have someone to look out for her when her wishes were not considered.</p> <p>Findings Include,</p> <p>Resident #16</p> <p>Choices</p> <p>On [DATE] at 9:30 AM, during a tour of the facility, Resident #16 was observed getting ready for the day. She was sitting in her wheelchair, dressed and preparing to attend an activity in the dining room. She said she spent most of her day in the facilities activities and that is what she enjoyed doing. She said she had some issues to discuss. Resident #16 said she was upset because the facility was suing her to remove her Guardian, who is her sister and replace her with a public guardian. The resident said they had to go to court twice and there is another hearing with an attorney over the resident losing her Medicaid eligibility and not having her bill paid. She said her bills had been paid by Medicaid until a waiver for Medicaid eligibility, that was enacted during the Covid-19 Pandemic in 2020, expired in September of last year/2023. She said it was confusing and her sister had not had to apply for Medicaid re-eligibility before and then her Medicaid lapsed. She said her Medicaid was reinstated in [DATE], but she said she was so upset about this, that it was all she could think about. Resident #16 said she tried to talk to the billing department about the situation and court hearings and was told, That's just the way it is.</p> <p>A record review of the Face sheet and Minimum Data Set (MDS) assessment indicated Resident #16 was admitted to the facility on [DATE] with diagnoses: quadriplegia at vertebra C5-C7, rheumatoid arthritis, diabetes, fibromyalgia, hypertension, anxiety, depression, atrophy left eye, cataract right eye, chronic pain, weakness. The MDS assessment dated [DATE] revealed the resident had full cognitive abilities with a Brief Interview for Mental Status (BIMS) score of ,d+[DATE] and the resident needed assistance with all care.</p> <p>On [DATE] at 3:30 PM, during an interview with Social Services H about Resident #16's Guardian/Conservator I , she said the resident had the same guardian during her stay at the facility since 2019: it was her sister. She said there had never been any issues with the resident's guardian, until she lost her Medicaid eligibility in [DATE]. She said the resident's Guardian I did a lot for the resident, visiting her often and bringing her what she needed. She said the guardian tried to reapply for Medicaid, but there was too much money in the resident's account. She said the guardian and resident were trying to find a handicap accessible van, to accommodate the resident on outings with her family, but they were having trouble finding a van. She said months went on, the money wasn't spent, and the bill was not paid to the facility. The Social Services H said she was asked by the Interim Administrator T to file a petition with the court to remove the resident's Guardian H as Conservator (overseer of the resident's finances) and appoint a predetermined conservator chosen by the facility.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235157	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/01/2024
NAME OF PROVIDER OR SUPPLIER Sanilac Medical Care Facility		STREET ADDRESS, CITY, STATE, ZIP CODE 137 N Elk St Sandusky, MI 48471	
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)		
<p>F 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On [DATE] at 3:48 PM, [NAME] Staff U was interviewed about Resident #16. She said in [DATE] the facility received a Medicaid billing denial. Resident #16's Medicaid eligibility was checked in [DATE], and she no longer qualified for Medicaid. She said the amount the Resident received from Medicaid was \$10,050/month. She said she called the sister/Guardian about it. Biller U said MDHHS (Michigan Department of Health and Human Services) had halted redeterminations for Medicaid eligibility during Covid. She said last fall that stopped and each person or their representative had to check on their own. She said she believed a notice went out to residents/representatives, but she wasn't sure. She said the resident and Guardian had cashed out a retirement policy and the guardian was trying to buy a van-handicap accessible. She said it would cost about \$20,000 to find a van, but they could not find one.</p> <p>The biller said in December there was a conversation with the resident or representative about the Medicaid ineligibility because of too much money in the resident's account. She said the Guardian made payments towards the bill beginning in [DATE]. Another payment was received in [DATE] and [DATE] and the resident's Medicaid eligibility was restored in [DATE].</p> <p>The Biller U said there had been no prior issues with the resident's payment prior to the discontinuance of the Covid-19 eligibility waiver. She said Resident #16 had had the same Guardian since [DATE], since the resident came to the facility. Biller U said there was still an outstanding balance for the resident's bill.</p> <p>During the interview with Biller U on [DATE] at 3:48 PM, she said both herself and Biller V went to court twice about the matter. She said it was very difficult. She said a local attorney was now hired to attend the next hearing over the resident's Conservatorship in court on [DATE].</p> <p>A review of the court documents identified the following:</p> <p>[DATE]: A Petition to Modify Conservatorship/Adult was filed in court by Social Services H in the matter of removing Resident #16's Guardian related to the unpaid expenses at the facility. The document requested a specific named facility nominated person to be the Conservator.</p> <p>[DATE]: A court document titled, Order Appointing Person To Review/Investigate Guardianship, for Resident #16. The court order was for review of the resident's Guardianship.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235157	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/01/2024
NAME OF PROVIDER OR SUPPLIER Sanilac Medical Care Facility		STREET ADDRESS, CITY, STATE, ZIP CODE 137 N Elk St Sandusky, MI 48471	
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)		
<p>F 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On [DATE] at 11:45 AM, the Interim Administrator T and Administrator in training were interviewed about Resident #16's court hearings related to past due Medicaid payments. The Interim Administrator T said he had requested a court order to remove Resident #16's Guardian/Conservator because of the past due bills. The Administrator T was asked if he attended the court hearings and he said he had not, that the 2 billers had went to court. Reviewed with the Administrators that Resident #16 was very upset about this situation, as she did not want to lose her sister as her Guardian for Healthcare. They both said the billers and Social Services had talked to the resident. The Administrators were asked if they had met with the resident and her representative to discuss the court hearings with the resident, as the resident thought her Guardian for Healthcare was being changed. The Administrators said they had not spoken with the resident or her Guardian. The Administrators were asked if there had been any issues with Resident #16's Guardian in the past and they both said there had been no issues. The Administrator in Training said the resident's Guardian was also the facilities Nurse Practitioner/NP. She said they had no issues with the NP's care of Resident #16 or other residents. The Interim Administrator T said a new Conservator for finances was requested at the court hearings, not a Guardian for Healthcare.</p> <p>During the interview with The Interim Administrator T, he said the billing department said they were not comfortable discussing the matter in court after the first 2 hearings and the facility obtained an attorney in [DATE] for the next hearing in July. At the time of the interview the Administrators were asked for copies of any documentation of conversations between the facility, resident and Guardian related to the resident's bill, guardianship and court hearings.</p> <p>A review of the documents received from the facility provided the following:</p> <p>The billing department Collection notes created by Billers U and V indicated there was no documentation of billing issues for Resident #16 until [DATE]: 3 months after Medicaid eligibility was denied. A note dated [DATE] said the Guardian I spoke with the billing office and said she was attempting to find a van for the resident for \$20,000. Beginning in [DATE], the billing department documented conversations with the resident or her Guardian. On [DATE] Biller V documented that she had went to court to represent the facility related to Resident #16's bill and Biller V stated, I requested that (the county public Guardian) be put in place due to resident's overdue balance .</p> <p>Per the Interim Administrator, during the interview on [DATE] at 11:45 AM, the facility had not requested to change the Resident's guardian. They only wanted a Conservator for finances.</p> <p>On [DATE] 12:52 PM, Resident #16's Guardian/conservator I was interviewed about the resident's bill and court hearings. She said she was court appointed as the resident's Guardian and had been her Guardian since 2019. She said the facility did not tell her for a few months that there was too much money in Resident #16's account and it affected her Medicaid eligibility. She stated, They tried to catch me in the hall when I was seeing patients. They never sat down with me. Then I asked for a payment plan. She had never had a patient pay until now. There were no bills. They said the I was neglecting my sister. I went to the court hearings. They did not come to me. They are trying to remove me from caring for her. My sister is devastated by this. We were blindsided. We thought 'Work with us, explain it.' They were getting the bills and never said anything about it. I had no idea. She said the facility was attempting to remove her as healthcare Guardian also. She said the court documents said they were trying to remove her from conservator and guardian both.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235157	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/01/2024
NAME OF PROVIDER OR SUPPLIER Sanilac Medical Care Facility		STREET ADDRESS, CITY, STATE, ZIP CODE 137 N Elk St Sandusky, MI 48471	
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)		
<p>F 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the document titled, CMS (Centers for Medicare and Medicaid Services), Nursing Home Toolkit: Nursing Homes-A Guide for Medicaid Beneficiaries', Families and Helpers, dated [DATE] provided, .People living in a Nursing home have the right to be treated with dignity and respect . Nursing home beneficiary rights and protections under the law include, but are not limited to, the right to: . Be treated with dignity and respect . Participate in making choices in care . Quality of Life: The Social Security Act requires nursing home to care for beneficiaries in a manner that emphasizes their quality of life and ensures dignity, respect, and choice .</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235157	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/01/2024
NAME OF PROVIDER OR SUPPLIER Sanilac Medical Care Facility		STREET ADDRESS, CITY, STATE, ZIP CODE 137 N Elk St Sandusky, MI 48471	
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)		
<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37666</p> <p>Based on observation, interview and record review, the facility failed to update/revise individualized, person-centered care plans to reflect changing care needs for three residents (Resident #2, Resident #6, and Resident #32), of 30 residents reviewed for care plans, resulting in the potential for unmet care needs.</p> <p>Findings Include:</p> <p>Resident #2:</p> <p>Accidents</p> <p>On 6/25/2024 at 12:56 PM, Resident #2 was observed sitting in a wheelchair in his room. He was alert but did not answer any questions.</p> <p>A record review of the Face sheet and Minimum Data Set (MDS) assessment indicated Resident #2 was admitted to the facility on [DATE] and had multiple discharges and readmissions with the most recent readmission on 3/20/2024 with diagnoses: history of traumatic brain injury, paraplegia, chronic kidney disease, kidney stones, urinary catheter, history of seizures, gastrostomy tube, hypothyroidism, and anxiety. The MDS assessment dated [DATE] revealed the resident had severe cognitive dysfunction and needed assistance with all care.</p> <p>A record review on 6/27/24 at 1:42 PM, revealed Resident #2 had fallen 3 times in the past 12 months: 8/24/23, 5/31/24, and 6/25/24.</p> <p>8/24/2023 at 12:55 AM: . resident was found on the floor . he was yelling when entering room found resident on the floor face down left arm straight out and right arm under resident. The tab alarm was not going off and was still attached to alarm . no injury . both center tab and outer ring had teeth marks on it from resident chewing . Immediate Action Taken: Resident not to wear gowns to bed, to be in tee shirts only to prevent from chewing on tab clip .</p> <p>5/31/2024 at 11:00 PM: . resident was found lying on the floor next to his bed . lying on the floor in between his bed and floor mat. It appeared that the floor mat got moved out farther from the bed by resident. Resident was lying on his back on the floor. It was noted body pillow was not in place per orders .</p> <p>6/25/2024 at 3:41 PM, . Resident had unwitnessed fall from bed onto floor mat. No injuries .</p> <p>A review of the Care Plans for Resident #2 identified the following:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235157	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/01/2024
NAME OF PROVIDER OR SUPPLIER Sanilac Medical Care Facility		STREET ADDRESS, CITY, STATE, ZIP CODE 137 N Elk St Sandusky, MI 48471	
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)		
<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The resident has had actual falls since admission into (facility), date initiated and revised 8/25/2022 with 3 interventions: Continue interventions on the at-risk plan, date initiated and revised 8/25/2022; For no apparent acute injury, determine and address causative factors of the fall, date initiated and revised 8/25/2022; Physical therapy and or Occupation therapy screening recommended following each fall in order to address the resident's strength and mobility if applicable, date initiated and revised 8/25/2022.</p> <p>There were no additional interventions on the Fall Care Plan. The Care Plans were not updated with interventions to aid in preventing future falls after the falls on 8/24/2023, 5/31/2024 and 6/25/2024. There was no mention of fall mats or resident alarms.</p> <p>On 6/27/2024 at 2:45 PM, the Resident #2's Fall Care Plan was reviewed with Restorative Nurse P. Reviewed with Nurse P the 3 dates the resident had fallen. She said Restorative would update this Care Plan and said she would look at it.</p> <p>hospitalization</p> <p>A record review of the Face sheet and Minimum Data Set (MDS) assessment indicated Resident #2 was admitted to the facility on [DATE] and had multiple discharges and readmissions with the most recent readmission on 3/20/2024 with diagnoses: history of traumatic brain injury, paraplegia, chronic kidney disease, kidney stones, urinary catheter, history of seizures, gastrostomy tube, hypothyroidism, and anxiety. The MDS assessment dated [DATE] revealed the resident had severe cognitive dysfunction and needed assistance with all care.</p> <p>A record review of Resident #2's medical record, indicated he had multiple hospitalization s in 2024, related to a change of condition and urinary tract infections. In addition he had several transfers to the emergency room without overnight stays for a change in condition.</p> <p>On 6/27/24 at 8:50 AM, Infection Prevention and Control/IPC Nurse A was interviewed about Resident #2. She said the resident had frequent urinary tract infections (UTI's) and most recently A UTI that went on and on. The IPC said it was recently identified that the resident had Pseudomonas aeruginosa in his urine. She said the resident had received ciprofloxacin multiple times, Keflex, Bactrim then gentamicin (all antibiotics). The IPC said the antibiotics were not effective until the resident received gentamicin. She said it was on April 22nd, 2024 when the resident's most recent UTI started. She said he had episodes when his temperature would drop and a change of condition, they would send him to the hospital and he was found to be septic (CDC (Centers for Disease Control): Sepsis is the body's extreme response to an infection. It is a life-threatening medical emergency.)</p> <p>A review of the Care Plans for Resident #2 identified the following:</p> <p>Urinary Tract Infection with culture result MDRO (Multi-Drug Resistant Organism) Pseudomonas aeruginosa, date initiated and revised 5/28/2024, with 1 intervention: Monitor laboratory results, date initiated 5/28/2024.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235157	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/01/2024
