

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235224	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/25/2025
NAME OF PROVIDER OR SUPPLIER Lenawee Medical Care Facility		STREET ADDRESS, CITY, STATE, ZIP CODE 200 Sand Creek Highway Adrian, MI 49221	

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 0605</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** This citation pertains to intake MI00153420</p> <p>Based on observation, interview and record review the facility failed to ensure that three residents (R4, R6, R7) were free from non-physician ordered chemical restraints imposed for purposes of staff convenience of five residents reviewed.</p> <p>Findings include:</p> <p>Review of the Facility Reported Incident(FRI), dated 5/26/25, reflected, The facility investigation revealed that Licensed Practical Nurse(LPN) L administered medication (Benadryl), which she bought while on the clock, which was not ordered by the physician, to at least two residents. During the review of the camera footage and documentation, [named LPN L] also left her medication cart unlocked, walked in the halls with gloves on, administered medication in public places, picked up pills off the floor and attempted to administer, administered medications outside of physician ordered times, documented she administered medication which was found in trash, spent much time on her personal cell phone, and frequented the bathroom [ROOM NUMBER] times on her shift.</p> <p>Resident #4(R4)</p> <p>Review of the Face Sheet and Minimum Data Set (MDS) dated [DATE], reflected R4 was a [AGE] year old female admitted to the facility on [DATE], with diagnoses that included Alzheimer's disease, dementia with other behavioral disturbances, adjustment disorder with mixed anxiety and depressed mood and restlessness and agitation. The MDS reflected R4 had a BIMS (assessment tool) score of 00 which indicated her ability to make daily decisions was severely impaired.</p> <p>During an observation on 6/25/25 at approximately 12:40 p.m., R4 observed sitting in chair located by nurse station and appeared calm and well groomed.</p> <p>Review of R4 Nurse Progress Note, dated 5/27/25, reflected, Phone call placed to facility administrator on 5/26/25 at approx 2130[9:30 p.m.] reporting that this resident received a dose of Benadryl. Vital signs and monitoring implemented upon notification of administration of Benadryl. Writer placed call to facility provider. No new orders at this time. Writer spoke to POA/niece on the phone at noon on today's date updating on administration of Benadryl .</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235224	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/25/2025
NAME OF PROVIDER OR SUPPLIER Lenawee Medical Care Facility		STREET ADDRESS, CITY, STATE, ZIP CODE 200 Sand Creek Highway Adrian, MI 49221	
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 0605</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of R4 Physician Progress Note, dated 5/27/25, reflected, Chief Complaint / Nature of Presenting Problem:</p> <p>Benadryl administration History Of Present Illness: Patient is being seen today by the request of nursing due to receiving a dose of Benadryl not prescribed to her on 5/26/2025. Patient seen sitting in wheelchair in no acute distress, responding appropriately, at her baseline, with no adverse reactions noted from receiving medication.Plan:</p> <p>Inappropriate Benadryl administration-continue monitoring patient for any adverse effects, encouraged to increase her water intake .</p> <p>Review of R4's May 2025 Medication Administration Record (MAR) did not reflect Benadryl as being an ordered medication for R4.</p> <p>Resident #6 (R6)</p> <p>Review of the Face Sheet and Minimum Data Set (MDS) dated [DATE], reflected R6 was a [AGE] year old female admitted to the facility on [DATE], with diagnoses that included Alzheimer's disease, vascular dementia, depression, cognitive communication deficit and repeat falls. The MDS reflected R6 had a BIMS (assessment tool) score of 00 which indicated her ability to make daily decisions was severely impaired.</p> <p>During an observation on 6/23/25 at 2:46 p.m. R6 was observed by sitting in wheel chair located at Nurse Station. R6 appeared calm and well groomed with staff located nearby.</p> <p>Review of R6 Nurse Progress Note, dated 5/27/25, reflected, Phone call placed to facility administrator on 5/26/25 at approx 2130 reporting that this resident received a dose of Benadryl. Vital signs and monitoring implemented upon notification of administration of Benadryl. Writer placed call to facility provider .</p> <p>Review of R6 Physician Provider Note, dated 5/27/25, reflected, Chief Complaint / Nature of Presenting Problem:</p> <p>Inappropriate Benadryl administration History Of Present Illness: Patient is being seen today by the request of nursing due to receiving a dose of Benadryl not prescribed to her on 5/26/2025. Patient seen sitting in recliner in her room, in no acute distress, responding appropriately, at her baseline, with no adverse reactions noted from receiving medication. Patient denies any hallucinations. At times patient was noted to be having conversations with people from the TV show, which was verified by staff baseline for patient. Per staff no unusual behavior has been noted throughout the shift since receiving this medication Plan: Inappropriate Benadryl administration-continue monitoring patient for any adverse reactions from medications, encouraged patient to increase water intake .</p> <p>Review of R6's May 2025 Medication Administration Record (MAR) did not reflect Benadryl as being an ordered medication for R6.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235224	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/25/2025
