

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235213	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/12/2025
NAME OF PROVIDER OR SUPPLIER Allegan County Medical Care Facility		STREET ADDRESS, CITY, STATE, ZIP CODE 3265 122nd Ave R2 Allegan, MI 49010	

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>41982</p> <p>Based on interview and record review, the facility failed to develop and implement a comprehensive, person-centered care plan, to include anticoagulant (blood thinner) use, for 1 (Resident #3) of 5 residents reviewed for unnecessary medications, resulting in an incomplete reflection of the resident's medication status and the potential for unmet care needs.</p> <p>Findings include:</p> <p>Resident #3</p> <p>Review of an Admission Record revealed Resident #3 was a female, with pertinent diagnoses which included: unspecified atrial fibrillation (an irregular, often rapid heart rate that commonly causes poor blood flow).</p> <p>Review of a physician's order for Resident #3 revealed, Eliquis Tablet 5 MG (milligrams) (Apixaban) Give 1 tablet by mouth two times a day related to UNSPECIFIED ATRIAL FIBRILLATION (I48.91) Pharmacy Active 12/7/2022</p> <p>A review of Resident #3's current Care Plan on 2/11/25 at 10:49 AM, revealed no care planned focus, goals, or interventions related to her Eliquis (an anticoagulant) use.</p> <p>In an interview on 2/11/25 at 2:09 PM, Director of Nursing (DON) B reported she had just recently taken over the position of DON and had previously been the MDS (Minimum Data Set) Coordinator. DON B reported a care plan should be developed and implemented for high-risk medications and gave the example of anticoagulants, antibiotics, and diuretics. DON B reported the MDS Coordinator was responsible for developing the care plan for some of the high-risk medications including Eliquis, because it was an anticoagulant. DON B reviewed Resident #3's care plan with this surveyor and reported there was no care plan in place for her anticoagulant use but that there should have been. DON B reported it was important to care plan anticoagulant use because of the high risk of bleeding while on this type of medication.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235213	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/12/2025
NAME OF PROVIDER OR SUPPLIER Allegan County Medical Care Facility		STREET ADDRESS, CITY, STATE, ZIP CODE 3265 122nd Ave R2 Allegan, MI 49010	

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 0732</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Post nurse staffing information every day.</p> <p>46999</p> <p>Based on observation, interview, and record review, the facility failed to post the required daily nurse staffing information on 2/10, 2/11 and 2/12/2025, for all 33 residents in the facility, resulting in a lack of available staffing information for residents and visitors.</p> <p>Findings include:</p> <p>In an observation and review on 2/10/25 at 2:21pm, the Resident Care Labor Hours document, posted in the common area near the nurses station, was dated 2/7/25. The document identified the number of Certified Nursing Assistants (CNA's) and nurses working on each unit, during each shift, for 1 day.</p> <p>In an observation and review on 2/11/25 at 10:32am, the Resident Care Labor Hours document posted in the common area near the nurses station, was dated 2/7/25.</p> <p>In an observation and review on 2/12/25 at 11:05am, the Resident Care Labor Hours documented posted in the common area near the nurses station, was dated 2/7/25.</p> <p>In an interview on 2/11/25 at 2:18pm, Director of Nursing (DON) B reported the Staffing Scheduler was responsible for posting the required daily Resident Care Labor Hours document. DON B reported the daily posting of the nurse staffing information was displayed in the common area outside the nurse's station. When further queried, DON B reported the Staffing Scheduler was on vacation and DON B did not know who was responsible for posting the daily nurse staffing information.</p> <p>In an interview on 2/12/25 at 12:47pm, Nursing Home Administrator (NHA) A she was responsible for posting the daily nurse staffing information when the Staffing Scheduler was absent. NHA A reported she forgot to post the document on 2/10, 2/11 and 2/12/25.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235213	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/12/2025
NAME OF PROVIDER OR SUPPLIER Allegan County Medical Care Facility		STREET ADDRESS, CITY, STATE, ZIP CODE 3265 122nd Ave R2 Allegan, MI 49010	