NAME OF PROVIDER OR SUPPLIER Sanilac Medical Care Facility		STREET ADDRESS, CITY, STATE, ZIP CODE 137 N Elk St Sandusky, MI 48471	
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)		
<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Resident #2 had received multiple antibiotics since December 2023 for Urinary Tract Infections (UTI). The first Care Plan mentioning a positive urine culture was 5/28/2024. The resident also had positive urine cultures in December 2023 and March 2024. In addition, he received antibiotics for potential signs and symptoms of a urinary tract infection with no monitoring if the antibiotics were appropriate to an infectious organism.</p> <p>A review of the facility policy titled, Resident Care Plans, dated November 2, 2021 revealed, Policy: All residents will have a comprehensive person-centered care plan, consistent with resident rights, that includes measurable objectives and timeframes .</p> <p>49944</p> <p>Resident #6 (R6):</p> <p>Resident #6 is [AGE] years old and admitted to the facility on [DATE] with diagnoses that include Alzheimer's disease, vascular dementia, weakness and a history of falls. Resident #6 has a Brief Interview for Mental Status (BIMS) score of 3, indicating severe cognitive impairment.</p> <p>On 06/27/24 at 02:29 PM, R6 was observed sleeping in bed, R6 had the left side of their bed against the wall, there was a body pillow on the right side of their body. A wheelchair was observed to be about 5 feet from the foot of the bed by the dresser, no leg rests were on the wheelchair and the seat had miscellaneous items on it.</p> <p>On 06/27/24 at 02:32 PM, record review revealed R6 had a care plan for being at risk for falls and actual falls. The actual falls care plan indicated that R6 had their most recent fall on 01/04/24 with no injury. The interventions included placing the wheelchair at the foot of the bed with the seat facing the head of the bed when the resident is in the bed at all times. This is to facilitate safe transfer as the resident self transfers. This was last revised on 03/20/24.</p> <p>On 06/27/24 at 02:43 PM, record review of incidents revealed that R6 has sustained falls since 01/04/24:</p> <p>-On 01/04/24, R6 was observed on the floor leaned against the bed. The incident report did not have an intervention to prevent future falls.</p> <p>-On 05/16/24, R6 was observed on the floor between the bed and wheelchair, no injuries noted and there was no care plan intervention listed on the incident and accident form.</p> <p>-On 05/31/24, R6 was observed sitting on the floor by the bed, no injuries noted, resident stated they had to go to the bathroom. The care plan intervention was to place a pressure alarm pad to bed. Care plan wasn't updated until 6/4/24.</p> <p>On 06/27/24 at 04:15 PM, it was verified with the Director of Nursing (DON) that fall interventions in the resident room were not in place. Wheelchair was located by the dresser and not near the end of the bed.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235157	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/01/2024
NAME OF PROVIDER OR SUPPLIER Sanilac Medical Care Facility		STREET ADDRESS, CITY, STATE, ZIP CODE 137 N Elk St Sandusky, MI 48471	

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)
<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 07/01/24 at 08:11 AM, RR of care plans for falls revealed that the most recent fall was on 01/04/24. Surveyor was unable to locate care plan interventions for falls that correlated to the most recent falls. Care plan was last updated 06/04/24 for a fall on 05/31/24. This is in the at risk for falls care plan and not the actual falls care plan.</p> <p>Resident #32 (R32):</p> <p>Resident #32 is [AGE] years old and admitted to the facility on [DATE] with diagnoses that include dementia, post traumatic stress disorder and adjustment disorder with mixed anxiety and depressed mood. Resident #32 has a BIMS score of 3, indicating severe cognitive impairment.</p> <p>On 07/01/24 at 08:17 AM, record review revealed R32 has sustained multiple falls since admission to the facility on [DATE]:</p> <p>-On 04/16/24, R32 was observed on the floor in the living room/open area in a kneeling position, no injury was noted and the fall was unwitnessed. The intervention was to change the pressure pad alarm to tab alarm while the resident is in the wheelchair or in bed. A review of the 'risk for falls care plan revealed the resident uses a pressure alarm to the wheelchair and bed. Date initiated 03/30/24 and last revised on 05/21/24.</p> <p>-On 05/02/24, R32 was observed on the floor in the living room area, no injury was noted and the fall was unwitnessed. The intervention on the incident report was to educate staff on the importance of toileting every two hours and for someone to remain in common areas when residents are in that area. A review of the risk for falls care plan revealed no intervention was entered to correlate with the date of the fall.</p> <p>-On 05/20/24, R32 was observed on the floor of their room after a certified nursing assistant (CNA) responded to the sound of R32's wheelchair alarm going off. R32 had some slight pain in their buttocks but overall no injury was noted and the fall was unwitnessed. There was no intervention listed on the incident form.</p> <p>-On 05/21/24, R32 was observed sliding out of their wheelchair by nursing staff. No injury was noted and the fall was witnessed. The intervention was to place dycem(item that prevents sliding) on the recliner.</p> <p>On 07/01/24 at 09:51 AM, an interview was conducted with the DON. The DON was asked who updates care plans after a fall. The DON stated that the floor nurse is responsible to update it at the time of the incident, then it is reviewed in morning meeting and updates are made if necessary. The DON was asked why there were no interventions put in place after some of the residents falls. The DON stated they did not know why. The DON was asked about the appropriateness of an intervention that was put in place in place for sliding out of the wheelchair, the intervention was to add dycem to the reclining chair. The DON stated that the intervention was not appropriate for the fall.</p> <p>A review of the policy titled Resident incident- Reporting and Monitoring, revised 10/12/23, revealed:</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235157	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/01/2024
NAME OF PROVIDER OR SUPPLIER Sanilac Medical Care Facility		STREET ADDRESS, CITY, STATE, ZIP CODE 137 N Elk St Sandusky, MI 48471	
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)		
<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>6. The restorative nurse or designee will investigate all incidents in a timely manner, next scheduled working day if not present at time of incident. Additional, appropriate interventions will be implemented per Restorative Nurse or designee, when applicable in an attempt to prevent recurrence.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235157	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/01/2024
NAME OF PROVIDER OR SUPPLIER Sanilac Medical Care Facility		STREET ADDRESS, CITY, STATE, ZIP CODE 137 N Elk St Sandusky, MI 48471	
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)		
<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37771</p> <p>This Citation Pertains to Intake MI00142721</p> <p>Based on observation, interview and record review, the facility failed to administer a nebulizer treatment according to professional standards for Resident #35, administer medications as prescribed by the physician for Resident #224 and Resident #322, and ensure standards of practice for</p> <p>appropriate diagnosis and use of multiple psychotropic and antipsychotic medications for Resident #377, of seven residents reviewed for medication administration and five residents reviewed for medication regimen review, resulting in Resident #35 not assessed prior to administration or monitored during the duration of a nebulizer treatment with the potential for complications to go unnoticed, untreated or not receive the prescribed amount of medication used to treat lung disease, the potential for exacerbation of medical conditions for Resident #35, Resident #224 and Resident #322, and inappropriate diagnosis and treatment for Resident #377.</p> <p>Findings include:</p> <p>Resident #35:</p> <p>On 6/27/24 at 8:40 AM, an observation was conducted during the medication administration task of the survey of Nurse L preparing to give Resident #35 an Albuterol 2.5mg (milligrams)/3 ml (milliliters) breathing treatment. Resident #35 was sitting up in their wheelchair. The Nurse put the medication into the medication chamber of the nebulizer that was attached to a mask. The Nurse put the mask on the Resident, turned on the nebulizer at 8:45 AM and left the room. The Nurse was not insight of Resident #35. Nurse L continued with her medication pass.</p> <p>On 6/27/24 at 8:50 AM, an observation was made of CNA B entering Resident #35's room. The CNA left the room and had shut the door. The Resident was not insight of Nurse L who had administered the nebulizer treatment nor did Nurse L monitor the inhalation therapy.</p> <p>On 6/27/24 at 8:55 AM, CNA B entered the Resident #35's room with another surveyor and closed the door.</p> <p>Surveyor observation of CNA and Resident #35</p> <p>On 6/27/24 at 8:55 AM, an observation was made of Resident #35 sitting in their wheelchair and had a nebulizer mask on receiving a nebulizer treatment. The Nurse was not in the room. The CNA was observed to remove the nebulizer mask from the Resident, shut the nebulizer machine off and laid the mask on the bedside table. The CNA performed morning care for the Resident. At 9:18 AM, on the completion of AM care, CNA B was queried regarding the nebulizer treatment. The CNA stated, I have to have the nurse do it.</p> <p>On 6/27/24 at 9:18 AM, CNA B and the surveyor were observed to leave Resident #35's room. Nurse L was not informed of the discontinuation of the nebulizer treatment. The Nurse did not check on the Resident after the AM care was given.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235157	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/01/2024
NAME OF PROVIDER OR SUPPLIER Sanilac Medical Care Facility		STREET ADDRESS, CITY, STATE, ZIP CODE 137 N Elk St Sandusky, MI 48471	
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)		
<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 6/27/24 at 10:15 AM, an interview was conducted with Assistant Director of Nursing, Education Nurse C regarding the administration of nebulizer treatments and facility policy. The Education Nurse was asked about standards of practice of assessment of lungs and vital signs. The Education Nurse indicated that the lung sounds should be assessed and vital signs taken prior to receiving the nebulizer treatment and the Nurse should monitor the Resident while the breathing treatment was given. A review of the facility policy that the Education Nurse indicated they followed revealed the following with a title Performance Checklist Skill 21.8 Using Small-volume Nebulizers, Assessment: .5. Assessed pulse, respirations, breath sounds, pulse oximetry, and peak flow measurements if ordered . 12. Had patient take a deep breath; encouraged brief, end-inspiratory pause; had patient exhale passively: . b. Reminded patient to repeat breathing pattern until drug was completely nebulized . Evaluation: 1. Assessed patient's respirations, breath sounds, cough effort, sputum production, pulse oximetry .</p> <p>On 6/27/24 at 10:56 AM, an interview was conducted with Nurse L regarding Resident #35's nebulizer treatment and facility policy. When asked about assessment of lung sounds, pulse, respirations and O2 saturation, the Nurse stated, I didn't know we had to do that. The Nurse was asked about not staying with the Resident during the treatment and if the Resident had received the full treatment. The Nurse stated, Yes, I should be sure he gets it all. An observation was made with Nurse L of Resident #35's room. The Resident was not in the room at that time. The nebulizer mask was assembled and laying on its side on the bedside table. An observation was made of the medication chamber with a small amount of liquid in the chamber. The Nurse stated, I can see some of the liquid still in there. The Nurse was asked about storage of the nebulizer and the Nurse reported they store them inside a bag. When asked if they rinsed and dried the nebulizer equipment prior to storage, the Nurse stated, No not usually, we just put it in the bag.</p> <p>A review of the facility policy titled, Nebulizer Equipment, dated 10/27/21, revealed, Policy: Nebulizer equipment will be properly cleaned and stored to prevent contamination and the potential for spread of infection. Procedure: Equipment for the treatment of respiratory conditions will be disassembled, cleaned, and stored in the Resident's room after every use . e. Wash, in Resident bathroom, using warm water and using a wash basin/barrier. d. Rinse thoroughly, pat excess water with paper towels. e. Allow to air dry on a barrier with second barrier covering the equipment. f. May store in respiratory bag once completely dry .</p> <p>Resident #224:</p> <p>On 6/27/24 at 9:11 AM, during observation of medication administration task, Nurse L was observed to prepare medication for Resident #224. The Nurse prepared the Residents medication and put them in a cup. The Protonix 40mg delayed release was not available. When asked why the medication was not available, Nurse L indicated that it had to be ordered and they did not have it available in the facility.</p> <p>The Nurse retrieved the Resident's inhaler from the box with the Residents name on the inhaler and box. The Nurse had to retrieve medication from the medication storage room refrigerator. Prior to retrieving the refrigerated medication, the Nurse wrote the Resident's name on the cup of medications and placed the cup and the inhaler in a top drawer of the medication cart. The Nurse retrieved the medication from the med room refrigerator and took out the cup of medications from the top drawer and administered the medications to the Resident who was at the medication cart waiting for their medication. The Nurse did not retrieve the inhaler from the top drawer or administer the inhaler to the Resident.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235157	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/01/2024
NAME OF PROVIDER OR SUPPLIER Sanilac Medical Care Facility		STREET ADDRESS, CITY, STATE, ZIP CODE 137 N Elk St Sandusky, MI 48471	
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)		
<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>At 9:12 AM, the Resident was waiting at the medication cart and an observation was made of Nurse L administering the oral medication to Resident #224. The Resident was waiting for the medication and had Therapy staff that was taking him to therapy. The medication received included:</p> <p>Augmentin ES-600 5 ml (milliliters).</p> <p>Calcium Carbonate chewable 500 mg (milligram) tablet.</p> <p>Prednisone 10 mg tablet.</p> <p>Fenasteride 5 mg tablet.</p> <p>Flomax 0.4 mg capsule.</p> <p>Psyllium Husk powder, 6 gm (grams) mixed in water.</p> <p>A review of Resident #224's medication orders and scheduled administration times revealed the following:</p> <p>-An order for Augmentin ES-600 oral suspension, give 5 ml (milliliters) by mouth every 12 hours for post-surgery for 7 days and was scheduled to be given at 7:00 AM. The medication was given late.</p> <p>-An order for Protonix tablet delayed release 40 mg, give 1 tablet by mouth two times a day for GI (gastrointestinal) upset and scheduled at 7:30 AM. The medication was not given due to not being ordered or available in the facility.</p> <p>-An order for Calcium Carbonate tablet chewable 500 mg, give 1 tablet by mouth before meals for GI upset and scheduled at 7:30 AM. The medication was given late and the Resident was heading to therapy.</p> <p>-An order for Symbicort inhalation aerosol, 2 puff inhale orally two times a day for SOB (shortness of breath), COPD (chronic obstructive pulmonary disease). The medication was not given during the observation of medication administration.</p> <p>Resident #322:</p> <p>On 6/27/24 at 9:26 AM, an observation was made of Nurse L setting up medication and administering medication to Resident #332. The medication included:</p> <p>Aspirin EC (enteric coated) 81 mg.</p> <p>Acetaminophen 325 mg, two tablets.</p> <p>Omeprazole DR (delayed release) 20 mg.</p> <p>Prednisone 10 mg, two tablets.</p> <p>Folic Acid 1 mg tablet.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235157	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/01/2024
