

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  03/04/2026
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review the facility failed to ensure food brought in by outside family and/or visitors that was stored in the resident refrigerators were labeled and dated, Findings Included: This citation pertains to intake number 2747062. During an observation on 3/3/2026 at 3:30 PM, with Director of Nursing (DON) B of the refrigerator on [NAME] south revealed a large and small box of outside delivery pizza that had no labeling, no date, no expiration date, and no resident name, On the [NAME] hall it was observed in the refrigerator a bag of tacos from an outside restaurant that had a date on the receipt as received on 2/27/2026, which was past the expiration date; a salad was noted with no date and no resident name, n blood orange Liter bottle of soda, a grape 2L soda, and another 2L bottle soda were observed in the refrigerator opened with no dates and no resident's names. DON B agreed that the food must be labeled, dated and have the resident's name on it. Review of the facility's policy and procedure titled FOODS BROUGHT IN TO RESIDENT EDUCATION MATERIAL revealed, Refrigerated Cooked Food items will automatically be disposed after 3 days (counting day of food brought in, as day #1) for UNOPENED packaged foods manufacturer's use by date will be applicable. For all opened packages, use FOOD STORAGE CHART for date marking. Allopened packages must have open date &amp; use by date clearly marked. Frozen items can be held until manufacturer's Use By Date Frozen items can be held until manufacturer's Use ByDate .Foods found without dates will be also discarded .</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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(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 - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation and interview the facility failed to ensure infection control practices were maintained for two out of three (Resident 7 and 9) catheter bags. Findings Included: This citation pertains to intake number 2787832. Resident #7 (R7): In an observation on 3/3/2026 at 9:47 AM R7 was observed lying in bed asleep. R107 had a catheter bag which was on the side of the bed next to window. The catheter bag was laying 100% on the floor and was not attached to the bed. Review of R7's care plans revealed a care plan was in place for Indwelling Catheter. The care plan had an intervention dated 9/11/2025 of, Do not allow tubing or any part of the drainage system to touch the floor. Resident #9 (R9): On 3/3/2026 at 9:44 AM, R9 was observed in bed, and also observed to have a catheter bag hanging on the side of the bed with bottom of bag laying on the floor. On 3/3/2026 at 2:43 PM, observation of catheter bag revealed that the bag had been moved to the end of the bed; was attached to the bed, however the bottom bag was still lying on the floor. On 3/4/2026 at 8:19 AM R9 was observed lying in bed with the catheter bag hanging on the bed and the bottom of the bag resting on the floor. In an interview on 3/4/2026 at 2:25 PM, Infection Control Preventionist (ICP) C stated that catheter bags should always hang on the side of the bed, not touching the ground, and below the resident. ICP C said the bags definitely should not be touching the floor. In an interview on 3/4/2026 at 2:50 PM, Director of Nursing (DON B) stated that his expectation was that catheter bags were not on the floor or hanging on the floor. DON B stated that was an infection control concern.</p>		