STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235174	A. Building B. Wing	05/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Marshall Nursing and Rehabilitation Community	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)
F 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being. This citation pertains to Intake 3000710.Based on interview and record review, the facility failed to ensure five of five licensed nurses had the necessary competency evaluations as identified in the facility assessment. Findings include:Review of the Facility Assessment Tool initiated 12/18/27, updated 1/15/26, and reviewed with the QAA/QAPI committee on 2/26/26 revealed the facility had an average number of residents with the following condition/need: Wounds-5Wound vacuum-1tracheostomy-1catheters-3enteral nutrition-3ostomy-2The Facility Assessment Tool included a section for Staff training/education and competencies which revealed A facility must develop, implement, and maintain an effective training program for all new and existing staff; individuals providing services under a contractual arrangement; and volunteers, consistent with their expected roles. A facility must determine the amount and types of training necessary based on a facility assessment. The listed training included a number of topics with an online training platform being used as the preferred training method. The training section of the Facility Assessment Tool also included a list of annual competencies which included, but not limited to, areas such as: person-centered care, activities of daily living, disaster planning and procedures, infection control, medication administration, measurements (i.e. vital signs), resident assessment and examination, caring for persons with Alzheimer's/dementia, specialized care (catheterization insertion/care, colostomy care, diabetic blood glucose testing, oxygen administration, suctioning, pre-op and post-op care, tracheostomy care/suctioning, ventilator care, tube feedings, wound care/dressings, dialysis care), and caring for residents with mental and psychosocial disorders. According to the facility's CMS 802 provided 5/12/26, the facility's census included nine residents with indwelling catheters, one resident with a tracheostomy, three residents receiving enteral nutrition, and one resident receiving parenteral nutrition. On 5/13/26 at 8:24 AM, annual competency evaluations for Licensed Practical Nurse (LPN) H, LPN I, LPN K, LPN L, and Registered Nurse (RN) N were requested from Nursing Home Administrator (NHA) A. The document provided was a tracheostomy care Education/In-Service Record dated 5/12/26 for LPN H and LPN I. In an interview on 5/13/26 at 10:33 AM, Director of Nursing (DON) B reported the facility had previously identified that skills competencies were missing and had scheduled a skills fair for next week. When asked how the facility verified competency of agency staff, DON B reported agency staff signed an attestation. In an interview on 5/14/26 at 3:53 PM, NHA A reported the facility had identified they had not completed annual competency evaluations; therefore they scheduled a skills fair for next week. NHA A reported they were able to locate an older competency evaluation for one of the staff that was requested. NHA A was asked to provide any documents the facility had regarding the requested licensed nurse competency evaluations. Review of the provided documents revealed LPN L's Licensed Nursing Skills Competency Checklist was completed on 6/5/24. RN N signed a nurse education acknowledgement on 6/14/25 for another facility.

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