NAME OF PROVIDER OR SUPPLIER Sanilac Medical Care Facility		STREET ADDRESS, CITY, STATE, ZIP CODE 137 N Elk St Sandusky, MI 48471	
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)		
<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Lexapro 10 mg tablet.</p> <p>Lispro insulin 16 Units SQ (subcutaneous).</p> <p>A review of Resident #322's medication orders and scheduled administration times revealed the following:</p> <ul style="list-style-type: none"> - Aspirin EC tablet, Delayed Release 81mg, give 1 tablet by mouth one time a day for supplement, scheduled at 8:00 AM. The medication was given late. -Acetaminophen 325 mg, give two tablets by mouth three times a day for pain, scheduled at 8:00 AM. The medication was given late. -Omeprazole DR (delayed release) 20 mg capsule, give 1 tablet by mouth one time a day for GI upset, scheduled at 8:00 AM. The medication was given late. -Prednisone 10 mg, give two tablets by mouth one time a day related to bullous pemphigoid for 14 days scheduled at 8:00 AM. The medication was given late. -Folic Acid 1 mg tablet, give 1 tablet by mouth one time a day for supplement, scheduled at 8:00 AM. The medication was given late. -Lexapro oral tablet 10 mg, give 1 tablet by mouth one time a day related to depression, scheduled at 8:00 am. -Insulin Lispro 100 units/ml, inject 16 Units subcutaneously three times a day related to Type 1 diabetes mellitus with hyperglycemia. <p>On 6/27/24 at 9:35 AM, at the conclusion of the observation of medication administration task with Nurse L, the Nurse was asked about the medication left in the top drawer of the medication cart. The Nurse had opened the drawer where she had placed the medication. Resident #224's inhaler was in the drawer with another resident's medication that was placed in a cup. The Nurse was asked about the inhaler for Resident #224 and indicated she had not given it and reported she would give it to the Resident when he came back from therapy.</p> <p>The electronic medical record (EMR) showed the medication on the computer with a red background for Resident #322 that indicated they had not been given timely. When asked about the red background on the EMR for Resident #322 and for Resident #224, Nurse L indicated they were given late and stated, I started late and didn't get to them.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235157	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/01/2024
NAME OF PROVIDER OR SUPPLIER Sanilac Medical Care Facility		STREET ADDRESS, CITY, STATE, ZIP CODE 137 N Elk St Sandusky, MI 48471	

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)
<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 6/27/24 at 11:07 AM, an interview was conducted with the Clinical Supervisor (CS) E regarding late medications. The late medications during medication administration observation were reviewed with the CS. The CS indicated that many of the medications would be late due to Residents not wanting to wake up early or leave of absence. The CS indicated that the medication was to be given within two hours of when it was scheduled, one hour before scheduled and one hour after scheduled. The CS indicated that the 400 hall was a heavy floor, can't get it done in two hours, and that some of the early meds that need to be taken early, try to get to them first thing but that does not always happen. When asked about the facility policy for the administration of nebulizer treatments, the CS reported that the Nurse was to assess lungs sounds, check SPO2, before and after administration of the nebulizer treatment.</p> <p>37668</p> <p>Resident #377:</p> <p>Review of Intake documentation dated as received 2/12/24 revealed allegations that Resident #377 was over sedated. The intake specified, (Resident #377's) health has declined drastically in two weeks. (Resident #377) can no longer walk or talk. The intake detailed the facility is giving (Resident #377) Risperdal (antipsychotic medication commonly used to treat schizophrenia and bipolar disorder) which causes them to be hunched over, and a sleeping medication. Information within the intake revealed the complainant believed the facility was keeping (Resident #377) drugged up so they won't have to deal with them. The intake revealed the Resident was 57-years old male with and they did not believe the facility was used to taking care of a younger man with dementia.</p> <p>Record review revealed Resident #377 was originally admitted to the facility on [DATE] with diagnoses which included early onset Alzheimer's disease, Pick's disease (also called frontotemporal dementia (FTD)- rare neurodegenerative disease that is similar to Alzheimer's disease but effects specific areas of the brain and is the most common type of dementia in individuals younger than 60), generalized anxiety, and dementia. Review of the Minimum Data Set (MDS) assessment dated [DATE] revealed the Resident was severely cognitively impaired, ambulated independently without an assistive device, and required supervision and/or set up assistance with toileting/personal hygiene activities. The MDS further revealed the Resident displayed no hallucinations and/or delusions but did display wandering, physical and verbal symptoms directed towards others as well as other behavioral symptoms not directed toward others one to three days during the seven-day look back period which did not have a negative impact on the Resident or others.</p> <p>Review of Resident #377's Face sheet revealed the diagnoses, Psychotic Disorder with Delusions due to Known Physiological Condition and Anxiety Disorder were added to the Resident's medical record while at the facility on 1/17/24.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235157	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/01/2024
NAME OF PROVIDER OR SUPPLIER Sanilac Medical Care Facility		STREET ADDRESS, CITY, STATE, ZIP CODE 137 N Elk St Sandusky, MI 48471	
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)		
<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident #377's Electronic Medical Record (EMR) revealed an Attending Physician's Admission and Annual assessment dated [DATE] which detailed, Diagnosis: Pick's Disease - front temporal lobe dementia with behavioral disturbance, generalized anxiety . Pleasant [AGE] year-old . male . has been living at home until now. (Spouse) is still working and is finding it difficult to take care of him at home . (Resident #377) is currently on no medications . quite agitated and behavioral when family was trying to leave him (at facility) . was very upset . lashing out at staff and facility. 1 mg (milligram) Ativan (anti-anxiety medication) IM (intramuscular injection) was given and did calm down . Assessment/Plan . Very behavioral and argumentative and swearing and lashing out at family and staff . did give Ativan . still very alert and active. Going to start Lexapro (antidepressant) 10 mg daily as well as Ativan 0.5 mg every 8 hours as needed . does appear to look as a regular visitor . will be seeing (Mental Health Provider) as well .</p> <p>Review of Resident #377's Electronic Medical Record (EMR) revealed the following Admission Documentation:</p> <p>- 11/30/23 12:50 PM: Nurses Note Narrative . Resident arrived to facility @ 12:30pm via private vehicle. Resident and family were escorted to 700 hall and sat in TV room to wait for Admission's Coordinator. Resident was calm until family went to leave. Resident became verbally combative with family and staff. Pushing on doors, yelling, unable to redirect resident. Resident became physically aggressive with family. Notified (Physician Assistant [PA]). Obtained order for 1 mg (milligram) Ativan (controlled medication used to treat anxiety and agitation) to be given IM (intramuscular injection) STAT .</p> <p>- 12/6/23 at 10:20 AM: Social Service Assessment . 1. Psychosocial: (Resident #377) came to the facility from home . was previously living with (Family Member G) but (Family Member G) is unable to care for him due to his Alzheimer's Disease. (The Resident) is a poor historian and is unable to give information . is known in the community as having worked at (Car Dealership) in the collision department for many years. He enjoys sports, hunting, and fishing . 2. Behavior . has had difficulty adjusting to being placed at the facility for long term care . behaviors are dementia related . (Mental Health Provider) and PCP (Primary Care Provider) are monitoring . Mood . scored 0/27 on PHQ-9 assessment indicating . no depressive symptoms .</p> <p>The following care plans pertaining to psychoactive medications were present in Resident #377's EMR:</p> <p>- The resident uses psychotropic medications Risperdal (antipsychotic medication indicated for the treatment of schizophrenia and bipolar disorder) and Haldol (antipsychotic medication indicated for the treatment of schizophrenia) r/t Alzheimer's disease with psychotic disturbance (Initiated: 12/7/23; Revised: 1/17/24). Haldol was added to the care plan as the revision on 1/17/24.</p> <p>Note: Both Risperdal and Haldol have black box warnings from the Food and Drug Administration (FDA) detailing the medications are not approved for the treatment of patients with dementia-related psychosis and may increase risk of death.</p> <p>- The resident uses anti-anxiety medications Ativan (controlled benzodiazepine class medicine used to treat anxiety) r/t Anxiety Disorder (Initiated and Revised: 12/7/23)</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235157	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/01/2024
NAME OF PROVIDER OR SUPPLIER Sanilac Medical Care Facility		STREET ADDRESS, CITY, STATE, ZIP CODE 137 N Elk St Sandusky, MI 48471	
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)		
<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>- The resident uses antidepressant medication Lexapro (medication used to treat depression and anxiety) r/t Poor adjustment to admission to the facility. Resident also has a DX (diagnosis of Alzheimer's Disease with Psychotic Disturbance (Initiated and Revised: 12/7/23)</p> <p>Note: The diagnosis Alzheimer's Disease with Psychotic Disturbance was not included on Resident #377's face sheet/diagnosis list.</p> <p>An interview was completed with Social Services Director H on 6/26/24 at 2:27 PM. When queried if they recalled Resident #377, Director H verbalized they did and stated they were admitted directly from home to the facility because, Their (spouse) couldn't handle them at home. When asked about their stay at the facility, Director H replied, (Resident #377) could be aggressive with other residents and staff. When asked what happened to the Resident, Director H replied, Went out to the hospital, was put on Hospice and never came back. When queried if Resident #377 was receiving psychotropic medications, Director H confirmed they were. With further inquiry, Director H disclosed Resident #377 was not taking any psychotropic medications upon admission and all psychoactive medications were initiated at the facility. Resident #377's psychoactive medication consents and related documentation were requested from Director H at this time.</p> <p>At 2:54 PM on 6/26/24, Social Services Director H provided a paper consent form for Resident #377 titled, Informed Consent Psychotropic Medications. The form was signed by Resident #377's Representative Family Member Witness G and Social [NAME] Director H on 2/8/24. The Health Care Provider signed the consent form on 2/26/24. The consent included five medication names with no doses and/or administration routes. When asked if all the medications listed were started on 2/8/24, Director H replied, No. Director H was asked why the consent was dated 2/8/24 if the medications were not started then and stated, We get rid of old consents and only keep the new ones. When asked why, Director H replied, I don't know, just what we do.</p> <p>Review of the provided Informed Consent Psychotropic Medications form dated 2/8/24 for Resident #377 detailed, The resident's physician has ordered, or is considering ordering the following psychotropic medication (s) . Olanzapine (brand name - Zyprexa-antipsychotic medicine for treatment of schizophrenia and bipolar disorder), Ativan, Lurasidone (brand name- Latuda- antipsychotic medication indicated for the treatment of schizophrenia and bipolar disorder), Lexapro, Trazodone (indicated to treat major depressive disorder). Related Diagnosis: Psychotic Disorder with Delusions, Anxiety, Major Depressive Disorder . Therapeutic Classification: Antianxiety . Antidepressant . Antipsychotic .</p> <p>Note: Both Olanzapine (Zyprexa) and Lurasidone (Latuda) have black box warnings from the FDA specifying the drugs are not approved for the treatment of patients with dementia-related psychosis and may increase risk of death.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235157	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/01/2024
NAME OF PROVIDER OR SUPPLIER Sanilac Medical Care Facility		STREET ADDRESS, CITY, STATE, ZIP CODE 137 N Elk St Sandusky, MI 48471	
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)		
<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>When queried if all the psychoactive medications which had been prescribed and/or administered to Resident #377 were listed on the consent form, Director H did not reply. When asked why Haldol and Risperdal were listed on the Resident's care plan but included on the provided consent, Director H repeated prior statement that the facility only maintains the most recent psychotropic medication consent. Director H was then asked how they were able to show that informed consent was obtained prior to initiation of all medications and revealed they were not. When queried why multiple antipsychotic medications were initiated, Director H revealed the medications were started due to Resident #377's behavior. With further inquiry, Director H revealed Resident #377 was very confused, wanted to leave the facility, and would become very agitated and aggressive with others. When queried what non-pharmacologic interventions were attempted prior to medication initiation, Director H indicated staff attempted to redirect the Resident. When asked about revision and implementation of personalized interventions, Director H restated staff would attempt to redirect the Resident but did not provide specific interventions. Director H then stated the Resident had been sent to the hospital ER more than once due to their behaviors. Director H was asked how many times Resident #377 was sent to the ER related to behaviors and indicated it was more than once but were unsure without reviewing the EMR. When asked what happened when the Resident was sent to the ER related to behaviors, Director H relayed the ER would simply send the Resident back to the facility. A timeline of all Resident #377's non-pharmacological and pharmacological interventions were requested as well as the facility policies/procedures related to Dementia/Alzheimer's care and Psychoactive Medications at this time.</p> <p>Review of Resident #377's Order Summary documentation in the EMR revealed the Resident was started on Ativan, Haldol, Klonopin, Lexapro, Lurasidone, Olanzapine (Zyprexa), Risperdal, and Trazadone at the facility. A detailed review revealed the following psychoactive medication orders:</p> <ul style="list-style-type: none"> - Ativan Injection Solution 2 mg (milligram)/mL (milliliter) .Inject 1 mg intramuscularly one time only for anxiety/aggressive behavior . Completed . (Ordered: 11/30/23; Discontinued: 11/30/23) - Ativan Solution 2 mg/mL . Inject 1 mg intramuscularly one time only for Anxiety/Aggression for 1 day (Ordered: 11/30/23; Discontinued: 12/1/23) - Ativan Oral Tablet 0.5 mg . Give 1 tablet by mouth every 8 hours as needed for anxiety . for 14 Days (Ordered: 11/30/23; Discontinued: 12/5/23) - Ativan Oral Tablet 0.5 mg . Give 1 tablet by mouth every 6 hours as needed for anxiety . for 14 Days (Ordered: 12/5/23; Discontinued: 12/19/23) - Ativan Oral Tablet 0.5 mg . Give 1 tablet by mouth every 6 hours as needed for anxiety . for 14 Days (Ordered: 12/19/23; Discontinued: 1/2/24) - Ativan Oral Tablet 0.5 mg . Give 0.5 mg by mouth one time only . Completed . (Ordered: 12/25/23; Discontinued: 12/26/23) - Ativan Oral Tablet 0.5 mg . Give 1 tablet by mouth every 6 hours as needed for anxiety . for 14 Days (Ordered: 1/2/24; Discontinued: 1/15/24) -Ativan Oral Tablet 0.5 mg . Give 1 tablet by mouth two times a day for Anxiety/agitation (Ordered: 1/4/24; Discontinued: 1/22/24) <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235157	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/01/2024
NAME OF PROVIDER OR SUPPLIER Sanilac Medical Care Facility		STREET ADDRESS, CITY, STATE, ZIP CODE 137 N Elk St Sandusky, MI 48471	

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)
