

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235197	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/26/2026
NAME OF PROVIDER OR SUPPLIER Hillsdale County Medical Care Facility		STREET ADDRESS, CITY, STATE, ZIP CODE 140 W Mechanic Street Hillsdale, MI 49242	

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 0578</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 request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to accurately complete a Do-Not-Resuscitate (DNR) document for one (R45) of two reviewed. Findings include: Review of the medical record reflected R45 admitted to the facility on [DATE], with diagnoses that included diabetes and COVID-19 (2/20/26). On 02/24/2026 at 1:44 PM, R45 was observed seated in a recliner, in their room. R45's DNR form, for 9/8/25, reflected signatures by R45, a Durable Power of Attorney (POA), the Physician and one witness. In an interview on 02/26/2026 at 12:21 PM, Social Services Director (SSD) D reviewed R45's DNR form and noted there to be one witness signature. SSD D reported DNR forms needed two witness signatures.</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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to maintain accurate medical records for minimum data set data for 1 (R15) of 23 residents. Findings include: Resident #15 (R15) Review of the medial record demonstrated that R15 was admitted [DATE] with diagnoses that included abdominal pain, pressure ulcer of right buttock, cellulitis (bacterial skin infection), peripheral vascular disease (PVD), obstructive sleep apnea, edema (swelling), enlarged prostate, vitamin D deficiency, anemia (low red blood cells), hypothyroidism (low thyroid hormone), hypertension, osteoarthritis (degenerative joint disease) of left shoulder, gastro-esophageal reflux disease, muscle weakness, dysphagia (difficulty swallowing), type 2 diabetes, and depression. Review of the most recent Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 12/15/2025, revealed a Brief Interview for Mental Status (BIMS) of 12 (mild cognitive impairment) out of 15. On 02/24/2026 at 02:40 p.m. during observation and attempted interview R15 was observed lying down in bed. R15 verbalized that he did not want to be interviewed. Review of R15's Minimum Date Set (MDS), with an Assessment Reference Date (ARD) of 12/15/2025, demonstrated section O-Special Treatments, Procedures, and Programs -F1- Invasive Mechanical Ventilation B(while a resident) was documented as yes. On 02/25/2026 at 11:49 a.m. Minimum Data Set (MDS) Nurse Assistant M explained that the facility does not service residents that would require mechanical ventilation for breathing. MDS Nurse Assistant M reviewed R15's MDS, with an Assessment Reference Date (ARD) of 12/15/2025, section O-Special Treatments, Procedures, and Programs F1-Invasive Mechanical Ventilation B and confirmed that it was documented as yes. MDS Nurse Assistant M confirmed that she had completed that section of R15's MDS. MDS Nurse Assistant M explained that it was documented yes in error.</p>		

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<p>F 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to maintain baseline care plans for 1 (R119) of 23 residents. Findings include: Resident #119 (R119)Review of the medical record demonstrated R119 was admitted [DATE] with diagnoses that included paralysis (loss of movement) of the left side, congestive heart disease (CHF), atrial fibrillation, atherosclerotic heart disease (build up of plaque on artery walls), type 2 diabetes, asthma, hypertension, hyperlipidemia (high fat content in blood), peripheral vascular disease (PVD), insomnia, anxiety, depression, migraine, gastro-esophageal reflux disease, muscle spasm, and stroke. Review of the most recent Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 02/11/2026, revealed a Brief Interview for Mental Status (BIMS) of 11(moderate cognitive impairment) out of 15.On 02/24/2026 at 10:27 a.m. during observation and interview R119 was observed lying down in bed. R119 requested that her husband I answer the questions that were being asked. R119's husband I explained that she had a history of pain and muscle spasms prior to her admission to the facility. R119's husband I explained that he had explained this to R119's attending physician and that the physician was ordering appropriate medication for pain and R119's muscle spasms. R119's husband I could not identify any other interventions besides medication that had been attempted.Review of R119's Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 02/11/2026, demonstrated section J- Health Conditions- sub section J0410-Pain Frequency revealed that R119 had pain almost constantly.Review of R119's plan of care did not list any problem areas for her pain and did not list any interventions for the treatment of her pain.During an interview on 02/25/2026 at 02:19 a.m. Director of Nursing (DON) B explained that it was her expectation and facility policy that residents would have a base line care plan initiated within 48 hours of admission. DON B explained that it was her expectation that a resident's baseline plan of care would include necessary information for the treatment of pain (if appropriate). DON B confirmed that R119's plan of care did not have a problem statement related to pain and did not include any interventions for the treatment of that pain. DON B confirmed that R119s Minimum Data Set (MDS), with and Assessment Reference Date (ARD) of 02/11/2026, identified that R119 had pain almost constantly. DON B explained that it was her expectation that R119 would have a care plan, upon admission, that would have identified R119's pain and the interventions that staff could have taken to treat R119's pain. DON B could not explain why R119's medical record did not have a baseline plan of care for the treatment of her pain.</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to implement interventions to prevent decrease in range of motion for 1 (R50) of 1 resident reviewed for range of motion. Findings include: Resident #50 (R50) Review of the medical record demonstrated that R50 was admitted [DATE] with diagnoses that included seizures, rheumatoid arthritis (auto immune disease that attacks joints), type 2 diabetes, dementia, paralysis (unable to move) left side, hypertension, hyperlipidemia (high fat content in blood), depression, restless leg syndrome, gastro-esophageal reflux, vitamin D deficiency, dysphagia (difficulty swallowing), stroke, low back pain, assistance with personal care, and dependence on wheelchair. Review of the most recent Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 02/08/2026, revealed a Brief Interview for Mental Status (BIMS) of 09 (moderate cognitive impairment) out of 15. During observation and interview on 02/24/2026 at 09:52 a.m. R50 was observed sitting up in her reclining chair at bedside. R50 was also observed to have contracted left hand. R50 was asked if staff had been performing Range of Motion with her hand. R50 explained that staff had not been performing ROM with her left hand or with her left arm. R50 demonstrated that she could not lift her left arm past the height of her left shoulder. R50 demonstrated that she could lift her right arm above her shoulder. Review of R50's Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 02/08/2026, section GG- Functional Abilities- subsection GG01115-A Upper Extremity- revealed impairment on one side. Review of R50's task, in the point of care documentation, revealed a task that stated RNU (Restorative Nursing) AAROM (Active Assisted Range of Motion) for BUE (Bilateral Upper Extremity) gravity eliminated slides 10 reps (repetitions) x 2 daily routine as necessary. The record revealed the preceding task was initiated 10/20/2023. Review of documentation for preceding thirty days did not demonstrate that the task had been completed. Review of R50's Kardex (document used to inform direct care staff of resident needs) revealed RNU (Restorative Nursing) exercise upper. During an interview on 02/26/2026 at 07:30 a.m. Assistant Director of Nursing (ADON) R explained that the facility did have a Restorative Nursing Program. ADON R explained that the program was overseen by Rehabilitation Director (RD) N. ADON R reviewed R50's task RNU exercise upper and confirmed that no documentation was present for the preceding days. During an interview on 02/26/2026 at 07:34 a.m. Rehabilitation Director (RD) N explained that she monitored the facility Restorative Nursing (RNU) Program. RD N explained that after resident finished skilled therapy services, the therapy staff would complete a referral to the RNU Program. RD N explained that a Restorative Nursing Program could include Range of Motion for resident with contractures. RD N explained that R50 was not receiving RNU. After reviewing R50's medical record RD N confirmed that task for RNU. RD N could not explain what ROM had not been completed as required in the task. RD N could not explain if R50 need Range of Motion and explain that a new evaluation would have to be conducted to determine the requirement.</p>		

