

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235179	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/04/2024
NAME OF PROVIDER OR SUPPLIER  Christian Park Village		STREET ADDRESS, CITY, STATE, ZIP CODE  2525 7th Avenue South Escanaba, MI 49829	

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 0676</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure residents do not lose the ability to perform activities of daily living unless there is a medical reason.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 35103</p> <p>This citation pertains to MI00146561</p> <p>Based on interview and record review the facility failed to ensure scheduled showers were completed for two Residents (#2 &amp; #4) of four residents reviewed for Activities of Daily Living (ADLs). This deficient practice resulted in lack of personal hygiene assistance, and personal dissatisfaction with ADL care. Findings include:</p> <p>Review of Complaint Intake revealed an allegation that residents were not adequately groomed and scheduled showers were not being completed.</p> <p>Resident #2 (R2)</p> <p>Review of R2's Minimum Data Set (MDS) assessment, dated 8/13/24, revealed R2 was admitted to the facility on [DATE] with a Brief Interview for Mental Status (BIMS) score of 13, reflective of intact cognition. R2 required Partial/moderate assistance for shower/bathing.</p> <p>During an interview on 9/4/24 at approximately 11:30 a.m., R2 was asked about showers in the facility. R2 stated, I am not really getting the showers I am supposed to get. I have not refused any showers. I am supposed to get two a week.</p> <p>Review of R2's Shower/Bathing Task Schedule, revealed R4 was scheduled for Shower/Bathing - prefers Tuesdays and Thursday .</p> <p>Review of R2's Shower/Bathing task documentation in the Electronic Medical Record (EMR) showed R2 received a shower on 8/8, 8/12, 8/29, and 9/3/24. Shower documentation on 8/20, 8/22, and 8/27 was documented as no, that no shower had been given. R2 had no shower documented between 8/12 and 8/29/24 (17 days).</p> <p>Resident #4 (R4)</p> <p>Review of R4's MDS assessment dated [DATE], revealed R4 was admitted to the facility on [DATE] with a BIMS score of 11 of 15, reflective of moderate cognitive impairment. R4 required Partial/moderate assistance for shower/bathing.</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
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<p>F 0676</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of R4's Shower/Bathing Task Schedule revealed showers would be given on Wednesday and Sunday on Day Shift.</p> <p>Review of R4's Shower/Bathing task documentation in the EMR showed R4 received a shower on 8/18, 8/28 and 9/1/24. Shower documentation on 8/21 and 8/25/24 was marked as N/A (not applicable). No shower refusals were documented, and no shower/bathing was documented between R4's admission on 8/8/24 and first shower on 8/18/24 (9 days).</p> <p>During an interview on 9/4/24 at 1:00 p.m., Certified Nurse Aide (CNA) F was asked if the shower room had been unusable by facility residents due to having no hot water, CNA F moved closer to this Surveyor, and whispered, There have been days when we didn't have hot water in here. CNA F said Maintenance Staff had done what they could, but in the last month there were several days when there was not hot water for showers.</p> <p>During an interview on 9/4/24 at 2:10 p.m., the Director of Nursing (DON) agreed any refused shower should have been documented and acknowledged that task documentation for showers/bathing was not present to provide evidence scheduled showers had been completed or refused.</p> <p>During an interview on 9/4/24 at 4:00 p.m., the Nursing Home Administrator (NHA) and DON were both present. Both confirmed showers should be offered and given per the schedules provided on the Resident's Shower/Bathing Task Schedule. Both acknowledged R2's and R4's shower task documentation did not show they had received showers as scheduled.</p>		