<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<ul style="list-style-type: none"> - Ativan Oral Tablet 0.5 mg . Give 1 tablet by mouth every 6 hours as needed for anxiety . for 14 Days (Ordered: 1/15/24; Discontinued: 1/22/24) - Ativan Oral Tablet 1 mg . Give 1 tablet by mouth every 4 hours as needed for anxiety/agitation related to Dementia . for 14 Days (Ordered: 1/22/24; Discontinued: 1/31/24) - Ativan Oral Tablet 1 mg . Give 1 tablet by mouth two times a day related to dementia . (Ordered: 1/22/24) - Ativan Oral Tablet 1 mg . Give 1 tablet by mouth every 4 hours as needed for anxiety/agitation related to Dementia . for 14 Days (Ordered: 1/31/24) - Ativan Injection Solution 2 mg (milligram)/mL (milliliter) .Inject 1 mg intramuscularly Inject 1 mg intramuscularly every 8 hours as needed for Anxiety-severe agitation for 14 days . (Ordered: 1/31/24) - Ativan Solution 2 mg/mL . Inject 1 mg intramuscularly every 8 hours as needed for anxiety/agitation for 7 Days (Ordered: 12/1/23; Discontinued: 1/8/24) - Haloperidol (Haldol) Tablet 1 mg . Give 1 tablet by mouth three times a day related to Dementia . (Ordered: 1/17/24; Discontinued: 1/22/24) - Haloperidol Tablet 5 mg . Give 1 tablet by mouth three times a day related to Dementia . (Ordered: 1/22/24; Discontinued: 1/29/24) - Haloperidol Tablet 10 mg . Give 1 tablet by mouth two times a day for anxiety (Ordered and Discontinued: 2/7/24) - Haloperidol Tablet 10 mg . Give 1 tablet by mouth two times a day for Anxiety and severe agitation (Ordered: 1/29/24; Discontinued: 2/7/24) - Klonopin Oral Tablet 0.5 mg . Give 2 tablet by mouth one time only for anxiety for 1 Day (Ordered: 1/12/24; Completed: 1/13/24) - Klonopin Oral Tablet 1 mg . Give 1 tablet by mouth at bedtime for anxiety/agitation (Ordered: 1/11/24; Discontinued: 1/17/24) - Lexapro Oral Tablet 10 mg . 1 tablet by mouth one time a day for anxiety (Ordered 11/30/23; Discontinued: 1/4/24) - Lexapro Oral Tablet 20 mg . 1 tablet by mouth one time a day for anxiety (Ordered: 1/4/24) - Lurasidone . 20 mg . 1 tablet by mouth one time a day for agitation (Ordered: 1/31/24) - Olanzapine . 5mg . 1 tablet by mouth one time a day for anxiety (Ordered: 2/7/24) - Risperdal . 2 mg . Give 1 tablet by mouth one time a day related to dementia .for 3 Days (Ordered: 12/5/23; Discontinued: 12/9/23) <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235157	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/01/2024
NAME OF PROVIDER OR SUPPLIER Sanilac Medical Care Facility		STREET ADDRESS, CITY, STATE, ZIP CODE 137 N Elk St Sandusky, MI 48471	
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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>- Risperdal . 2 mg . Give 1 tablet by mouth two times a day related to dementia . (Ordered: 12/5/23; Start Date: 12/9/23; Discontinued: 2/2/24). The discontinuation reason listed was, reduced per POA (Power of Attorney) request.</p> <p>- Risperdal . 2 mg . Give 0.5 tablet by mouth two times a day related to dementia . (Ordered: 2/2/24; Discontinued: 2/7/24)</p> <p>- Trazadone . 100 mg . 1 tablet by mouth at bedtime for insomnia (Ordered: 1/11/24)</p> <p>- Trazadone . 50 mg . 1 tablet by mouth at bedtime for insomnia (Ordered: 1/8/24; Discontinued: 1/11/24)</p> <p>Review of Resident #377's EMR revealed Family Member Witness G was Resident #377's elected and activated Durable Power of Attorney (DPOA).</p> <p>Review of documentation in Resident #377's EMR demonstrated behaviors were not documented daily in progress notes. Additionally, the Behavioral Monitoring and Interventions report from 1/1/24 to 6/2/24 revealed no documentation of any behaviors and/or interventions and no behavior monitoring documentation was present in the scanned section of the EMR.</p> <p>Review of Mental Health Provider documentation in Resident #377's EMR revealed the following:</p> <p>-- 12/21/23: Social Worker Note: Complaint: Picks disease . Disposition: (Resident #377) is trying to engage self- level of frustration gets high and that is when his anger and agitation increases Has a hard time with word finding and engaging in conversations. This has been a process up until he could no longer manager at home . outbursts seem to be a build of thoughts in his mind that he is not able to express. Encourage activity level .</p> <p>- 1/15/24 PA Note: Complaint: agitation pacing, aggressive, poor concentration . spoke with staff . has not improved . according to nursing staff, has declined. The holidays were overwhelming for him . attention is poor . does not retain information. Redirection is hit and miss . Demeanor: Impulsive . Judgement: Impaired . Insight: Impaired . Impulse Control: Impaired . Speech: Word finding . cannot express anger or frustration . Thought Process: Disorganized . Flight of Ideas: It is difficult to determine what he is thinking . Memory . Severe Impairment . Mood: Distressed, aggressive, angry, combative, aggressive, sad, irritable . Trouble staying asleep . Assessment and Plan: Major depression disorder, single episode . Plan: 1:1 supportive care .</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235157	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/01/2024
NAME OF PROVIDER OR SUPPLIER Sanilac Medical Care Facility		STREET ADDRESS, CITY, STATE, ZIP CODE 137 N Elk St Sandusky, MI 48471	
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)		
<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>- 1/17/24: PA Note: Complaint: aggressive behavior, choking staff member . Current Medications: Trazadone . 100 mg (at bedtime), Lexapro . 20 mg, Risperdal . 2 mg (two times per day), Ativan 0.5 . (Two tablets . every six hours PRN .) Changes in psychiatric and/or other relevant medications include the following: Started on Lexapro (start date: 11/30/23). Ativan PRN ordered by PCP (Primary Care Provider) . (Resident #377) has since started being physically aggressive, grabbing CNA by the throat against the wall. Redirection and Ativan use not effective. Was sent to ER . came back with no new orders recommending . start Haldol 1 mg TID (three times a day) .met with resident in person today . Demeanor: Impulsive, Resistant, Oppositional . Judgement: Impaired . Insight: Impaired . Impulse Control: Impaired . Speech: Disorganized . Thought Process: Disorganized . Thought Content: Delusional Material Not Expressed . Memory . Severe Impairment . Mood: anxious, angry, irritable . Delirium: + Present (Believes he is able to go home, does not know he has severe dementia. Does know know his own reality [sic]) . Assessment and Plan: Major depression disorder, single episode . Plan: 1:1 supportive care . Anxiety disorder . Plan: Lexapro; Ativan PRN 14 days . Dementia . Picks Disease . Plan: Supportive Care . Psychotic disorder with delusions due to known physiological condition (new). Plan: Haldol . Recommending . non-pharmacologic interventions such as: creating a calm environment and removing stressors when possible . implementing soothing rituals. Limit caffeine use. Avoiding environmental triggers noise, glare, and background distraction can act a triggers . Check for pain, hunger, thirst, full bladder, fatigue, infections . Making sure the room is at a comfortable temperature. Being sensitive to fears, misperceived threats and frustration with expression what is wanted. Simplifying tasks and routines, Providing an opportunity for exercise. Document any symptoms of aggression .</p> <p>- 1/29/24: PA Note: Complaint: agitation . seen my request of staff and PCP for immediate action . patient continues to have psychosis, delusions with agitation, hitting, refusing care, throwing items, resisting care/medications, striking staff member . Picks disease dementia. Last visit Haldol was increased . seen wandering in memory care unit, staff continues to provide one on one care, they state he continues with stated agitation, Ativan PRN very little help . Demeanor: Impulsive, Resistant, Oppositional . Judgement: Impaired . Insight: Impaired . Impulse Control: Impaired . Speech: Disorganized . Thought Process: Disorganized . Thought Content: Delusional Material Not Expressed . Memory/Immediate: Severe Impairment . Memory/Recent: Moderate Impairment .Mood: anxious, angry, irritable . Delirium: + Present (Believes he is able to go home, does not know he has severe dementia. Does know know his own reality [sic]) . Assessment and Plan: Major depression disorder, single episode . Plan: 1:1 supportive care . Anxiety disorder . Plan: Lexapro; Ativan PRN 14 days . Dementia . Picks Disease . Plan: Supportive Care . Psychotic disorder with delusions due to known physiological condition . Plan: Haldol . Will increase Haldol to 10 mg BID (two times a day). Continue supportive care .</p> <p>Review of Resident #377's Medication Administration Record (MAR) and Treatment Administration Record (TAR) for January 2024 revealed the Resident refused two medications during the month, once on 1/7/24 and one on 1/30/24.</p> <p>An interview was completed with Family Member Witness G on 6/27/24 at 7:24 AM. When queried regarding Resident #377, Witness G stated,</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235157	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/01/2024
NAME OF PROVIDER OR SUPPLIER Sanilac Medical Care Facility		STREET ADDRESS, CITY, STATE, ZIP CODE 137 N Elk St Sandusky, MI 48471	

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)
<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37666</p> <p>This Citation pertains to Intake Number MI00140471.</p> <p>Based on observation, interview and record review the facility failed to ensure nail care was routinely provided for one resident (Resident #68) of 4 residents reviewed for Activities of Daily Living (ADL), resulting in Resident #68 having long, soiled, fingernails and long, cracked toenails.</p> <p>Findings Include,</p> <p>Resident #68</p> <p>Activities of Daily Living</p> <p>On 6/25/24 at 12:51 PM, during a tour of the facility, Resident #68 was observed to have her left foot with long, cracked toenails. Her fingernails were extremely long and soiled. The resident said she couldn't trim them herself, but her granddaughter helped trim a couple of her toenails, although she couldn't trim 2 of them because the toenails were too long and difficult to cut. When asked if the staff assisted her, she said they had not trimmed them in a while.</p> <p>A review of the Face sheet and Minimum Data Set (MDS) assessment for Resident #68, indicated the resident was admitted to the facility on [DATE] with diagnoses: kidney failure, right above the knee amputation, Stage 4 sacral pressure ulcer, weakness, depression, intestinal fistula, colostomy, Pulmonary hypertension, and atrial fibrillation. A review of the MDS assessment dated [DATE] revealed the resident had full cognitive abilities with a Brief Interview for Mental Status (BIMS) score of 15/15 and she needed substantial/maximal assistance with hygiene care.</p> <p>A review of the Care Plan for Resident #68 revealed the following:</p> <p>The resident has an ADL self-care performance deficit related to pain, date initiated and revised 5/15/2024, with Interventions: Bathing/showering: Avoid scrubbing and pat dry sensitive skin, date initiated 5/17/2024. There was no mention of nail care.</p> <p>The resident has actual impairment to skin integrity of the Sacrum . Resident is at moderate risk for impairment in skin integrity related to age, skin fragility and thinness, decreased mobility, dry skin, . date initiated 5/15/2024 and revised 5/16/2024 with Interventions: . keep fingernails trimmed, clean and filed . dated initiated 5/16/2024.</p> <p>On 7/01/24 at 11:19 AM, the Director of Nursing was interviewed about Resident #68's lack of nail care. She said nail care was supposed to be provided with the resident's shower. She said if the resident was diabetic only nurses could cut them, and if they couldn't then podiatry could help with the toenails. The Director of Nursing said she would provide staff education on nail care.</p> <p>A review of the facility policy titled, A.M. (morning) and H.S. (night time) Care, dated November 4, 2021 provided the following, Personal care will be provided in a consistent manner to all residents daily . There was no mention of nail care.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235157	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/01/2024
NAME OF PROVIDER OR SUPPLIER Sanilac Medical Care Facility		STREET ADDRESS, CITY, STATE, ZIP CODE 137 N Elk St Sandusky, MI 48471	
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)		
<p>F 0686</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38471</p> <p>This Citation pertains to Intake Numbers MI00140471 and MI00142854.</p> <p>Based on observation, interview, and record review the facility failed to ensure comprehensive documentation and evaluation to prevent the development of an unstageable facility-acquired pressure ulcer for one resident (Resident #63) of seven residents reviewed for alterations in skin integrity, resulting in Resident #63 acquiring and developing an unstageable pressure ulcer.</p> <p>Findings include:</p> <p>Resident #63:</p> <p>During initial tour on 6/25/2024, Resident #63 was observed sitting in bed visiting with his wife. He stated his goal was to return home but know he has some work to do before that can occur.</p> <p>On 6/25/2024 at approximately 1:30 PM, a review was completed of Resident#63's medical records and it revealed he initially admitted to the facility on [DATE] with multiple readmissions with diagnoses that included, Chronic Osteomyelitis, Diabetes, Acute Kidney Failure, Metabolic Acidosis, Monoplegia, Pressure Ulcer of Sacral Region, Stage 4, Bipolar disorder, Anxiety and Agoraphobia. Resident #63 is alert and oriented and able to make his needs known. Further review was complete of the records the resident discharged from the facility on 3/14/2024 and readmitted on [DATE].</p> <p>On 06/27/24 at 09:00 AM, an interview was conducted with Wound Nurse J regarding Resident #63's coccyx/sacrum wound. Nurse J explained he readmitted to the facility on [DATE] and the area was documented at MASD on admission, 3/19/2024 and 4/5/2024. The area was not documented on the initial nursing admission assessment and there was not consistent, ongoing assessment/monitoring of the area. The wound developed as an unstageable coccyx wound that was facility acquired. Further review was conducted of Resident #63's record and yielded the following results:</p> <p>Progress Notes:</p> <p>4/6/2024 at 12:36: .Noted resident's coccyx excoriated area now open with slough and necrotic tissue covering wound bed .</p> <p>4/23/2024 at 08:24: .Coccyx Sacrum large necrotic unstageable pressure ulcer, staged at stage 4 per wound clinic however wound base is not visible with wound bed being 100% necrotic grey attached slough and scattered eschar noted, wound edges are irregular and non-rolling, large amount of purulent grey dark bloody drainage noted soaked entire dressing, however no odor noted, with noting BM was also in wound base as wound is very close to anus .</p> <p>5/7/2024 at 07:32: .Coccyx wound has decreased some still remains unstageable with necrotic grey slough and eschar scattered throughout .</p> <p>Care Plan Revisions:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235157	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/01/2024
NAME OF PROVIDER OR SUPPLIER Sanilac Medical Care Facility		STREET ADDRESS, CITY, STATE, ZIP CODE 137 N Elk St Sandusky, MI 48471	
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)		
<p>F 0686</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>.FA (facility acquired) unstageable to coccyx sacrum .</p> <p>Admission Assessment 3/18/2024:</p> <p>.wound to foot . There was no documentation regarding coccyx/sacrum skin alterations.</p> <p>Skin Observation Assessments:</p> <p>3/19/2024: .intra-gluteal cleft- masd .MASD skin noted to intra-gluteal clef and peri area. Will continue to monitor and apply barrier cream after toileting . It can be noted after reviewed March 2024 MAR (Medication Administration Record) it showed the order for barrier cream was not ordered until 3/30/2024.</p> <p>3/25/2024: There were skin concerns documented.</p> <p>3/29/2024: There were skin concerns documented.</p> <p>4/5/2024: Sacrum 11 x 3.1 x 0- MASD .Area remains present with MASD. Area appears to be getting smaller .Odor continues, moderate amount of drainage noted.</p> <p>4/6/2024: Coccyx- pressure- unstageable .Resident noted with open area to sacral/coccyx, area previously presented at irritation from fecal contact; resident has been sitting in recliner without relief of pressure. Wound care initiated and message to wound nurse for assessment .</p> <p>4/12/2024: .Sacrum presents with both beefy red, necrotic, and slough . There were no measurements listed.</p> <p>4/20/2024: Coccyx- Pressure . There were no measurements listed.</p> <p>4/23/2024: .Coccyx/sacrum- Pressure- 8.2 cm x 7.5 cm UTD (unable to determine) - Unstageable .Coccyx Sacrum large necrotic unstageable pressure ulcer, staged at stage 4 per wound clinic however would base is not visible with wound bed being 100% necrotic grey attached slough and scattered eschar noted ,wound edges are irregular and non -rolling, large around of purulent grey dark bloody drainage notes soaked entire dressing .</p> <p>5/2/2024: Coccyx/sacrum- Pressure- 8.2 cm x 7 UTD- Unstageable . Coccyx Sacrum large necrotic unstageable pressure ulcer, staged at stage 4 per wound clinic however would base is not visible with wound bed being 100% necrotic grey attached slough and scattered eschar noted ,wound edges are irregular and non -rolling, mod amount of sero/sang grey tinged bloody drainage noted .</p> <p>5/7/2024: Coccyx/sacrum- Pressure- 7.5 cm x 6.9 cm x UTD- Unstageable . Coccyx Sacrum large necrotic unstageable pressure ulcer, staged at stage 4 per wound clinic however would base is not visible with wound bed being 100% necrotic grey attached slough and scattered eschar noted, wound edges are irregular and non -rolling, mod amount of sero/sang grey tinged bloody drainage noted .</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235157	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/01/2024