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 - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38905</p> <p>Based on observation, interview, and record review, the facility failed to prepare food in accordance with professional standards for food service safety. This deficient practice has the potential to result in food borne illness among all residents that consume food in the kitchen.</p> <p>Findings include:</p> <p>During a tour of the kitchen, at 11:00 AM on [DATE], an interview with Certified Dietary Manager (CDM) K, found that the stand up mixer does not get used very often. Upon taking the plastic cover off the mixer, it was observed to have white and yellow dried crusted debris on the inside of the shield / grate of the unit. When asked if she could see the accumulation, CDM K nodded.</p> <p>According to the 2022 FDA Food Code section ,d+[DATE].11 Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils. (A) EQUIPMENT FOOD-CONTACT SURFACES and UTENSILS shall be clean to sight and touch .</p> <p>During an interview with CDM K, at 11:18 AM on [DATE], it was found that staff cool food and keep a log of their process. A review of the Rapid Cooling Monitoring Chart, dated [DATE] to [DATE], found that logged cooling for stuffed pepper soup, minestrone soup, and turkey, were all logged that they did not reach 70F within two hours of cooling. The bottom of the log states Cool foods from 135F to 70F within 2 hours, and then from 70F to 41F in 4 hours, for a total cooling time of 6 hours maximum.</p> <p>A review of the logged cooling for stuffed pepper soup, not dated, was found to have been 140F at 1:00 PM, 133F at 2:00 PM, and 72F at 4:00 PM.</p> <p>A review of the logged cooling for minestrone soup, not dated, was found to have been 150F at 5:30 PM, 100F at 7:00 PM, 81F at 8:00 PM, and 30F the next morning at 6:30 AM.</p> <p>A review of the logged cooling for turkey, dated on the log for [DATE], was found to have been 135F at 2:00 PM, 90F at 4:00 PM, and 39F at 7:00 PM. When asked if this item was served to residents, CDM K stated it was.</p> <p>According to the 2022 FDA Food Code section ,d+[DATE].14 Cooling. (A) Cooked TIME/TEMPERATURE CONTROL FOR SAFETY FOOD shall be cooled: (1) Within 2 hours from 57 C (135 F) to 21 C (70 F); and (2) Within a total of 6 hours from 57 C (135 F) to 5 C (41 F) or less .</p> <p>During a tour of the [NAME] kitchen, at 11:50 AM on [DATE], it was observed that pre cooked bacon was found open and exposed in the freezer. CDM K stated that it should be covered or wrapped.</p> <p>According to the 2022 FDA Food Code section ,d+[DATE].11 Packaged and Unpackaged Food -Separation, Packaging, and Segregation. (A) FOOD shall be protected from cross contamination by: . (4) Except as specified under Subparagraph ,d+[DATE].15(B)(2) and in (B) of this section, storing the FOOD in packages, covered containers, or wrappings .</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235213	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/12/2025
NAME OF PROVIDER OR SUPPLIER Allegan County Medical Care Facility		STREET ADDRESS, CITY, STATE, ZIP CODE 3265 122nd Ave R2 Allegan, MI 49010	
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 - Many</p>	<p>During a tour of the [NAME] kitchen, at 11:52 AM on [DATE], it was observed that three buckets of solution were found on the kitchen counter. A green bucket for soapy water, red bucket for sanitizer, and white bucket labeled with disinfectant. When asked what the disinfectant is used for, CDM K stated that staff only use it for tables and surfaces in the dining room, and that usually the disinfectant is not stored on the counter in the kitchen. At this time, the disinfectant was tested with the facilities QT-40 Hydrion quaternary ammonium test kit, and found to be well over the 500 parts per million maximum on the strip.</p> <p>According to the 2022 FDA Food Code section ,d+[DATE].11 Sanitizers, Criteria.</p> <p>Chemical SANITIZERS, including chemical sanitizing solutions generated on-site, and other chemical antimicrobials applied to FOOD-CONTACT SURFACEs shall: (A) Meet the requirements specified in 40 CFR 180.940 Tolerance exemptions for active and inert ingredients for use in antimicrobial formulations (Food-contact surface sanitizing solutions)P, or (B) Meet the requirements as specified in 40 CFR 180.2020 Pesticide Chemicals Not Requiring a Tolerance or Exemption from Tolerance-Non-food determinations.</p> <p>During a tour of the Hillside kitchen, at 12:01 PM on [DATE], it was observed that an expired blueberry yogurt was found in the refrigeration unit with a best by date of Feb52025.</p> <p>During a tour of the [NAME] kitchen, at 12:10 PM on [DATE], it was found that six yogurts were found passed their best by dates. Two blueberry yogurts dated best by Feb52025 and four strawberry yogurts dates best by Feb42025.</p> <p>According to the 2022 FDA Food Code section ,d+[DATE].18 Ready-to-Eat, Time/Temperature Control for Safety Food, Disposition. (A) A FOOD specified in ,d+[DATE].17(A) or (B) shall be discarded if it: (1) Exceeds the temperature and time combination specified in ,d+[DATE].17(A), except time that the product is frozen; (2) Is in a container or PACKAGE that does not bear a date or day; or (3) Is inappropriately marked with a date or day that exceeds a temperature and time combination as specified in 3501.17(A) .</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235213	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/12/2025
NAME OF PROVIDER OR SUPPLIER Allegan County Medical Care Facility		STREET ADDRESS, CITY, STATE, ZIP CODE 3265 122nd Ave R2 Allegan, MI 49010	