NAME OF PROVIDER OR SUPPLIER Lenawee Medical Care Facility		STREET ADDRESS, CITY, STATE, ZIP CODE 200 Sand Creek Highway Adrian, MI 49221	
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 0605</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the FRI investigation witness statement, dated 5/26/25 at 10:45pm, reflected Resident Assistant (RSA) N completed a written statement that included, Agency nurse [named LPN L] told myself & rsa [named RSA O] that she gave [named R6, R4 and R7] Benadryl she bought from dollar general. She stated she left and went to dollar general when she got to work. She stated that she already worked 3 days in a row and she wasn't putting up with the three Bam Bams tonight. Stated she told us a secret. She told myself & [named RSA O] all of this and stated if we told she would know. [named RSA O] stated she did not want to tell because she, did not see big deal. [named LPN L] stated that she gave them benadryl & melatonin. The statement was signed by RSA N.</p> <p>During an interview with Nursing Home Administrator (NHA) A, Director of Nursing (DON) B and Corporate Compliance and Quality Assurance Manager(CC) C on 6/25/25 at 2:18 PM, it was reported the FRI from 5/25/25 related to staff administering non physician ordered benadryl to three residents was substantiated. NHA A reported was first made aware of incident 5/26/25 at about 9:30 p.m. CC C reported she completed a thorough investigation, contacted the agency company, reported LPN L licence and contacted local law enforcement, provided education to staff, continued monitoring for effected residents and discussed in Quality Assurance meeting and have continued to audits. CC C reported alleged compliance 6/13/25. CC C reported was expect staff to administer medications as ordered by physician and verified residents involved did not have orders for benadryl.</p> <p>Resident #7 (R7)</p> <p>Review of the medical record reflected R7 admitted to the facility on [DATE], with diagnoses that included Alzheimer's and anxiety. The Quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 5/9/25, reflected R7 scored zero out of 15 (severe cognitive impairment) on the Brief Interview for Mental Status (BIMS-a cognitive screening tool).</p> <p>On 6/23/25 at 2:18 PM, R7 was observed seated in a standard chair, at the nurse's station, near their room. R7 was reading a Bible storybook out loud.</p> <p>An Incident Report for 5/26/25 at 9:30 PM reflected a phone call was placed to the Nursing Home Administrator (NHA), reporting the nurse attempted to administer Benadryl to R7, which was not prescribed by the provider. The report reflected R7 did not accept their medications and spit them on the floor.</p> <p>A facility investigation file included a witness statement from Certified Nurse Aide (CNA) N, which reflected Licensed Practical Nurse (LPN) L told them and CNA O that she administered Benadryl, which she had purchased at a local store, and Melatonin to R4, R6 and R7. The witness statement reflected LPN L had stated she already worked three days in a row and was not putting up with the three Bam Bam's tonight.</p> <p>The facility investigation file included a witness statement from CNA O, which reflected she (the nurse) sat at the nurse's station and asked if they could keep a secret. The nurse told them she administered Benadryl and Melatonin to R4, R6 and R7 to help them sleep better. An additional witness statement from CNA O reflected on the way to the dining room to assist with feeding residents, they observed the nurse attempting to administer medications to R7. The statement reflected R7 got mad and spit the pills out. One of the pills observed by CNA O was dissolved and pink in color.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235224	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/25/2025
NAME OF PROVIDER OR SUPPLIER Lenawee Medical Care Facility		STREET ADDRESS, CITY, STATE, ZIP CODE 200 Sand Creek Highway Adrian, MI 49221	

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 0605</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R7's May 2025 Medication Administration Record (MAR) did not reflect Benadryl as being an ordered medication for R7.</p> <p>Witness statements from CNA P and CNA Q reflected LPN L asked if they were ready to have a good night. LPN L stated she was going to a local store at 3:00 PM. The statement reflected LPN L asked staff to let her know when R7 was eating so she could administer their medication, and R7 would be ready to go to bed as soon as she did.</p> <p>During the onsite survey, past noncompliance (PNC) was cited after the facility implemented actions to correct the noncompliance which included termination of LPN L post verified administration of benadryl (sedating medication) for staff convenience; education to Clinical staff regarding appropriate medication administration, medication errors, abuse and reporting; Clinical staff competency evaluation improvements and ongoing audits.</p> <p>The facility was able to demonstrate monitoring of the corrective action and maintained compliance.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235224	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/25/2025