NAME OF PROVIDER OR SUPPLIER Sanilac Medical Care Facility		STREET ADDRESS, CITY, STATE, ZIP CODE 137 N Elk St Sandusky, MI 48471	
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)		
<p>F 0686</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>5/17/2024: Coccyx/sacrum-Pressure-7.5 cm x 6.8 cm x UTD Unstageable . Coccyx Sacrum large necrotic unstageable pressure ulcer, staged at stage 4 per wound clinic however wound base is not visible with wound bed being 100% necrotic grey attached slough and scattered eschar noted ,wound edges are irregular and non -rolling, mod amount of sero/sang grey tinged bloody drainage noted .</p> <p>When the wound was acquired there the wound measurements were not consistently documented.</p> <p>Wound Clinic Notes:</p> <p>3/25/2024: There was no mention of coccyx wounds.</p> <p>4/15/2024: wound care for L (left) foot and BIL buttocks wounds . Wound #5 status open. Original cause of wound was Pressure Injury. The date acquired was: 3/1/2024. The wound is currently classified as Category/Stage IV wound with etiology of Pressure Ulcer and is located on Right Medial Coccyx. The wound measures 5.2 cm length x 7.3 cm width 3.1 cm depth .There is a medium amount of purulent drainage noted .</p> <p>4/22/2024: .Wound #5 status open. Original cause of wound was Pressure Injury. The date acquired was: 3/1/2024. The wound is currently classified as Category/Stage IV wound with etiology of Pressure Ulcer and is located on Right Medial Coccyx. The wound measures 6.3 cm length x 5.6 cm width x 3.3 cm depth .</p> <p>4/29/2024: .Stage 4 coccyx wound which was surgically debrided while inpatient. Patient has a lot of necrotic non viable tissue present to wound bed of coccyx wound. Wound debridement was done today .Wound #5 status open. Original cause of wound was Pressure Injury. The date acquired was: 3/1/2024. The wound has been in treatment 2 weeks. The wound is currently classified as Category/Stage IV wound with etiology of Pressure Ulcer and is located on the Right Medial Coccyx. The wound measures 7.2 cm length x 6.7 cm width x 4 cm depth; 37.888 cm ^2 area and 151.55 cm ^3 volume .foul odor after cleansing was noted .There is a small (1-33%) amount of necrotic tissue within the wound bed including Eschar and Adherent slough .</p> <p>5/6/2024: .Pressure ulcer of right buttock, stage 4 .</p> <p>5/13/2024: .Pressure ulcer of right buttock, stage 4 .</p> <p>On 6/27/2024 at 11:00 AM Resident #63's wound was observed in the presence of Wound Nurse J. Resident observed lying in bed on back, air mattress on bed, resident turned to left side, he said he can't turn to the right side because he does not have a grab bar on that side and can't turn himself over that way. He has a small grab bar on the upper left side of his bed.</p> <p>Resident with dressing dated 6/26/2024- dressing with copious amount brown drainage and a very foul smell. The wound nurse was asked about it and she said it was wound drainage and she thought it might be infected. She said the resident was routinely seen by the wound clinic and they did not culture the wound on his last visit.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235157	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/01/2024
NAME OF PROVIDER OR SUPPLIER Sanilac Medical Care Facility		STREET ADDRESS, CITY, STATE, ZIP CODE 137 N Elk St Sandusky, MI 48471	

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)
<p>F 0686</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>The resident was observed to have a large wound between the gluteal folds- the wound nurse said she completed measurements, and they were in the chart Skin Observation dated 6/25/2024. The wound was approximately 4 cm x 2 cm with depth. Very near the resident's anus. The wound was bright red with some yellow and black necrosis. The nurse cleansed the wound with normal saline and applied the dressing: triad paste to outside of wound, calcium alginate silver to wound bed and abd pad over top.</p> <p>The resident was asked if he already had the wound on admission and he stated, No. I got it here. He said he came to the facility for wounds on his feet and then developed the wound on his sacrum. He said he has trouble turning in bed, fell out of bed and then had been sitting for prolonged periods of time in a bedside recliner. He said the wound developed after that.</p> <p>On 07/01/24 at 01:06 PM, an interview was conducted with Nurse Practitioner I regarding Resident #63's coccyx/sacrum wound. Nurse Practitioner I stated the wound began at the facility.</p> <p>Review was completed of the facility policy entitled, A.M and H.S. Care, revised 11/4/21. The policy stated, . Inspect residents' skin for redness and open areas during care. Report any changes in condition to charge nurse .</p> <p>Review was completed of the facility policy entitled, Wound Care, revised 6/24/29. The policy stated, All new wounds noted will be measured by the wound care nurse or designee within one business day .Wound care nurse to document wound progress note with all new admission that skin assessment was reviewed and skin treatments are in place ordered.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235157	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/01/2024
NAME OF PROVIDER OR SUPPLIER Sanilac Medical Care Facility		STREET ADDRESS, CITY, STATE, ZIP CODE 137 N Elk St Sandusky, MI 48471	
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)		
<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37666</p> <p>This Citation pertains to Intake Numbers MI00144103 and MI00144517.</p> <p>Based on observation, interview and record review, the facility failed to ensure appropriate interventions were in place, interventions were followed and supervision was provided to prevent falls with injury for 2 residents (Resident #38, and Resident #44) of 5 residents reviewed for falls, resulting in Resident #38 falling during a transfer, having pain and a decline in transfer status to a Hoyer lift, and Resident #44 sustaining fractures in her right foot during a transfer.</p> <p>Findings Include:</p> <p>Resident #44:</p> <p>Accidents:</p> <p>On 6/25/24 at 10:56 AM, Resident #44 was observed sitting in a wheelchair in her room. She was alert and talkative. She said she broke some of her toes on her right foot during a transfer in the bathroom. She said she was supposed to have 2 people help her with the transfer and only one staff member assisted her; She stated, I have a twist it board to stand on with transfers and my foot wasn't on it quite right. They said I broke my toes.</p> <p>A record review of the Face sheet and Minimum Data Set (MDS) assessment indicated Resident #44 was admitted to the facility on [DATE] and recently readmitted on [DATE] with diagnoses: history of a stroke, right sided weakness, heart disease, diabetes, COPD, peripheral vascular disease, hypothyroidism, bipolar disorder, dementia, neuropathy, history of falls, unsteadiness on feet, displaced fracture of third metatarsal (toe) right foot 4/9/2024, displace fracture of fourth metatarsal (toe) right foot 4/9/2024.</p> <p>The MDS assessment dated [DATE] revealed the resident had full cognitive abilities with a Brief Interview for Mental Status (BIMS) score of 15/15 and the resident was dependent with transfers.</p> <p>A record review of an incident investigation for Resident #44 revealed the following: Resident #44 complained of pain in right foot on 4/7/2024. An x-ray was ordered 4/8/2024 that identified a fracture of distal fourth metatarsal (toe) and a fracture of the third metatarsal right foot. Initially the resident said she did not know how it happened. The resident continued to experience pain and Norco (pain medication) was ordered every 6 hours. An ortho consult was ordered and the resident was ordered to transfer via an electronic lift/Hoyer.</p> <p>The facility interviewed all staff assigned to the resident's hall during a 3 day period 4/5/2024-4/7/2024. Nurse E said on 4/7/2024 she was called to the shower room by an aide because Resident #44 was complaining of pain on the top of her right foot and was unable to put weight on the foot and stand up. It took 3 staff to assist her to transfer. At that time the physician was notified and x-rays were ordered. Nurse E said the resident had also complained of pain to her right foot on 4/6/2024 and requested something for pain.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235157	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/01/2024
NAME OF PROVIDER OR SUPPLIER Sanilac Medical Care Facility		STREET ADDRESS, CITY, STATE, ZIP CODE 137 N Elk St Sandusky, MI 48471	
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)		
<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>The facility interviewed Certified Nursing Assistant/CNA R on 4/10/2024, she was assigned to care for Resident #44 on 4/5/2024, she said the resident complained of pain during a toilet transfer on 4/5/2024. She said when the resident sat down on the toilet, she said her right foot twisted. She said it hurt at the time, but didn't complain about it for the rest of the night. CNA R said the resident would voice concerns about her right foot at times, because that was the side she had weakness on. The CNA said the resident did twist her foot at times.</p> <p>On 4/12/2024 CNA S was interviewed and said she was assigned to Resident #44 on 4/6/2024 and 4/7/2024 and said the resident complained of pain and needed 3 staff to assist her with transferring.</p> <p>On 4/12/2024 the resident was seen by the orthopedic surgeon and was ordered a EZ Tracker [NAME] boot to be worn for 6 weeks.</p> <p>A review of the physician orders for Resident #44 identified the following: 3/21/2024: Transfers- . Toilet and Shower chair transfers- assist of two.</p> <p>A review of the Care Plans for Resident #44 provided, The resident has an ADL (activities of daily living) self-care performance deficit related to Hemiplegia and Hemiparesis (weakness) following a CVA (stroke), dementia, with Intervention: Transfers: . 2 assist for toileting using stand and pivot disc.</p> <p>On 6/25/24 at 2:43 PM PM Corporate Compliance Officer B was interviewed related to Resident #44.-She said the resident started complaining of pain in her right foot about 4/5/2024 asking the nurse for Tylenol; after a couple days the pain increased. The resident initially said she had not injured it: no fall and she did not bump it. An x-ray was ordered and identified fractures on the right foot 3rd and 4th toes 4/8/2024. The right foot was re-x-rayed 5/9/24 and identified healing, although not yet healed. She said the facility interviewed staff from several days and shifts and identified Certified nurse aide R on 4/5/2024 as transferring the resident by herself with 1 assist. She said the aide was using a twist transfer board that the resident stood on. The Corporate Compliance Officer B said the aide received a reprimand from the Director of Nursing/DON in writing for transferring the resident in the bathroom by herself with 1-assist when she was supposed to have 2-assist.</p> <p>On 7/1/2024 at 11:30 AM, the DON was interviewed about Resident #44 fracturing two toes on her right foot during a transfer in the bathroom. The DON said CNA R had confirmed she transferred Resident #44 with 1 assist in the bathroom and then the resident complained of pain in her right foot. The DON said the CNA was reprimanded for not following the resident's plan of care, as she needed 2 assist with the toileting transfer.</p> <p>37771</p> <p>Resident #38:</p> <p>A review of Resident #38's medical record revealed an admission into the facility on [DATE] with diagnoses that included fracture of right femur, obesity, osteoporosis, unsteadiness on feet, difficulty in walking, and muscle weakness. The Minimum Data Set assessment revealed the Resident had a Brief Interview for Mental Status (BIMS) score of 12/15 that indicated intact cognition.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235157	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/01/2024
NAME OF PROVIDER OR SUPPLIER Sanilac Medical Care Facility		STREET ADDRESS, CITY, STATE, ZIP CODE 137 N Elk St Sandusky, MI 48471	
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)		
<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Further review of Resident #38's medical record of progress note dated 5/2/24, (Physician's Assistant) notified of possible injury from lowering resident to the floor. Order obtained for Right Knee x-ray and Right hip x-ray for post-fall [lowered to floor from standing position] . Progress note dated 5/3/24, Phone call to (hospital). Spoke with (Nurse's name), floor nurse. Verified per (Doctor's name) resident does not have an Acute Femur Fracture .</p> <p>A review of the Facility Reported Incident revealed the following:</p> <p>Alleged Action: On 5/2/2024 resident (name and medical record number (Resident #38)) was being assisted by CNA (certified nursing assistant also CENA), (name of CNA) with transferring from the side of her bed to her wheelchair. As (name of Resident) was being assisted with sitting on the edge of the bed with gait belt being applied and 2 wheeled rolling walker present, resident slipped resulting in the resident being lowered to the floor with the assistance of CNA, (name). (Resident's name) complained of pain in the right knee/leg immediately post incident with resident receiving PRN (as needed) Oxycodone for pain management. An X-ray of the right knee was obtained with results showing Postsurgical change with a spiral lucency of the distal femur suspicious for fracture. At the time the incident had occurred, it was noted that CNA, (name) was not following the residents plan of care as resident required assist of 2 using a 2 wheeled rolling walker for all transfers. The Resident was sent to a second hospital, and it was determined she did not have a fracture though she was admitted with sepsis, urinary tract infection, right lower leg cellulitis and acute diverticulosis. The Resident was readmitted into the facility on [DATE].</p> <p>A review of the facility incident report revealed date and time 5/2/24 at 10:15 AM. Incident Description Staff called this writer into resident's room, reported resident lowered to floor after attempting to transfer from bed to WC (wheelchair). Resident found sitting at 90-degree angle on floor, leaning against bed, with both legs bent at the knees, to the right. Resident stated CENA was getting her up for therapy, was sitting on the side of the bed and when CENA helped stand her up, she felt her legs give out. CENA and resident's husband assisted lowering her to the floor</p> <p>On 6/26/24 at 1:42 PM, an interview was conducted with Corporate Compliance Staff, regarding the investigation for Resident #38's fall on 5/2/24. The Staff reported the Resident was getting ready to get up for therapy, husband was in room, sitting on edge of the bed, was being assisted into wheelchair by CNA D, Resident had stood up from the bed and stated she was going down, and assisted to the floor by the CNA. When asked what the Resident's transfer status was at that time, the Staff reported the transfer status was two-person assist with rolling walker or Hoyer lift. The Staff was asked if the CNA had followed the plan of care and indicated the CNA had been by themselves and should have had two staff assisting. When asked why he was not following the plan of care the Staff stated, He could not give me a definitive answer. The Staff reported the husband had not had training in transferring the Resident. The Staff reported the Resident had gone for x-rays at the emergency room , findings indicated post-surgical change and suggestive of a fracture and the Resident was transferred to another hospital from order from the surgeon where it was determined there was not a fracture. The Staff reported that the CNA who had not followed the plan of care for Resident #38 had been suspended until further investigation and was given education.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235157	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/01/2024