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<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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to ensure staff utilized appropriate personal protective equipment (PPE) for two (R14 and R45) of two reviewed. Findings include:</p> <p>Review of the medical record reflected Resident 14 (R14) was admitted to the facility on [DATE], with diagnoses that included severe sepsis with septic shock and urinary tract infection. The Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 1/11/26, reflected R14 scored 13 out of 15 (cognitively intact) on the Brief Interview for Mental Status (BIMS-a cognitive screening tool).</p> <p>Review of the Physician Orders revealed an active order dated 2/8/26 for Contact Isolation d/t (due to) VRE (vancomycin-resistant enterococcus- a bacteria) and Pseudomonas (a bacteria).</p> <p>On 2/24/2026 at 11:53 AM, R14 was observed in bed. A sign was observed posted outside of R14's door indicated Enhanced Barrier Precautions. No signage was observed indicating that the resident was under Contact Isolation precautions.</p> <p>On 2/25/2026 at 8:31 AM, the same observation was made of the missing Contact Isolation precautions sign posted outside of R14's door.</p> <p>On 2/25/26 at 8:40 am, Registered Nurse C confirmed that R14 was on Contact Isolation Precautions and that the Contact Isolation Precaution sign was not posted outside of R14's door. Registered Nurse C removed the Contact Precaution sign from the top drawer of the isolation cart located in the hallway and hung the sign outside of R14's door.</p> <p>R45:</p> <p>Review of the medical record reflected R45 admitted to the facility on [DATE], with diagnoses that included diabetes and COVID-19 (2/20/26).</p> <p>A Physician's Order, with a revision date of 2/20/26, reflected R45 was placed on droplet precautions due to being positive for COVID-19.</p> <p>On 02/24/2026 at 1:44 PM, R45 was observed seated in a recliner, in their room. A droplet precaution sign was hanging outside the room door. A PPE storage cart was in the hallway and noted to include gloves, gowns, face shields and KN95 masks.</p> <p>On 02/24/2026 at 2:11 PM, a staff member was observed to enter R45's room, wearing a gown, gloves and KN95 mask. Eye protection was not observed to be used.</p> <p>On 02/24/2026 at 2:28 PM, a staff member was observed in R45's room, obtaining vital signs. The staff member was wearing a gown, gloves and KN95 mask. Eye protection was not observed to be used.</p> <p>In an interview on 02/26/2026 at 10:32 AM, Infection Preventionist (IP) C conveyed R45 was on droplet precautions, and the expectation for PPE use included wearing a mask, gown and gloves when going into the room. IP C stated there was not a requirement to wear eye protection for droplet (continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>precautions, and they no longer used eye protection for COVID-19 positive residents. When asked about the type of mask used, IP C showed a box of KN95 masks.</p> <p>On 02/26/2026 at 11:10 AM, Director of Nursing (DON) B reported the expectation for PPE use for a COVID-19 positive resident included the use of a gown, gloves, N95 mask and eye protection.</p> <p>According to the Centers for Disease Control and Prevention (CDC), Infection Control Guidance: SARS-CoV-2, updated 6/24/24, .Recommended infection prevention and control (IPC) practices when caring for a patient with suspected or confirmed SARS-CoV-2 infection .Personal Protective Equipment .HCP who enter the room of a patient with suspected or confirmed SARS-CoV-2 infection should adhere to Standard Precautions and use a NIOSH Approved particulate respirator with N95 filters or higher, gown, gloves, and eye protection (i.e., goggles or a face shield that covers the front and sides of the face) . (https://www.cdc.gov/covid/hcp/infection-control/index.html)</p>