

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  03/19/2026
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 0948</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that paid feeding assistants have the training they need.</p> <p>Based on interview and record review, the facility failed to maintain record of successful completion of a State-approved paid feeding assistant training course for 6 of 12 paid feeding assistants. Review of the lists provided by the facility, the facility had 12 staff who were Paid Feeding Assistants and 9 residents who were approved for the Paid Feeding Assistant program. In an interview on 03/19/26 at 12:55 PM, Director of Nursing (DON) B reported the facility was only able to locate the documentation of completion of a State-approved paid feeding assistant training course for 6 of the 12 staff who worked as Paid Feeding Assistants. DON B reported Life Enrichment Coordinator W, Dining Room Assistant (DRA) X, DRA Y, DRA Z, DRA AA, and DRA BB all completed the Paid Feeding Assistant training and had assisted with feeding, however the facility was unable to locate the documentation that the training had been completed.</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  03/19/2026
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 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Allow residents to self-administer drugs if determined clinically appropriate.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview, observation and record review the facility failed to assess one resident (R121) out of three to self-administer her medications safely and independently. Findings Include Resident 121 (R121) Review of the medical record reflected that R121 was admitted to the facility on [DATE]. Diagnoses of Chronic Obstructive Pulmonary Disease, pain in her right and left shoulders, Heart Failure, Acute Kidney Failure, Anxiety, Depression and shortness of breath. The most recent Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 03/11/2026 revealed R121 had a Brief Interview of Mental Status (BIMS) of 15 (cognitively impact) out of 15. Under section G0100, Activities of Daily Living (ADL) Assistance reveals R121 needed minimum assistance with showering, personal care, getting dressed and putting on footwear, however, this portion was not completed at this time. During an observation and interview on 03/18/2026 at 8:25 AM, Registered Nurses (RN) I was pulling the medications out of the medication cart to administer to R121. RN I walked into R121's room, leaving the computer screen open with R121 person and protected information showing as well as the list of resident names and daily report visible faced up on the cart. RN I did not perform hand hygiene before handing R121 her medications. RN I stated she had to go get the blood pressure machine to check her blood pressure before giving her the blood pressure medication. RN I left medications and inhaler on the over the bed table with the R121 and left the room to go get the blood pressure machine. RN I brought BP machine into the room, next to resident. BP 151/92, R121 stated she used her inhaler on her own. RN I stated ok and went to get R121 blood pressure pill, no hand hygiene observed before getting in the medication cart or after getting the pill and handing that med cup to R121. The inhaler R121 self-administered was Budesonide-Formoterol Fumarate Inhalation Aerosol 80-4.5 MCG/ACT 2 puff inhale orally two times a day for COPD. Rinse mouth out with water after use. RN I did not give R121 a cup of water to swish and spit. During an interview on 03/18/26 at 3:00 PM, R121 stated the nurses usually stay in her room when she is taking her medication. R121 added that she cannot always take them at once so the nurses lets her take as many as she wants to take at a time. Writer asked R121 if RN I offered her water to rinse and spit after she administered her own inhaler. R121 stated no, but she took water when she swallowed her pills. No observation of nurse handing her a glass of water to swish and spit during the med pass. Record review did not reveal an assessment giving the R121 permission to self-administer her medications independently. During an interview on 03/19/26 at 9:45 AM, Director of Nursing (DON) B stated the expectation for medication pass would be, to ensure the medication cart is clean, applesauce used to administer some medications would be dated, have fresh water, pull the Medication administration record (EMR) pulled up on the computer, pull the medications from the drawer, confirm the order, check the allergies, triple check the medication to order and resident. Writer asked DON B if an order was discontinued, should RN I notice that? DON B stated yes. During this same interview, writer asked DON B if it was the expectation of the nurse to leave meds at the bedside. DON B stated no, unless they had an assessment giving them permission to self-administer. Writer reported to DON B did not find one in R121's EMR. Writer asked DON B if R121 self-administered her own inhaler, would she expect the RN I to give the resident water to rinse and spit after she returned to the resident's room? DON B stated yes, she would expect the nurse to provide water to rinse and spit.</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  03/19/2026