NAME OF PROVIDER OR SUPPLIER Sanilac Medical Care Facility		STREET ADDRESS, CITY, STATE, ZIP CODE 137 N Elk St Sandusky, MI 48471	

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)
<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>On 6/27/24 at 10:45 AM, an observation was made of Resident #38 in bed with a gown on. The Resident indicated she was to go out again today for a bone density test. The Resident answered questions and engaged in conversation. The Resident was asked about the fall when the Resident had been lowered to the floor. The Resident explained the CNA was helping her into the wheelchair from the bed, had a gait belt on, felt like she was slipping when going to the wheelchair and stated, I ended up on the floor. When asked if one CNA was helping her, the Resident indicated one CNA and stated, They were supposed to have two, and explained that she had been a Hoyer lift and therapy had worked with her on transferring with the walker and they said that was ok, to transfer with the two-person assist. The Resident stated, Now since the accident, they have me getting up with the Hoyer lift now.</p> <p>On 6/27/24 at 1:00 PM, an interview was conducted with Assistant Director of Nursing, Education Nurse C regarding education of staff post Resident #38's fall on 4/2/24. The Education Nurse indicated that a message was sent to all Nursing Staff CNA/RN/LPN: There is new education in Relias CNA Closet Guideline and Transfer Education. Please complete this ASAP. Thank you, dated 5/6/2024. A review of the list of staff that completed the training from the facility document titled, Learner Status, revealed, the course assigned to 107, course completed on time 43, Course completed late 29 and course not complete overdue 35, with a total completion of 67.29% and total compliance % of 40.19%. When asked when the educations due was, the Education Nurse the due date was for 2 weeks and that some staff had not completed the education and stated, it is way past the due date.</p> <p>On 6/27/24 at 2:15 PM, an interview was conducted with the Director of Nursing (DON) regarding Resident #38 being lowered to the floor by the CNA on 4/2/24. A review of the CNA not following the plan of care for two-person assist was reviewed. The education provided to staff was reviewed with the DON that not all education was completed by the staff assigned. The DON reported that the Restorative Nurse started doing spot checks for transfers and staff were following transfer status.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235157	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/01/2024
NAME OF PROVIDER OR SUPPLIER Sanilac Medical Care Facility		STREET ADDRESS, CITY, STATE, ZIP CODE 137 N Elk St Sandusky, MI 48471	
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)		
<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>39059</p> <p>Based on observation, interview and record review, the facility failed to provide oxygen per physician's order and store nebulizer equipment sanitarily for one resident (Resident #35) of three residents reviewed for respiratory needs, resulting in oxygen administration provided of improper dosage with the likelihood of decreased oxygenation and infection.</p> <p>Findings include:</p> <p>Resident #35:</p> <p>On 6/25/24, at 10:54 AM, Resident #35 was resting in bed. Their oxygen concentrator was dialed to 5 liters of oxygen and was on via a nasal cannula. Their nebulizer mask was lying on top of their nightstand face down.</p> <p>On 6/25/24, at 2:44 PM, a record review of Resident #35 electronic medical record revealed an admission on 10/4/2023 with diagnoses that included Chronic Obstructive Pulmonary Disease, Stroke and Congestive Heart Failure. Resident #35 required assistance with all Activities of Daily Living and had intact cognition.</p> <p>A review of the physician orders revealed Apply Oxygen at 6 liters/min per nasal cannula with humidified H2O continuously every day and night shift Start Date 5/1/2024 .</p> <p>On 6/27/24, at 8:54 AM, Resident #35 is sitting in their wheelchair with their oxygen on via nasal cannula. The concentrator was dialed to 5 liters.</p> <p>On 6/27/24, at 10:46 AM, Education Nurse C was interviewed regarding Resident #35's oxygen administration. Education Nurse C was asked to explain if the concentrator delivered the ordered 6 liters and Education Nurse C stated, no it only goes to 5 liters and offered that the facility could provide the ordered 6 liters.</p> <p>A further review of the physician orders revealed the 6 liter oxygen order was discontinued. A new oxygen order was placed that revealed Apply Oxygen at 5 liters/min per nasal cannula with humidified H2O continuously every day and night shift . Status Active Start Date 6/27/2024 . failed to provide oxygen per physician order for Resident #35.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235157	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/01/2024
NAME OF PROVIDER OR SUPPLIER Sanilac Medical Care Facility		STREET ADDRESS, CITY, STATE, ZIP CODE 137 N Elk St Sandusky, MI 48471	
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)		
<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37666</p> <p>Based on observation, interview and record review the facility failed to ensure coordination of dialysis care for one resident (Resident #26) of 1 resident reviewed for dialysis services, resulting in a lack of assessment for the left arm Dialysis fistula, dressing and site, resulting in the potential for unidentified complications.</p> <p>Findings Include:</p> <p>Resident #26:</p> <p>Dialysis</p> <p>A record review Face sheet and Minimum Data Set (MDS) assessment for Resident #26 indicated the resident was admitted to the facility on [DATE] with several discharges to the hospital and readmissions. The latest readmission was 2/6/2024 with diagnoses: history of a stroke, right side weakness, kidney stones, respiratory failure, COPD, diabetes, chronic kidney disease, renal dialysis dependence, morbid obesity, and heart failure.</p> <p>The MDS assessment dated [DATE] revealed the resident had full cognitive abilities with a Brief Interview for Mental Status (BIMS) score of 15/15 and the resident needed assistance with all care.</p> <p>On 6/25/24 at 11:20 AM, during a tour of the facility, Resident #26 was observed lying in bed. She said she attended dialysis offsite on Mondays, Wednesdays and Fridays. She said she would take a packet of papers to dialysis and brings back a packet of papers from dialysis.</p> <p>A review of the facilities Hemodialysis Communication Forms indicated the dialysis access site location and instructions for post dialysis dressing changes was missing on most of the forms. The forms did not indicate the type of dialysis access site the resident had or where it was located to aid in assessment. The dialysis center had an entry on the form title, Instructions for Care of Access Site and Removal of Fistula Dressing, that they were supposed to complete after the resident finished dialysis for the day and prepared to return to the facility. The section was usually blank. There was no option if the resident did not have a fistula.</p> <p>A review of the physician orders indicated there was no mention of Resident #26's dialysis access site.</p> <p>A review of the Medication Administration Record and Treatment Administration Record for Resident #26 for the month of June 2024 provided the following:</p> <p>Post-Dialysis Assessment: Document in nurses progress note regarding the fistula site for signs and symptoms of bleeding, removal of dressing, positive thrill/bruit, full vitals and general appearance within 1 hour of return from dialysis. Notify physician for any complications. One time a day every Monday, Wednesday, Friday for Post dialysis related to End stage renal disease, start date 11/10/2023.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235157	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/01/2024
NAME OF PROVIDER OR SUPPLIER Sanilac Medical Care Facility		STREET ADDRESS, CITY, STATE, ZIP CODE 137 N Elk St Sandusky, MI 48471	

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)
<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The nurses wrote yes in the box and documented the resident's vital signs, but there was no progress note with the assessment of the dialysis site. There was also no specification on where the fistula was located.</p> <p>A review of the Care Plans for Resident #26 identified the following:</p> <p>I attend Hemodialysis at . dialysis center . three times a week on Monday, Wednesday, Friday-chair time 6:25 AM - 9:55 AM, for End Stage Renal Disease . The resident has had a mechanical complication of surgically created A/V (arteriovenous) fistula to LUE (left upper extremity), date initiated and revised 3/25/2024 with Interventions: Complete post-dialysis assessment at time of return from dialysis: document fistula site, s/s of bleeding, removal of dressing, positive thrill/bruit, full (set) of vitals and general appearance to be completed one hour of return from dialysis. Notify PCP (primary care provider) with any concerns or changes, date initiated 3/25/2024.</p> <p>On 7/1/2024 at 11:25 AM, the Director of Nursing was interviewed about the lack of nursing assessment of Resident #26's dialysis access site. Reviewed the dialysis communication form, did not have an entry to identify the type and location of the dialysis access site and the dialysis center nurses were not consistently documenting there portion of the assessment on the form. Also reviewed with the Director of Nursing, that the Treatment Administration Record (TAR) indicated the nurses were supposed to document in a progress note within 1 hour after the resident returned to the facility from dialysis, but they were not documenting an assessment of the resident's dialysis access site and the TAR did not indicate where the resident's fistula was located. She said she would look into it.</p> <p>A review of the facility policy titled, Dialysis, Hemodialysis: Proper assessment and care of residents/patients receiving hemodialysis, dated November 3, 2021 provided, Complete Hemodialysis Communication Form and send to dialysis center with resident/patient . 1.) Upon return from Dialysis: Retrieve Hemodialysis Communication Form from resident/patient and note any changes/updates; 2.) Assess dialysis site; 3.) Complete assessment on resident . 5.) Every shift fistula sight checks and dressing monitoring . Assess daily and feel for the thrill or use the stethoscope to listen for the bruit and monitor for signs/symptoms of infection . assess for peripheral edema .</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235157	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/01/2024
NAME OF PROVIDER OR SUPPLIER Sanilac Medical Care Facility		STREET ADDRESS, CITY, STATE, ZIP CODE 137 N Elk St Sandusky, MI 48471	
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)		
<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure medication error rates are not 5 percent or greater.</p> <p>37771</p> <p>Based on observation, interview and record review, the facility failed to ensure a medication error rate of less than 5% when two medications were omitted for Resident #224 and nine medications were not administered timely for Resident #224 and Resident #322, from a total of 42 opportunities, resulting in a medication administration error rate of 26.19% with the potential for adverse reactions or exacerbation of conditions related to the omission of the medications or medications not given timely.</p> <p>Findings include:</p> <p>Resident #224:</p> <p>On 6/27/24 at 9:11 AM, during observation of medication administration task, Nurse L was observed to prepare medication for Resident #224. The Nurse prepared the Residents medication and put them in a cup. The Protonix 40mg delayed release was not available. When asked why the medication was not available, Nurse L indicated that it had to be ordered and they did not have it available in the facility.</p> <p>The Nurse retrieved the Resident's inhaler from the box with the Residents name on the inhaler and box. The Nurse had to retrieve medication from the medication storage room refrigerator. Prior to retrieving the refrigerated medication, the Nurse wrote the Resident's name on the cup of medications and placed the cup and the inhaler in a top drawer of the medication cart. The Nurse retrieved the medication from the med room refrigerator and took out the cup of medications from the top drawer and administered the medications to the Resident who was at the medication cart waiting for their medication. The Nurse did not retrieve the inhaler from the top drawer or administer the inhaler to the Resident.</p> <p>At 9:12 AM, the Resident was waiting at the medication cart and an observation was made of Nurse L administering the oral medication to Resident #224. The Resident was waiting for the medication and had Therapy staff that was taking him to therapy. The medication received included:</p> <p>Augmentin ES-600 5 ml (milliliters).</p> <p>Calcium Carbonate chewable 500 mg (milligram) tablet.</p> <p>Prednisone 10 mg tablet.</p> <p>Fenasteride 5 mg tablet.</p> <p>Flomax 0.4 mg capsule.</p> <p>Psyllium Husk powder, 6 gm (grams) mixed in water.</p> <p>A review of Resident #224's medication orders and scheduled administration times revealed the following:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235157	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/01/2024
NAME OF PROVIDER OR SUPPLIER Sanilac Medical Care Facility		STREET ADDRESS, CITY, STATE, ZIP CODE 137 N Elk St Sandusky, MI 48471	
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)		
<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-An order for Augmentin ES-600 oral suspension, give 5 ml (milliliters) by mouth every 12 hours for post-surgery for 7 days and was scheduled to be given at 7:00 AM. The medication was given over two hours late.</p> <p>-An order for Protonix tablet delayed release 40 mg, give 1 tablet by mouth two times a day for GI (gastrointestinal) upset and scheduled at 7:30 AM. The medication was not given due to not being ordered or available in the facility.</p> <p>-An order for Calcium Carbonate tablet chewable 500 mg, give 1 tablet by mouth before meals for GI upset and scheduled at 7:30 AM. The medication was given over an hour late and the Resident was heading to therapy.</p> <p>-An order for Symbicort inhalation aerosol, 2 puff inhale orally two times a day for SOB (shortness of breath), COPD (chronic obstructive pulmonary disease). The medication was not given during the observation of medication administration.</p> <p>Resident #322:</p> <p>On 6/27/24 at 9:26 AM, an observation was made of Nurse L setting up medication and administering medication to Resident #332. The medication included:</p> <p>Aspirin EC (enteric coated) 81 mg.</p> <p>Acetaminophen 325 mg, two tablets.</p> <p>Omeprazole DR (delayed release) 20 mg.</p> <p>Prednisone 10 mg, two tablets.</p> <p>Folic Acid 1 mg tablet.</p> <p>Lexapro 10 mg tablet.</p> <p>Lispro insulin 16 Units SQ (subcutaneous).</p> <p>A review of Resident #322's medication orders and scheduled administration times revealed the following:</p> <p>- Aspirin EC tablet, Delayed Release 81 mg, give 1 tablet by mouth one time a day for supplement, scheduled at 8:00 AM. The medication was given late.</p> <p>-Acetaminophen 325 mg, give two tablets by mouth three times a day for pain, scheduled at 8:00 AM. The medication was given late.</p> <p>-Omeprazole DR (delayed release) 20 mg capsule, give 1 tablet by mouth one time a day for GI upset, scheduled at 8:00 AM. The medication was given late.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235157	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/01/2024
NAME OF PROVIDER OR SUPPLIER Sanilac Medical Care Facility		STREET ADDRESS, CITY, STATE, ZIP CODE 137 N Elk St Sandusky, MI 48471	
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)		