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 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>41027</p> <p>Based on observation, interview, and record review, the facility failed to: 1.) maintain safe infection control practices in regards to hand hygiene (glove use) during direct care for 1 resident (Resident #4) and 2.) ensure that all staff consistently don proper PPE (personal protective equipment) prior to conducting high contact activities with a resident where Enhanced Barrier Precautions (EBP) were in place for 1 resident (Resident #12) of 11 residents reviewed for infection control, resulting in the potential for cross-contamination and the development and spread of bacteria.</p> <p>Findings include:</p> <p>Resident #4</p> <p>Review of Resident #4's Care Plan revealed, (Resident #4) is on Enhanced Barrier Precautions r/t (related to) history of extended-spectrum-beta-lactamase (this is a type of enzyme or chemical produced by some bacteria, that can make some antibiotics ineffective in treating bacterial infections) in urine, J-tube (indwelling medical device used to deliver nutrition directly into the small intestine), and foley catheter (indwelling medical device used to drain urine from the bladder). Date initiated: 1/13/25. Interventions: Alcohol based handrub or wash with soap and water if visibly soiled before entering and after leaving the room. Staff must wear gown and gloves for all high-contact resident care activities such as dressing, bathing/showering, transferring, providing hygiene, changing linens, changing briefs, assisting with catheter, assisting with J-tube, and wound care. Date initiated: 1/13/25 .</p> <p>During an observation on 02/11/25 at 10:53 AM in Resident #4's room, Certified Nursing Assistant (CNA) F and CNA P were preparing to provide a bed bath and incontinence care for the resident. Resident #4's room was posted with signage indicating that EBP were in place. Resident #4 was observed lying in bed, with tube feeding running via J tube, and a foley catheter. The CNA's donned gowns and gloves and began preparing the wash basin and repositioning Resident #4 in her bed. CNA P was delegated to perform the washing and CNA F was assisting. CNA P used a wash cloth to clean Resident #4's face and lips, and then provided the resident a drink of water. Then with the same gloves on, CNA P obtained wash clothes and water basins out of the residents dresser. At 10:59 AM Licensed Practical Nurse (LPN) R was in the room to turn off the resident's tube feeding. CNA P then began washing Resident #4's upper body, then applied deodorant to the resident's armpits. CNA P removed the positioning wedge that was under the resident's legs and feet. The CNA's positioned the resident onto her side to wash her back. The resident was unable to tolerate and needed to be repositioned and rest for a minute. CNA F then left the room and CNA I came in to help with care. With the same gloves on, CNA P continued with Resident #4's care. CNA P used a wash cloth and cleaned Resident #4's anal area, where there was feces observed on the wash cloth, and a bandage covering her coccyx (tailbone area). CNA P handled Resident #4's tube feeding J tube and reported that it appeared to be leaking. CNA P finished cares, repositioned Resident #4, handled the bedding, moved the table, used the bed controls to raise the head of bed. CNA P did not change her gloves, or perform hand hygiene when moving from dirty to clean, or at any point during Resident #4's care. CNA P exited the room and used hand sanitizer that was in the hallway.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235213	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/12/2025
NAME OF PROVIDER OR SUPPLIER Allegan County Medical Care Facility		STREET ADDRESS, CITY, STATE, ZIP CODE 3265 122nd Ave R2 Allegan, MI 49010	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 02/11/25 at 01:14 PM, Infection Preventionist (IP) M reported that an audit of hand hygiene had been performed recently and they had discovered the need for further education. IP M reported that therapy staff should be donning PPE when performing therapy services in a resident's room when EBP orders were in place.</p> <p>41982</p> <p>Resident #12</p> <p>Review of an Admission Record revealed Resident #12 was a female, with pertinent diagnoses which included: neuromuscular dysfunction of bladder, unspecified.</p> <p>In an observation on 2/10/25 at 11:26 AM, it was noted that there was a sign on Resident #12's door indicating she was on Enhanced Barrier Precautions. There was a cart with PPE (personal protective equipment) outside of Resident #12's room in the hallway.