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 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Keep residents' personal and medical records private and confidential.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview and record review the facility failed to protect personal, private and confidential information for one resident (R121) of three resident's protected information. Findings Include: Resident #121 (R121) Review of the medical record reflected that R121 was admitted to the facility on [DATE]. Diagnoses of Chronic Obstructive Pulmonary Disease, pain in her right and left shoulders, Heart Failure, Acute Kidney Failure, Anxiety, Depression and shortness of breath. The most recent Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 03/11/2026 revealed R121 had a Brief Interview of Mental Status (BIMS) of 15 (cognitively impact) out of 15. Under section G0100, Activities of Daily Living (ADL) Assistance reveals R121 needed minimum assistance with showering, personal care, getting dressed and putting on footwear, however, was not completed at this time. During an observation and interview on 03/18/2026 at 8:25 AM, Registered Nurses (RN) I was pulling the medications out of the medication cart to administer to R121. RN I walked into R121's room with her medications, leaving the computer screen open with R121 person and protected information showing as well as the list of resident names and daily report visible faced up on the cart. RN I did not perform hand hygiene before handing R121 her medications. RN I stated she had to go get the blood pressure machine to check her blood pressure before giving her the blood pressure medication. RN I left medications and inhaler on the over the bed table with the R121 and left the room to go get the blood pressure machine. RN I brought BP machine into the room, next to resident. BP 151/92, R121 stated she used her inhaler on her own. RN I stated ok and went to get R121 blood pressure pill, no hand hygiene observed before getting in the medication cart or after getting the medication and handing that med cup to R121. The computer screen remained open with R121's personal and protected information was visible to anyone walking by. During an interview on 03/19/26 at 9:45 AM, Director of Nursing (DON) B stated the expectation would be to close the computer screen prior to leaving the medication cart unattended in the hallway before going into a resident's room. DON B stated yes. Writer asked DON B if the expectation was the same when leaving the daily schedule/list of residents names/ laying face up on the medication cart. DON B stated yes.</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  03/19/2026
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 0637</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assess the resident when there is a significant change in condition</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview and record review, the facility failed to complete a Significant Change in Status Minimum Data Set (MDS) Assessment timely for one (R13) of 23 reviewed. Findings include: Review of the medical record reflected R13 admitted to the facility on [DATE] and readmitted [DATE], with diagnoses that included Multiple Sclerosis. The Significant Change in Status MDS, with an Assessment Reference Date (ARD) of 2/5/26, reflected R13 scored 11 out of 15 (moderate cognitive impairment) on the Brief Interview for Mental Status (BIMS-a cognitive screening tool) and received hospice services. The MDS was completed on 2/19/26. On 03/17/2026 at 10:21 AM, R13 was observed seated in a high-back wheelchair, watching TV, in their room. A Progress Note for 1/30/26 reflected R13 admitted to hospice services. In a phone interview on 03/19/2026 at 11:33 AM, MDS Nurse V reported the significant change in status occurred on 1/30/26, when R13 was enrolled in hospice services. In a follow-up phone interview on 03/19/2026 at 12:18 PM, MDS Nurse V reported they had looked into the timing of R13's Significant Change in Status MDS and stated the MDS should have been locked (completed) by 2/12/26. According to the Centers for Medicare &amp; Medicaid Services Long-Term Care Facility Resident Assessment Instrument 3.0 User's Manual, dated October 2025, .Significant Change in Status Assessment (SCSA) .An SCSA is required to be performed when a terminally ill resident enrolls in a hospice program (Medicare-certified or State-licensed hospice provider) or changes hospice providers and remains a resident at the nursing home. The ARD must be within 14 days from the effective date of the hospice election (which can be the same or later than the date of the hospice election statement, but not earlier than) .The MDS completion date (item Z0500B) must be no later than 14 days from the ARD (ARD + 14 calendar days) and no later than 14 days after the determination that the criteria for an SCSA were met. This date may be earlier than or the same as the CAA(s) completion date, but not later than .</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  03/19/2026