<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Prednisone 10 mg, give two tablets by mouth one time a day related to bullous pemphigoid for 14 days scheduled at 8:00 AM. The medication was given late.</p> <p>-Folic Acid 1 mg tablet, give 1 tablet by mouth one time a day for supplement, scheduled at 8:00 AM. The medication was given late.</p> <p>-Lexapro oral tablet 10 mg, give 1 tablet by mouth one time a day related to depression, scheduled at 8:00 am.</p> <p>-Insulin Lispro 100 units/ml, inject 16 Units subcutaneously three times a day related to Type 1 diabetes mellitus with hyperglycemia.</p> <p>On 6/27/24 at 9:35 AM, at the conclusion of the observation of medication administration task with Nurse L, the Nurse was asked about the medication left in the top drawer of the medication cart. The Nurse had opened the drawer where she had placed the medication. Resident #224's inhaler was in the drawer with another resident's medication that was placed in a cup. The Nurse was asked about the inhaler for Resident #224 and indicated she had not given it and reported she would give it to the Resident when he came back from therapy.</p> <p>The electronic medical record (EMR) showed the medication on the computer with a red background for Resident #322 that indicated they had not been given timely. When asked about the red background on the EMR for Resident #322 and for Resident #224, Nurse L indicated they were given late and stated, I started late and didn't get to them.</p> <p>On 6/27/24 at 11:07 AM, an interview was conducted with the Clinical Supervisor (CS) E regarding late medications. The late medications during medication administration observation were reviewed with the CS. The CS indicated that many of the medications would be late due to Residents not wanting to wake up early or leave of absence. The CS indicated that the medication was to be given within two hours of when it was scheduled, one hour before scheduled and one hour after scheduled. The CS indicated that the 400 hall was a heavy floor, can't get it done in two hours, and that some of the early meds that need to be taken early, try to get to them first thing but that does not always happen.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235157	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/01/2024
NAME OF PROVIDER OR SUPPLIER Sanilac Medical Care Facility		STREET ADDRESS, CITY, STATE, ZIP CODE 137 N Elk St Sandusky, MI 48471	
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)		
<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>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.</p> <p>37771</p> <p>Based on observation, interview and record review, the facility failed to store medications, including a narcotic medication, properly during the medication administration task of the survey, resulting in improper medication storage with the potential of drug diversion.</p> <p>Findings include:</p> <p>On 6/27/24 at 9:12 AM, during observation of medication administration task, Nurse L was observed to prepare medication for a resident. The Nurse prepared the Residents medication and put them in a cup. The Nurse retrieved the Resident's inhaler from the box with the Residents name on the inhaler and box. The Nurse had to retrieve medication from the medication storage room refrigerator. Prior to retrieving the refrigerated medication, the Nurse wrote the Resident's name on the cup of medications and placed the cup and the inhaler in a top drawer of the medication cart. Inside the top drawer was another cup of medications with a Resident's name written on the cup. The Nurse retrieved the medication from the med room refrigerator and took out the cup of medications from the top drawer and administered the medications to the Resident. The Nurse did not retrieve the inhaler or administer the inhaler to the Resident. The inhaler had been removed from the box it had been stored in and left in the top drawer of the medication cart. The other Residents medication remained in the drawer.</p> <p>On 6/27/24 at 9:35 AM, at the conclusion of the observation of medication administration task with Nurse L, the Nurse was asked about the medication left in the top drawer of the medication cart. The Nurse explained that she had gotten the medication out for the Resident, but he had gone into the bathroom and had set the medication in a cup inside the top drawer of the medication cart. A review of the medications revealed ten medications with one of the medications being Lyrica (a controlled substance). The Nurse was asked about facility policy about storage of medication left in a cup in the medication cart and was unaware of facility policy. When asked about the controlled substance not stored under two locks, the Nurse indicated that controlled substances should be under two locks. When asked when the Lyrica was signed out, the Nurse indicated that the controlled substance was signed out at 8:30 AM.</p> <p>On 6/27/24 at 2:27 PM, an interview was conducted with the Director of Nursing (DON) regarding facility policy of leaving medication in the drawer of the medication cart. The DON indicated that medication should not be left for more than a short time in the medication cart and that narcotic medication should be stored in the narcotic storage in the medication cart under two locked areas.</p> <p>A review of facility policy titled, Medication Storage and Maintenance Requirements, dated 7/20/16, revealed, .Procedure: .Inhalers A. Keep inhaler-in-use stored in cart in the original box with the top removed from the box . B. Keep stored inside of original box in which product is dispensed-for aide of maintaining Universal Precautions: provides barrier to contaminants .</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235157	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/01/2024
NAME OF PROVIDER OR SUPPLIER Sanilac Medical Care Facility		STREET ADDRESS, CITY, STATE, ZIP CODE 137 N Elk St Sandusky, MI 48471	

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)
<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of facility policy titled, Pharmaceutical and Medication Procedures, dated 8/19/2010, revealed, . General Policy: .7. Dispensing Medications a. The Charge Nurse shall set up medications directly from the medication administration record. b. The Charge Nurse shall dispense the medications . c. The Charge Nurse should dispense medications to the resident from the medication cart and she/he should remain with the resident to make certain the medications are swallowed. 8. Narcotics, Sedatives, Depressants and Stimulants: a. All narcotic drugs are to be kept in a locked narcotic box in a medication room, or in locked box on medication cart .</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235157	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/01/2024
NAME OF PROVIDER OR SUPPLIER Sanilac Medical Care Facility		STREET ADDRESS, CITY, STATE, ZIP CODE 137 N Elk St Sandusky, MI 48471	

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)
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37668</p> <p>Based on observation, interview and record review, the facility failed to implement and operationalize a comprehensive infection control program encompassing outcome and process surveillance and failed to ensure readily available hand hygiene supplies, hand hygiene performance and catheter care per professional standards of practice, resulting in a lack of tracking of potential infections, a lack of accurate and comprehensive infection control tracking, surveillance and data monitoring/analysis and the likelihood for the spread of microorganisms and illness to all 71 facility residents.</p> <p>Findings include:</p> <p>On 6/26/24 at 1:50 PM, a tour of the 400-hall of the facility was completed. No hand sanitizer dispensers were observed in the hallway and/or in the resident rooms in the hallway.</p> <p>On 6/26/24 at 2:03 PM, Certified Nursing Assistant (CNA) X and another facility staff member were observed in Resident #41's room. Resident #41 was sitting in a recliner chair. The staff member was observed touching items in the room and then exited the room without performing hand hygiene. They proceeded to enter the clean linen room and returned to Resident #41's room with supplies. CNA X remained in the room and continued to assist the Resident and touch them without gloves. The staff member who went to the clean utility observed this Surveyor upon returning to Resident #41's room. Upon entering the room, they handed CNA X a pair of gloves. CNA X donned the gloves without performing hand hygiene.</p> <p>An interview was conducted with Resident #41 on 6/26/24 at 2:08 PM in their room. A strong, foul, yeasty odor was present in the room. The Resident was observed to have wounds on both of their legs. When asked, Resident #41 revealed they required staff assistance for ambulation and transfers. A hand sanitizer dispenser was not observed in their room. When queried if staff wash their hands when they enter the room, before providing care to them, Resident #41 verbalized staff do not wash their hands in their room but they do not know what they do in the hall. When queried if staff wash their hands and/or use hand sanitizer prior to leaving their room after they have provided care, Resident #41 stated, No, they just take their gloves off.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235157	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/01/2024
NAME OF PROVIDER OR SUPPLIER Sanilac Medical Care Facility		STREET ADDRESS, CITY, STATE, ZIP CODE 137 N Elk St Sandusky, MI 48471	
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)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>An interview and review of the facility Infection Control (IC) program and data was completed on 6/27/24 at 11:07 AM with IC Licensed Practical Nurse (LPN) A. When queried regarding process surveillance for hand hygiene, LPN A revealed audits are completed once a week. Upon request to review the hand hygiene surveillance audit forms, LPN A provided a summary indicating the total number of audits completed. When queried where the actual audit forms were, LPN A replied, Do not keep the forms. When queried how they knew what dates/times, shifts, and staff were audited if they did not maintain the audit forms, LPN A indicated they did not know. LPN A was then asked how the audits are completed and verbalized they ask staff to wash their hands and ensure they are using correct procedure. When queried regarding random observations on various shifts, including night shift, LPN A verbalized understanding of the value of random observations. LPN A was then queried how staff are able to easily perform hand hygiene when there is no hand sanitizer in the hallway and/or in resident rooms on the 400 hall of the facility, LPN A revealed there used to be hand sanitizer dispensers in the hallway, but they had been removed for painting and had not been put back on the walls. When queried if they observed staff not performing hand hygiene due to the lack of hand sanitizer dispensers, LPN A indicated they had not. When queried regarding observations of staff not performing hand hygiene in Resident #41's room and not wearing gloves, LPN A indicated that was incorrect and verbalized staff should have worn gloves and performed hand hygiene. LPN A was then queried regarding the facility IC committee and stated, Not met since I've started. When asked if they discuss the facility IC data anywhere, LPN A replied, Provide summary in the QA meeting.</p> <p>With further inquiry regarding what is discussed related to IC after they provide their monthly summary, LPN A revealed there are no questions or discussion regarding the data and/or program. LPN A was asked who attends the QA meeting when they report the IC data and replied, The DON (Director of Nursing), Administrator, Corporate Compliance, MDS (Minimum Data Set) Nurse, Therapy, Social Work, Department head of housekeeping/laundry, Activities Director, and the ADON (Assistant Director of Nursing). When queried if the Medical Director Physician attends, LPN A replied, Through Video.</p> <p>With further inquiry regarding process surveillance, LPN A revealed they do audits for the Med fridge, glucometers, and wheelchair cleaning. When queried if audits are completed in the kitchen and laundry area, LPN A stated, No. When queried regarding their role in monitoring for Legionella, LPN A stated, I don't have anything to do with it. When queried regarding surveillance of reusable medical equipment, LPN A revealed they do not monitor reusable medical equipment.</p> <p>The monthly summary for May 2024 was reviewed and detailed there were 10 infections during the month including two bronchitis, one pneumonia, Four Urinary Tract Infections (UTI) including one with an indwelling urinary catheter, three skin infections, and one eye infection. The summary further that nine out of 10 infections meet McGeers Criteria.</p> <p>A review of the line listing for May 2024 revealed a list of 11 Residents who had all received antibiotics therapy. When queried if any residents had been diagnosed and treated for a fungal infection during May 2024, LPN A revealed they did not know. When queried if they track individuals who are being treated with anti-fungal medication related to a fungal infection as part of their IC surveillance, LPN A stated, No. When asked why they did not, LPN A replied, I was told not to. When asked if fungal infections are able to be spread from person to person, LPN A verbalized they could. When queried if a vital aspect of the IC program includes mitigation of microorganism spread, LPN A confirmed it is and verbalized that they understood the rationale for monitoring and tracking fungal infections.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235157	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/01/2024
NAME OF PROVIDER OR SUPPLIER Sanilac Medical Care Facility		STREET ADDRESS, CITY, STATE, ZIP CODE 137 N Elk St Sandusky, MI 48471	
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)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>When queried how they track and monitor Residents with potential infections, who are not receiving antibiotics, LPN A revealed they do not have a process in place for monitoring residents not receiving antibiotics.</p> <p>An interview was completed with the DON on 7/1/24 at 1:29 PM. When queried regarding the facility IC program including surveillance and monitoring, the DON validated and confirmed concerns but did not provide further explanation.</p> <p>37666</p> <p>Resident #2:</p> <p>On 6/25/2024 at 12:56 PM, Resident #2 was observed sitting in a wheelchair in his room. He was alert, but did not answer any questions.</p> <p>A record review of the Face sheet and Minimum Data Set (MDS) assessment indicated Resident #2 was admitted to the facility on [DATE] and had multiple discharges and readmissions with the most recent readmission on 3/20/2024 with diagnoses: history of traumatic brain injury, paraplegia, chronic kidney disease, kidney stones, urinary catheter, history of seizures, gastrostomy tube, hypothyroidism, and anxiety. The MDS assessment dated [DATE] revealed the resident had severe cognitive dysfunction and needed assistance with all care.</p> <p>A record review of Resident #2's medical record, indicated he had multiple hospitalizations and emergency room visits in 2024 related to a change of condition and urinary tract infections.</p> <p>On 6/27/24 at 8:50 AM, Infection Prevention and Control/IPC Nurse A was interviewed about Resident #2. She said the resident had frequent urinary tract infections (UTI's) and most recently A UTI (urinary tract infection) that went on and on. The IPC said it was recently identified that the resident had a Multi-Drug Resistant Organism: Pseudomonas aeruginosa in his urine: it was diagnosed on [DATE].</p> <p>On 6/27/2024 at 9:41 AM, during a tour of the facility, multiple residents were observed to be in Transmission Based Precautions, including Enhanced Barrier Precautions on the 300 and 500 halls. Personal Protective Equipment was observed hanging organizers on the residents' doors, but there was no readily accessible hand sanitizer in the hallways. Several staff and nurses were interviewed and said hand sanitizer was available on the nurses' medication carts, but Hall 300 had no medication cart visible on 6/27/24 at 9:41 AM. The 500 Hall had a medication cart in the hallway, but the hand sanitizer was situated to the back of the cart behind some of the nurse's other supplies. It was not accessible to staff, residents and visitors.</p> <p>Resident #26:</p> <p>Pressure Ulcer/Injury</p> <p>On 6/25/24 at 11:25 AM, during a tour of the facility, Resident #26 was observed lying in bed. She said she had a wound on left foot.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235157	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/01/2024
NAME OF PROVIDER OR SUPPLIER Sanilac Medical Care Facility		STREET ADDRESS, CITY, STATE, ZIP CODE 137 N Elk St Sandusky, MI 48471	