</p> <p>Review of Resident #12's physician's order revealed, Straight cath (catheterize) via suprapubic using 14 fr (French - size of catheter) catheter every 6 hours and PRN (as needed). Flush at end of cath with 100mL (milliliters) or (sic) normal saline or sterile water four times a day AND as needed Other Active 1/11/2024</p> <p>Review of Resident #12's current Care Plan revealed, (Resident #12) requires enhanced barrier precautions r/t (related to) intermittent catheterization, hx (history) of recurrent UTIs (urinary tract infections) and urosepsis Date Initiated: 04/23/2024</p> <p>In an observation/interview on 2/10/25 beginning at 1:29 PM, Resident #12 was seated in her room in her wheelchair. There was a staff member (Occupational Therapy Assistant (OTA) S) present in the room with Resident #12. It was noted that OTA S was not wearing any PPE and was assisting the resident, hands-on, with what appeared to be arm exercises. As OTA S exited Resident #12's room, this surveyor queried OTA S what she had been assisting Resident #12 with while she had been in her room. OTA S reported she had been adjusting Resident #12's splint and was working on upper extremity (arm) range of motion exercises to decrease pain. When queried as to whether PPE should have been worn while working with Resident #12, OTA S reported it was not necessary for staff to wear PPE while working with Resident #12 unless they were touching her catheter in any way. OTA S reported she did not need to wear PPE, including gloves, when touching the resident to do range of motion exercises.</p> <p>According to the the Centers for Disease Control Frequently Asked Questions (FAQ's) about Enhanced Barrier Precautions in Nursing Homes (June 28, 2024) revealed, . 26. Is Physical or Occupational Therapy considered a high-contact resident care activity? Yes. Therapists should use gowns and gloves when working with residents on Enhanced Barrier Precautions in the therapy gym or in the resident 's room if they anticipate close physical contact while assisting with transfers, mobility, or any high contact activity. https://www.cdc.gov/long-term-care-facilities/hcp/prevent-mdro/faqs.html</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235213	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/12/2025
NAME OF PROVIDER OR SUPPLIER Allegan County Medical Care Facility		STREET ADDRESS, CITY, STATE, ZIP CODE 3265 122nd Ave R2 Allegan, MI 49010	
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 0883</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41027</p> <p>Based on interview, and record review, the facility failed to develop policies and procedures to include current standards of practice in regard to pneumococcal immunizations, resulting in the potential for eligible residents to not be offered either the PCV15 (15-Valent Pneumococcal Conjugate Vaccine), PCV20 (20-Valent Pneumococcal Conjugate Vaccine) or PCV21 (21-Valent Pneumococcal Conjugate Vaccine) therefore increasing the risk of acquiring, transmitting, or experiencing complications from pneumococcal pneumonia.</p> <p>Findings include:</p> <p>Review of the facility policy/procedure Pneumococcal Vaccination, last revised 6/2018 and last reviewed 9/2023 revealed, .5. The type of pneumococcal vaccine (PCV13 (13-Valent Pneumococcal Conjugate Vaccine), PPSV23/PPSV (23-Valent Pneumococcal Conjugate Vaccine) offered will depend upon the recipient's age and susceptibility to pneumonia .7. A series of vaccinations will be offered to immunocompetent adults (greater than or equal to) 65, depending on current vaccination status and practitioner recommendation: a. No previous vaccination (or vaccination status is unknown): PCV13 first, then PPSV23 one year later. b. Previously received PPSV23 at age (greater than or equal to) 65: PCV13 at least 1 year after receipt of PPSV23. c. Previously received PPSV23 before age 65 who are now aged (equal or greater than) 65: PCV13 at least 1 year after receipt of PPSV23, then PPSV23 after 5 years of previous vaccination (no earlier than one year of PCV13) .</p> <p>In an interview on 02/11/25 at 03:34 PM, Infection Preventionist (IP) M reported that the 2018 policy is the facility's current pneumococcal policy.</p> <p>Review of the Centers for Disease Control and Prevention (CDC) report Expanded Recommendations for Use of Pneumococcal Conjugate Vaccines Among Adults Aged =[AGE] years: Recommendations of the Advisory Committee on Immunization Practices, dated January 9, 2025 revealed, Before October 2024, the Advisory Committee on Immunization Practices (ACIP) recommended use of a pneumococcal conjugate vaccine (PCV) for all adults aged =[AGE] years .who have not received a PCV or whose vaccination history is unknown. Options included either 20-valent PCV or 21-valent PCV alone or 15-valent PCV in series with 23-valent pneumococcal polysaccharide vaccine (PPSV23 .). There are additional recommendations for use of PCV20 or PCV21 for adults who started their pneumococcal vaccination series with 13-valent PCV (PCV13 .). The ACIP Pneumococcal Vaccines Work Group employed the Evidence to Recommendations framework to guide its deliberations on expanding the age-based PCV recommendation to include adults aged 50-[AGE] years. On October 23, 2024, ACIP recommended a single dose of PCV for all PCV-naive adults aged =[AGE] years. Recommendations for PCVs among adults aged 19-[AGE] years with risk conditions and PCV13-vaccinated adults have not changed from previous recommendations .</p>		