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 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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview and record review, the facility failed to implement a restorative maintenance program for one (R3) of one reviewed. Findings include: Review of the medical record reflected R3 admitted to the facility on [DATE], with diagnoses that included non-pressure chronic ulcer of the left thigh with necrosis of muscle, displaced intertrochanteric fracture of the left femur and presence of a left artificial knee joint. The admission Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 2/1/26, reflected R3 scored eight out of 15 (moderate cognitive impairment) on the Brief Interview for Mental Status (BIMS-a cognitive screening tool) and had lower extremity impairment on one side that interfered with daily functions or placed them at risk of injury in the last 7 days. On 03/17/2026 at 11:06 AM, R3 was observed seated in a wheelchair, in their room, watching TV. The footrests of the wheelchair were elevated, to approximately seat level height. R3's legs were extended on the footrests, and their left leg was bent laterally (to the outside), at the knee. R3 did not verbally respond when spoken to but shook their head to indicate no, when asked if they had any new joint stiffness. On 03/18/2026 at 11:02 AM, R3 was observed seated in a wheelchair, in their room, minimally self-propelling the wheelchair with their arms. The footrests of the wheelchair were elevated, to approximately seat level height. R3's legs were extended, and their left leg was bent laterally, at the knee. In an interview on 03/18/2026 at 11:32 AM, Therapy Director (TD) L reported R3 discharged from Physical Therapy (PT) and Occupational Therapy (OT) services on 2/18/26. TD L reported R3's left leg was turned outward, and their left hip was weaker than their right. According to TD L, a recommendation was made for a restorative nursing program for R3, which was to include range of motion (ROM), but the facility could only have a specific number of residents on restorative services at a time. Each resident on restorative services could have two programs, so R3 would have range of motion and bed mobility programs. When residents were taken off restorative services, the facility could add other residents from the waiting list. TD L stated R3 was not on the restorative program list, but a referral had been placed. A PT Discharge summary, dated [DATE], reflected a recommendation for R3 to be placed on a restorative program to address lower extremity strengthening, passive ROM, active assisted ROM and active ROM. An OT Discharge summary, dated [DATE], reflected a recommendation for a restorative ROM program. On 03/19/2026 at 10:53 AM, Registered Nurse (RN) U reported there were two restorative aides, plus one as needed aide to provide coverage if one of the two aides was off. RN U reported that on 2/17/26, therapy did a referral for restorative for R3, but they were not yet on a restorative program due to the caseload being too large to add R3. RN U reported there were 25 residents on restorative services at the time of the interview, and there were typically two programs for each resident. There was a waiting list for restorative services, according to RN U.</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  03/19/2026
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 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure medication error rates are not 5 percent or greater.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review the facility failed to ensure the medication rate was less than 5% when two medication errors were observed form a total of 30 opportunities for one resident (#121) of three reviewed for medication administration, resulting in a mediation error rate of 6.67 %.Findings IncludeResident #121 (R121)Review of the medical record reflected that R121 was admitted to the facility on [DATE]. Diagnoses of Chronic Obstructive Pulmonary Disease, pain in her right and left shoulders, Heart Failure, Acute Kidney Failure, Anxiety, Depression and shortness of breath.The most recent Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 03/11/2026 revealed R121 had a Brief Interview of Mental Status (BIMS) of 15 (cognitively impact) out of 15. Under section G0100, Activities of Daily Living (ADL) Assistance reveals R121 needed minimum assistance with showering, personal care, getting dressed and putting on footwear, however, was not completed at this time.During an observation and interview on 03/18/2026 at 8:25 AM, Registered Nurses (RN) I was pulling the medications out of the medication cart to administer to R121. RN I walked into R121's room with her medications. RN I did not perform hand hygiene before handing R121 her medications. RN I stated she had to go get the blood pressure machine to check her blood pressure before giving her the blood pressure medication. RN I left the medications in the med cup and inhaler on the over the bed table with R121 and left