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)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A record review Face sheet and Minimum Data Set (MDS) assessment for Resident #26 indicated the resident was admitted to the facility on [DATE] with several discharges to the hospital and readmissions. The latest readmission was 2/6/2024 with diagnoses: history of a stroke, right side weakness, kidney stones, respiratory failure, COPD, diabetes, chronic kidney disease, renal dialysis dependence, morbid obesity, and heart failure. The MDS assessment dated [DATE] revealed the resident had full cognitive abilities with a Brief Interview for Mental Status (BIMS) score of 15/15 and the resident needed assistance with all care.</p> <p>On 6/27/24 at 10:57 AM, wound care for Resident #26 was observed with Nurse J. She said the resident had an ongoing diabetic ulcer on the bottom of her left foot. The Nurse J and a nurse's aide were observed donning (putting on) Personal Protective Equipment/PPE, but there was no hand sanitizer near the PPE. They were asked about performing hand hygiene prior to applying their PPE and both stopped donning the PPE and went into the bathroom to wash their hands. There was no hand sanitizer near the PPE storage to aid in performing hand hygiene per standards of practice to prevent the spread of infection.</p> <p>On 6/27/2024 at 11:45 AM, the Director of Nursing/DON was interviewed about hand hygiene observations, reviewed there was a lack of accessible hand sanitizer to aid in performing hand hygiene prior to donning PPE. She said she would go out and look in the hallways and see what she could do.</p> <p>A review of the facility policy titled, Hand Hygiene, dated June 13, 2001, revealed the following, . Hand hygiene is the single most important means of preventing the spread of infection in the facility . When to perform Hand Hygiene . Before beginning work . Before eating . Before and after caring for each resident . before changing dressing and after dressing change . after removing gloves . Alcohol-based hand rubs are the preferred method for hand hygiene in most situations .</p> <p>39059</p> <p>On 6/25/24, at 11:38 AM, CNA D was observed in room [ROOM NUMBER] with gloves on. CNA D assisted the resident in bed 2 to a seated position and then walked over to the resident in bed 1. CNA D assisted the resident in bed 1 into their wheelchair. CNA D stopped and walked back to the Resident in bed 2 and placed the foot pedals on their wheelchair. CNA D removed their gloves and did not perform hand hygiene. CNA D then walked back to the resident in bed 1, grabbed the urinary catheter drainage bag and attached it underneath the wheelchair. CNA D then tied up the trash and walked it to the dirty utility room. CNA D left out of the dirty utility room, entered the nutrition room and took a drink of water. CNA D was asked where they perform hand hygiene and CNA D stated, in the residents rooms. CNA D still had not performed hand hygiene. CNA D exited the nutrition room and walked down to room [ROOM NUMBER], entered the room and walked to the bedside to assist another CNA with incontinence care. CNA D was asked where they washed their hands and CNA D stated, in the bathroom. CNA D entered the bathroom. The sink was dry of water. CNA D turned on the water and performed hand hygiene.</p> <p>On 6/27/24, at 10:42 AM, Education Nurse C was alerted of the observation of CNA C caring for multiple residents without performing hand hygiene and Education Nurse C offered that the staff should wash hands before and after glove use and in-between residents.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235157	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/01/2024
NAME OF PROVIDER OR SUPPLIER Sanilac Medical Care Facility		STREET ADDRESS, CITY, STATE, ZIP CODE 137 N Elk St Sandusky, MI 48471	

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)
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 6/27/24, at 10:57 AM, Nurse E was asked for an observation of Resident #62's dressing to their back. Nurse E was placing full blood specimen tubes into the centrifuge. Nurse E turned on the centrifuge and then walked to Resident #62's room. Nurse E assisted Resident #35 to a standing position, pulled up their shirt and touched their back approximately 2 inches from their skin wound that was exposed. Nurse E left out of the room, walked back to the office and removed a blood tube from the centrifuge, placed it into a plastic lab bag and then into the refrigerator. Nurse E did not perform hand hygiene during any of the above tasks.</p> <p>49944</p> <p>Resident #45 (R45):</p> <p>On 06/25/24 at 10:45 AM, R45's catheter drainage bag was observed inside a dignity bag and the dignity bag is sitting on the floor of the room.</p> <p>On 06/26/24 at 12:35 PM, R45's catheter bag was observed located inside of a dignity bag and sitting directly on the floor of the room.</p> <p>On 06/26/24 at 01:19 PM, an interview was conducted with Certified Nursing Assistant (CNA) 'F'. CNA 'F' was asked if the dignity bag should be sitting directly on the floor of the room? CNA 'F' stated they didn't think it should be resting on the floor but that other staff always leave it that way. CNA 'F' then stated they don't agree with it being on the floor. CNA 'F' was asked what they could do to prevent the dignity bag from touching the floor. CNA 'F' stated that sometimes they will leave the bed up a bit so the catheter bag does not touch the floor. CNA 'F' stated they would immediately get the catheter bag off of the floor.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235157	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/01/2024
NAME OF PROVIDER OR SUPPLIER Sanilac Medical Care Facility		STREET ADDRESS, CITY, STATE, ZIP CODE 137 N Elk St Sandusky, MI 48471	
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)		
<p>F 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement a program that monitors antibiotic use.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37668</p> <p>Based on interview and record review, the facility failed to implement a comprehensive antibiotic stewardship and monitoring program for two residents (Resident #2 and Resident #21) of two residents reviewed, resulting in inappropriate use of antibiotics.</p> <p>Findings include:</p> <p>37666</p> <p>Resident #2:</p> <p>On 6/25/2024 at 12:56 PM, Resident #2 was observed sitting in a wheelchair in his room. He was alert, but did not answer any questions.</p> <p>A record review of the Face sheet and Minimum Data Set (MDS) assessment indicated Resident #2 was admitted to the facility on [DATE] and had multiple discharges and readmissions with the most recent readmission on 3/20/2024 with diagnoses: history of traumatic brain injury, paraplegia, chronic kidney disease, kidney stones, urinary catheter, history of seizures, gastrostomy tube, hypothyroidism, and anxiety. The MDS assessment dated [DATE] revealed the resident had severe cognitive dysfunction and needed assistance with all care.</p> <p>A record review of Resident #2's medical record, indicated he had multiple hospitalizations, including February and March 2024, related to a change of condition and urinary tract infections.</p> <p>On 6/27/24 at 8:50 AM, Infection Prevention and Control/IPC Nurse A was interviewed about Resident #2. She said the resident had frequent urinary tract infections (UTI's) and most recently A UTI that went on and on. The IPC said it was recently identified that the resident had Pseudomonas aeruginosa in his urine. She said the resident had received ciprofloxacin multiple times, Keflex, Bactrim then gentamicin (all antibiotics). The IPC said the antibiotics were not effective until the resident received gentamicin. She said it was on April 22nd, 2024 when the resident's UTI's started. She said he had episodes when his temperature would drop and a change of condition, they would send him to the hospital and he was found to be septic (CDC (Centers for Disease Control): Sepsis is the body's extreme response to an infection. It is a life-threatening medical emergency.)</p> <p>During the interview on 6/27/2024 at 8:50 AM, with IPC Nurse A she was asked if urinalysis had been performed and if there were any cultures and sensitivities (C&S) for any positive urinalysis for Resident #2. (The laboratory tests were used to aid in identifying specific infectious organisms and to assist the providers in ordering the most effective antimicrobial for the infection to treat the infection and prevent the development of a Multi-Drug Resistant Organism/MDRO). She reviewed 4 results:</p> <p>12/11/2023 urine C&S positive for two results for proteus mirabilis (a bacteria): The resident received Ciprofloxacin and Cefuroxime.</p> <p>3/3/2024 C&S positive for <10,000 CFU/ml candida albicans (yeast);</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235157	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/01/2024
NAME OF PROVIDER OR SUPPLIER Sanilac Medical Care Facility		STREET ADDRESS, CITY, STATE, ZIP CODE 137 N Elk St Sandusky, MI 48471	

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)
<p>F 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>3/6/2024 50,000-100,000 CFU/ml candida albicans;</p> <p>The resident did not receive antifungal treatment for the yeast infections from 12/11/2023, instead he continued to receive a variety of antibiotics.</p> <p>5/23/2024 >100,000 Pseudomonas aeruginosa (a bacteria). The Pseudomonas was identified as an Multi-Drug Resistant Organism (MDRO) on the laboratory report. The resident was treated with gentamicin.</p> <p>There were no laboratory reports around 4/22/2024, the timeframe the IPC Nurse A said the resident began to again experience signs and symptoms of a UTI and receive a additional antibiotics.</p> <p>During the interview on 6/27/2024 at 9:10 AM, the IPC Nurse A said Resident #2 was also sent to the emergency roiaognom on multiple occasions in 2024 for changes of condition. On those occasions he would not stay overnight in the hospital but would return to the facility. She said the emergency room /ER would often give him an antibiotic and send him back to the facility. The IPC Nurse was asked if she monitored the occurrences to the ER, reviewed the urinalysis and C&S reports and the antibiotics received to see if they were appropriate. She said she did not and often she did not see the lab results. She said this contributed to the numerous variety of antibiotics the resident received, until he was diagnosed with an MDRO on 5/23/2024.</p> <p>The IPC Nurse A said Resident #2 had multiple hospitalization s related to pneumonia, UTI, and chronic kidney issues, in 2024. She said the resident was scheduled to have a kidney removed in June 2024, but he was diagnosed with a UTI and the procedure was rescheduled. She said he recently had another UTI.</p> <p>During the interview with IPC Nurse A on 6/27/2024 at 9:15 AM, she was asked if Resident #2's antibiotic usage and frequent UTI's was reviewed with the providers and in the Infection Control Committee meeting. The IPC said there had been no ICC meetings since she took over the role in February 2024. She was asked if this was reviewed at the Quality Assurance meetings and she said not since she took over in February 2024. She said antibiotics were not reviewed for appropriateness with the providers, and the providers were not always including the reason for the antibiotic use in the orders.</p> <p>A review of the IPC notes/Infection notes for Resident #2, revealed the IPC did not document routinely related to the resident's infections. The IPC charted the resident was starting Cipro on 12/6/2023, but not why; there was no additional mention of the antibiotics/antimicrobial's the resident received or what they were for.</p> <p>On 7/01/24 at 2:05 PM, Nurse Practitioner/NP I was interviewed related to Resident #2's repeated UTI infections and antibiotic use. She said the IPC A didn't speak with her about Resident #2's antibiotic use. The NP said there were no Infection Control Committee meetings. The NP said it would have been helpful to sit down and discuss this. The resident's antibiotic use was reviewed with the NP: reviewed there were not always urinalysis or culture and sensitivity results for each antibiotic ordered. The NP said the antibiotic use usually started at the ER or hospital.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235157	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/01/2024
NAME OF PROVIDER OR SUPPLIER Sanilac Medical Care Facility		STREET ADDRESS, CITY, STATE, ZIP CODE 137 N Elk St Sandusky, MI 48471	
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)		
<p>F 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the facility policy titled, Infection Prevention and Control Program, dated July 20, 2021 provided, (The facility) . will establish and maintain an effective Infection control Program (ICP) including an Infection Control Program Committee as directed in the [NAME]/APIC Guideline: Infection Prevention and Control in the Long Term Care Facility . The ICP Committee shall be responsible for the oversight of the Infection Prevention and Control Program . The ICP will include: . Antibiotic review and stewardship .</p> <p>A review of the facility policy titled, Antimicrobial Stewardship, dated July 20, 2021 revealed, The antibiotic stewardship program will promote actions that are designed to optimize the treatment of infections while reducing the adverse events associated with antibiotic use as directed by the CDC . Antibiotic use and resistance data will be reviewed in the IPC meetings and QA if indicated . Antibiotic stewardship activities will be led by the IPC nurse . Antibiotic orders will be reviewed and tracked by IPC nurse .</p> <p>38471</p> <p>Resident #21:</p> <p>During initial tour on 6/25/2024, Resident #21 was observed enjoying this lunch. He shared he admitted to the facility in January and since then has been on many antibiotics due to recurrent UTI (urinary tract infection).</p> <p>On 6/25/2024 at approximately 3:30 PM, a review was conducted of Resident #21's medical record and it indicated he admitted to the facility on [DATE] with diagnoses that included, Diabetes, Peripheral Vascular Disease, Heart Failure, Arthritis and Abdominal Aortic Aneurysm. Further review was completed of Resident #21's record which yielded the following:</p> <p>MAR (Medication Administration Record):</p> <p>Ciprofloxacin HCl Tablet 250 MG (milligrams) give two tablets by mouth every 12 hours for infection for 7 days. Resident #21 was administered the medication from 5/4/2024 to 5/11/2024.</p> <p>Progress Notes:</p> <p>5/3/2024 at 11:05: Phone call to .PA-C, regarding CBC from yesterday for cardiac clearance .WBC (white blood cell) elevated (14.15). Resident c/o low pelvic pain, abd (abdominal) discomfort .Order obtained for urinalysis C&S (culture and sensitivity) .</p> <p>5/3/2024 at 17:50: Urine sample collected using sterile technique for UA (urinalysis) and C &S due to increase WBC count .</p> <p>5/4/2024 at 15:55: N/O (new order) for antibiotic received .r/t (related to) + U/A. Put on Cipro 250 mg pending culture results. Per lab results expected to be in Monday .</p> <p>5/5/2024 at 15:17: Received urine culture results from .lab with final report of no significant growth, sent message to .PA-C.</p> <p>5/6/2024 at 12:43: Resident remains on abx (antibiotic).</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235157	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/01/2024
NAME OF PROVIDER OR SUPPLIER Sanilac Medical Care Facility		STREET ADDRESS, CITY, STATE, ZIP CODE 137 N Elk St Sandusky, MI 48471	

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)
<p>F 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>5/6/2024 at 13:00: Message received from .PA-C. Order obtained for CT scan abd/pelvis (kidney stones) without contrast .</p> <p>5/8/2024 at 03:01: antibiotic therapy continues, no side effected noted.</p> <p>There was no other documentation located that provided rationale to why Resident #21 remained on the antibiotic Cipro after the culture received on 5/5/2024 showed no growth.</p> <p>On 6/27/2024 at 10:30 AM, an interview was conducted with Infection Control Nurse A regarding Resident #21's antibiotic usage in May 2024. Nurse A explained the Cipro was stated on 5/4/2024 due to an elevated white blood count, lower pelvic pain and abdominal discomfort. The culture resulted on 5/5/24 and there was no growth. Nurse A stated she thought Cipro was discontinued but after reviewing the MAR it indicated Resident #21 received the antibiotic for the entire scheduled duration. After review of the chart there was no other documentation within the timeframe of the medications that provided justification for the continued use after the culture showed no growth.</p> <p>May 2024 Line Listing:</p> <p>- Type of infection: UTI: Signs and symptom: Lower pelvic pain, abd (abdominal) discomfort; Date noted: 5-4-2024; Diagnostic/Tests treatments: Cipro 250 mg; C&S: no growth; Crit (criteria) not met. Circled it stated, Stopped.</p> <p>Revised McGreer Criteria for Infection Surveillance Checklist:</p> <p>- Indicated Resident #21 did not meet UTI criteria</p>