NAME OF PROVIDER OR SUPPLIER Lenawee Medical Care Facility		STREET ADDRESS, CITY, STATE, ZIP CODE 200 Sand Creek Highway Adrian, MI 49221	
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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** This citation pertains to intake MI00153332.</p> <p>Based on observation, interview and record review, the facility failed to ensure a transfer was performed according to the plan of care for one (R3) of three reviewed, resulting in R3 being lowered to the floor and sustaining a fracture.</p> <p>Findings include:</p> <p>Review of the medical record reflected R3 was admitted to the facility on [DATE] and readmitted [DATE], with diagnoses that included fracture of unspecified part of neck of right femur and Multiple Sclerosis. The Significant Change in Status/Medicare 5 day Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 5/12/25, reflected R3 scored 14 out of 15 (cognitively intact) on the Brief Interview for Mental Status (BIMS-a cognitive screening tool), did not walk and was dependent for transfers.</p> <p>On 6/25/25 at 11:23 AM, R3 was observed seated in a wheelchair, with a mechanical lift sling beneath them. R3's legs were resting on a heel elevation cushion, which was positioned on the footrests of the wheelchair. R3 reported they had fallen really hard during a transfer and fractured their femur. R3 reported having x-rays, which initially did not show a fracture. Approximately two days after the fall, R3 reported being really miserable. R3 reported having surgery after their fracture was identified.</p> <p>An Incident Report, dated 4/22/25 at 6:35 PM, reflected R3 was lowered to the floor during a transfer with Certified Nurse Aide (CNA) E. According to the report, while R3 was attempting to stand with the lift, their bad leg gave out. As CNA E was attempting to assist R3 to sit back down, the wheelchair, which was noted to be locked, moved backwards, away from R3. R3's legs slid from beneath them, and they sat down hard on the floor. After an assessment by the nurse, R3 was transferred to bed via hoyer lift (mechanical lift which does not require weight-bearing by the patient). Once R3 was transferred via hoyer lift, they complained of level eight out of ten pain in their right thigh.</p> <p>X-rays of the right knee, right hip and pelvis on 4/23/25 did not show any obvious fractures.</p> <p>During a phone interview on 6/25/25 at 9:39 AM, CNA E reported they were attempting to transfer R3 from their wheelchair to bed when R3's right leg gave out during the transfer. CNA E reported that although R3's wheelchair was locked, it moved backwards, and they were unable to hold R3 up and move the wheelchair at the same time. R3 was lowered to the floor. CNA E stated when R3 was six to twelve inches from the floor, their right leg shot out in front instead of bending, and R3 plopped down on their buttocks.</p> <p>During the same interview, CNA E stated their report sheet indicated R3 transferred via one to two person assistance with the sit to stand lift, although their Care Plan and Kardex (CNA care guide) had been updated to reflect two person assistance with transfers using the sit to stand lift. CNA E reported they had not seen R3's updated Care Plan or Kardex and had been using the information on the report sheet.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235224	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/25/2025
NAME OF PROVIDER OR SUPPLIER Lenawee Medical Care Facility		STREET ADDRESS, CITY, STATE, ZIP CODE 200 Sand Creek Highway Adrian, MI 49221	
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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>R3's Care Plan included an intervention with a revision date of 10/25/24 which reflected R3 required the assistance of two people to transfer via sit to stand lift.</p> <p>The April 2025 Medication Administration Record (MAR) reflected Oxycodone (opioid pain medication) 5 milligrams (mg) by mouth every eight hours, as needed for pain, for seven days was started on 4/24/25. The MAR reflected the medication was administered on 4/24/25 at 10:36 AM and 6:30 PM for level eight out of ten pain. A correlating Progress Note for 4/24/25 at 10:36 AM reflected Oxycodone was administered per request of R3 for complaints of right leg pain. A correlating Progress Note for 4/24/25 at 6:30 PM reflected Oxycodone was administered for R3's complaint of pain to the right upper thigh.</p> <p>The April 2025 MAR further reflected Oxycodone was administered on 4/25/25 at 7:02 AM and 7:07 PM for complaints of level eight out of ten pain. Correlating Progress Notes reflected the medication was administered for right leg pain. Oxycodone was administered on 4/26/25 at 7:20 AM for level eight out of ten pain and at 4:30 PM for level three out of ten pain. A correlating Progress Note for 4/26/25 at 7:20 AM reflected Oxycodone was administered for complaints of pain to the right leg. A correlating Progress Note for 4/26/25 at 4:30 PM reflected Oxycodone was administered for right hip pain.