the room to go get the blood pressure machine. RN I brought blood pressure machine into the room, next to resident, BP 151/92. R121 stated she used her inhaler on her own. RN I stated ok and went to get R121 blood pressure medication.The inhaler R121 self-administered was Budesonide-Formoterol Fumarate Inhalation Aerosol 80-4.5 MCG/ACT 2 puff inhale orally two times a day for COPD. Rinse mouth out with water after use. RN I did not give R121 a cup of water to swish and spit. During this same medication administration, (RN) I pulled a Lidoderm External Patch 4% to put on R121 shoulders topically for pain. R121 made comment that the Lidocaine 4% External Cream that was used yesterday may or may not have helped much. Oral medications, Budesonide-Formoterol Fumarate Inhalation Aerosol 80-4.5 MCG/ACT inhaler and the Lidoderm External Patch 4% were set on R121's over the bed table.Record review revealed the Lidoderm External Patch 4% was discontinued on 03/17/26 at 6:00 PM. A new order dated 03/18/26 for Lidocaine 4% External Cream, apply to shoulders topically two times a day for pain, written by License Practical Nurse (LPN) G. There was not an active order for Lidoderm External Patch 4%.During an interview on 03/18/26 at 3:00 PM, R121 stated the nurses usually stay in her room when she is taking her medication. R121 added that she cannot always take them at once so the nurses lets her take as many as she wants to take at a time. Writer asked R121 if RN I offered her water to rinse and spit after she administered her own inhaler. R121 stated no, but she took water when she swallowed her pills. No observation of nurse handing her a glass of water to swish and spit during the med pass.Record review did not reveal an assessment giving the R121 permission to self-administer her medications independently. During an interview on 03/19/26 at 9:45 AM, Director of Nursing (DON) B stated the expectation for medication pass would be, to ensure the medication cart is clean, applesauce used to administer some medications would be dated, have fresh water, pull the Medication administration record (EMR) pulled up on the computer, pull the medications from the drawer, confirm the order, check the allergies, triple check the medication to order and resident. Writer asked DON B if an order was discontinued, should RN I notice that? DON B stated yes. During this same interview, writer asked DON B if it was the expectation of the nurse to leave meds at the bedside. DON B stated no, unless they had an assessment giving them permission to self-administer. Writer reported to DON B did not find one in R121's EMR. Writer asked DON B if R121 self-administered her own inhaler, would she expect the RN I to give the resident water to rinse and spit after she returned to the resident's room? DON B stated yes, she would expect the nurse to provide water to rinse and spit.</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  03/19/2026
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 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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observations during medication administration the facility failed to provide hand hygiene for one resident (R121) out of three residents observed during medication administration. Findings Include Resident #121 (R121) Review of the medical record reflected that R121 was admitted to the facility on [DATE]. Diagnoses of Chronic Obstructive Pulmonary Disease, pain in her right and left shoulders, Heart Failure, Acute Kidney Failure, Anxiety, Depression and shortness of breath. The most recent Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 03/11/2026 revealed R121 had a Brief Interview of Mental Status (BIMS) of 15 (cognitively impact) out of 15. Under section G0100, Activities of Daily Living (ADL) Assistance reveals R121 needed minimum assistance with showering, personal care, getting dressed and putting on footwear, however, was not completed at this time. During an observation and interview on 03/18/2026 at 8:25 AM, Registered Nurses (RN) I was pulling the medications out of the medication cart to administer to R121. RN I did not perform hand hygiene before leaving the medication cart. RN I walked into R121's room with her medications. RN I did not perform hand hygiene before handing R121 her medications. RN I stated she had to go get the blood pressure machine to check her blood pressure before giving her the blood pressure medication. RN I left medications and inhaler on the over the bed table with the R121 and left the room to go get the blood pressure machine. RN I brought BP machine into the room, next to resident. RN I did not perform hand hygiene before taking her vital signs, BP 151/92. R121 stated to RN I she used her inhaler on her own. RN I stated ok and went to get R121 blood pressure pill, no hand hygiene observed before getting in the medication cart or after getting the medication and handing that med cup to R121. During an interview on 03/19/26 at 9:45 AM, Director of Nursing (DON) B stated it was the expectation for the medication pass nurse to do hand hygiene before and after passing medications.</p>		