

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235174	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/05/2026
NAME OF PROVIDER OR SUPPLIER Marshall Nursing and Rehabilitation Community		STREET ADDRESS, CITY, STATE, ZIP CODE 575 N Madison Street Marshall, MI 49068	

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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** This citation pertains to intake 2685929. Based on interview and record review, the facility failed to implement care plan interventions for one (R2) of three reviewed. Findings include: Review of the medical record revealed R2 was admitted to the facility on [DATE] with diagnoses that included overactive bladder and intellectual disabilities. The Discharge Minimum Data Set (MDS) dated [DATE] revealed R2 was severely cognitively impaired and had an indwelling urinary catheter. R2 had an unplanned discharge to the hospital on [DATE] and did not return to the facility. Review of R2's Catheter/Ostomy care plan dated 10/9/25 revealed an intervention to document output. Review of R2's output record revealed four documented urine outputs: 10/12/25 at 6:07 AM Urine: large 10/14/25 at 5:21 AM Urine: large 10/16/25 at 5:18 AM Urine: 750 milliliters (mL) 10/17/25 at 5:43 AM Urine: 900 mL Review of the Nursing Note dated 10/18/25 revealed Resident's catheter not draining. Attempted to flush with sterile water. Unable to flush. Removed foley and replaced. Catheter immediately drained 500 [mL] of dark yellow urine with sediment. In an interview on 2/5/26 at 9:15 AM, Certified Nursing Assistant (CNA) D reported catheter bags were emptied a couple times per day and as needed. CNA D reported the amount emptied was supposed to be documented under urine output. In an interview on 2/5/26 at 9:44 AM, Director of Nursing (DON) B reported urinary catheter output should be documented minimally every shift (three times per day). DON B agreed R2 only had four documentations of output throughout their nine-day admission.</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
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