</p> <p>According to the April 2025 MAR, Tylenol 1000 mg every eight hours, as needed, for pain or fever was administered on 4/23/25 at 5:39 PM for level eight out of ten pain and on 4/24/25 at 7:12 AM for level eight out of ten pain. A correlating Progress Note for 4/24/25 at 7:12 AM reflected Tylenol was administered per R3's request due to right leg pain.</p> <p>Progress Notes reflected R3 was transferred to the hospital on 4/27/25 due to experiencing lethargy, decreased responsiveness and hallucinations. R3 readmitted to the facility on [DATE].</p> <p>A Physician Progress Note for 5/7/25 reflected R3 reported knee pain since their fall (on 4/22/35), and their imaging did not show fractures. According to the note, x-rays of the knee, hip and pelvis were reviewed and were unremarkable. The note reflected R3 would restart Physical Therapy.</p> <p>A Physical Therapy note for 5/7/25 reflected R3's transfer orders were changed to reflect the use of a hooyer lift. According to the note, R3 did not want the therapist to move their leg, as R3 had not yet received pain medication. R3 reported level seven out of ten pain with movement and no pain at rest.</p> <p>An Occupational Therapy note for 5/8/25 reflected R3 was unable to sit on the edge of the bed due to significant pain in their right leg when attempting to move the leg. According to the notes, R3 continued with Physical and Occupational Therapy services through 5/14/25.</p> <p>Progress Notes for 5/8/25, 5/9/25, 5/10/25, 5/11/25, 5/12/25, 5/13/25 5/14/25 and 5/15/25 reflected R3 continued to experience right thigh pain, documented as aching and sharp.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235224	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/25/2025
NAME OF PROVIDER OR SUPPLIER Lenawee Medical Care Facility		STREET ADDRESS, CITY, STATE, ZIP CODE 200 Sand Creek Highway Adrian, MI 49221	
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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>The May 2025 MAR reflected an order, dated 5/6/25, for a Lidoderm 5% patch (helps treat pain) to be applied topically, to the right hip, daily. Pain Relieving External Cream topically to affected area every eight hours as needed for pain was started on 5/6/25. The medication was used on 5/8/25 for right lower extremity pain, on 5/13/25 for right leg pain and 5/14/25 for right hip pain. Naproxen Sodium (used to treat pain and inflammation) 220 mg by mouth three times daily for pain was started on 5/14/25.</p> <p>A Medication Administration Note for 650 mg of Acetaminophen (Tylenol) on 5/13/25 at 7:50 PM reflected R3 reported they did not have pain with sitting or lying still. R3 reported when care was performed or when being moved in the hooyer lift, it was extremely painful and a 10/10 [ten out of ten level pain].</p> <p>A Progress Note for 5/13/25 at 11:30 PM reflected R3 continued to report pain to the right thigh, stating it felt like the pain was deep. The note reflected R3 experienced pain when their leg was moved, even slightly. R3 refused to get out of bed that day and reported pain with care and bed mobility. R3 reported it hurt their leg to get into the hooyer lift.</p> <p>A Nurse Practitioner (NP) Progress Note for 5/14/25 reflected R3 was seen for complaints of continued and worsening pain. The note referenced an incident a couple weeks prior, when R3 was lowered to the floor, landed on their buttocks, then turned onto their right hip. According to the note, R3 did not have issues with pain in their hip or leg prior to or immediately following the incident. It was not until staff started to move R3 again that they had pain in their hip. R3 described their pain as sharp and deep, ranging from level two to nine out of ten pain. The note reflected the NP would order x-rays of the right hip, pelvis and lumbosacral spine.</p> <p>A right hip and pelvis x-ray, dated 5/14/25, reflected, .Fracture of upper shaft of femur with callus formation and internal fixation in situ .As compared to previous X-ray dated 04/23/2025, no interval changes seen .</p> <p>R3 was transferred to the hospital on 5/15/25 and underwent surgery for the fracture on 5/16/25. R3 readmitted to the facility on [DATE].</p> <p>In an interview with Nursing Home Administrator (NHA) A, Director of Nursing (DON) B and Corporate Compliance and Quality Assurance Manager C on 6/25/25 at 1:40 PM, it was reported they believed R3 sustained the femur fracture during the fall on 4/22/25. It was reported the facility requested to have R3's original x-rays from 4/23/25 reviewed again, and it was noted that there had in fact been a fracture at that time that, which was not initially identified.</p> <p>During the onsite survey, past noncompliance (PNC) was cited after the facility implemented actions to correct the noncompliance which included removal of transfer status from all report sheets; education on the importance of reading the Care Plans and Kardex; education to Clinical and Therapy staff regarding pain management, recognizing pain, continued monitoring and reporting to the provider; CNA E competency evaluation with return demonstration for sit to stand lift use and on-going transfer and positioning audits for R3.</p> <p>The facility was able to demonstrate monitoring of the corrective action and maintained compliance.</p>		