

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235236	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/03/2025
NAME OF PROVIDER OR SUPPLIER  Burcham Hills Retirement Center		STREET ADDRESS, CITY, STATE, ZIP CODE  2700burcham Drive East Lansing, MI 48823	
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)		
F 0693  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube.  (continued on next page)		

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 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> This citation pertains to Intake 2675469. Based on observation, interview, and record review, the facility failed to properly manage and document feeding tube administrations for one (R4) of three reviewed. Finding include: R4 Review of the medical record revealed R4 was admitted to the facility on [DATE] with diagnoses that included type 2 diabetes mellitus with hyperglycemia (high blood sugar), dysphagia, functional quadriplegia, and dementia. The Minimum Data Set (MDS) with an Assessment Reference Date of 9/1/25 revealed R4 had severely impaired cognitive skills for daily decision making. R4 had a PEG tube (percutaneous endoscopic gastrostomy-tube inserted into the stomach through the abdominal wall to provide feeding). An observation on 12/1/25 at 8:03 AM revealed R4 was in bed with the head of the bed elevated. Glucerna 1.5 cal was being administered via the feeding tube at 40 milliliters (mL) per hour. The bottle of Glucerna was not dated or timed. Review of the Physician's Order with a start date of 10/23/25 revealed infuse Glucerna 1.5 via PEG 40 mL/hour x 22 hours daily START @ 1600 [4:00 PM]. New tubing @ 1600. A second Physician's Order with a start date of 10/23/25 revealed enteral feed order one time a day STOP @ 1400 [2:00 PM] or when infusion is complete for a total of 880 mL/1320 kcals. Review of the November Medication Administration Record (MAR) and Treatment Administration Record (TAR) revealed the following documented amounts, above or below the ordered 880 mL, when the feeding was stopped at 2:00 PM: 11/1/25: 938 mL 11/2/25: 970 mL 11/4/25: 925 mL 11/8/25: 583 mL 11/9/25: 583 mL 11/10/25: 623 mL Review of the Nurse Practitioner Progress Note dated 11/10/25 revealed Resident was seen today for an evaluation of her blood sugars. Last week, the resident's blood sugars were in the 60s-70s. Her lantus [long-acting insulin] was reduced and it was held of Thursday. The reason for the low blood sugars is that the tube for the tube feeds was [sic] clogged and the resident was not receiving her tube feeds. Reviewed blood sugars from today and yesterday and it has been running in the high, mid to low 200s. Nurse manager did some education for nursing to properly place the tube feeds and to only set the rate per hour and not the total volume to be infused so that nursing is setting eyes on the pump to make sure that it is running. Spoke with nurse manager to place order for nursing to monitor tube feeds hourly. Plans discussed with nurse. Review of the Progress Note dated 11/12/25 at 8:22 AM revealed blood glucose 57, kangaroo pump switched. Glucose [sic] given orally. Glucagon given SQ [subcutaneous] 1 mg [milligram]. Recheck now 71. A second Progress Note dated 11/12/25 at 8:16 PM revealed This morning glucagon 1mg IM [intramuscular] was administered a second time at 0915 [9:15 AM]. Review of the Physician Visit Note dated 11/14/25 revealed Low blood sugar: contacted on 11/12/25 regarding BS [blood sugar] 57. She received no tube feedings thru the night. Lantus 40 units given on the evening of 11/11/25. Lantus held the morning of 11/12/25. Glytose given and Glucagon 1 [mg] SQ x 2 doses. Review of the Physician's Order dated 11/13/25 revealed Total infused enteral feed to be documented every two hours. Review of the Progress Note dated 11/13/25 revealed Added documentation for accuracy of infusion. Total infused enteral feed to be documented every two hours. with a start date of 11/13/25. Review of the November and December MAR/TAR revealed the tube feeding amount infused was not consistently documented. There was documentation where the amount remained the same and where the amount decreased over time, for instance (not an all-inclusive list): On 11/17/25 at 12:01 AM, 2:00 AM, and 4:00 AM, and 6:00 AM, the amount was documented at 40 mL each time. On 11/20/25 at 6:00 AM, the amount was documented as 373 mL, at 8:00 AM the amount was documented as 805 mL, and at 10:00 AM the amount was documented as 533 mL. On 11/22/25 at 6:00 AM, the amount was documented as 521 mL, at 8:00 AM the amount was documented as 10 mL, and at 10:00 AM the amount was documented as 199 mL On 11/29/25 at 2:00 AM, the amount is documented as 407 mL, but at 4:00 AM the amount is documented as 356 mL. On 12/1/25 at 12:01 AM, the amount was documented as 2025 mL, at 2:00 AM the amount was documented as NA (not applicable), and at 4:00 AM the amount was documented as 465 mL. Further review of the November MAR/TAR revealed 24 missing documentations for the total infused every two hours and continued documented tube feeding administrations above and below the ordered 880 mL which included the following: 11/13/25: 1061 mL 11/14/25: 802 mL 11/15/25: 784 mL 11/16/25: 798 mL 11/17/25: 814 mL 11/18/25: 791 mL 11/19/25: 840 mL 11/20/25: 781 mL 11/21/25: 814 mL 11/22/25: 840 mL 11/23/25: 781 mL 11/24/25: 820 mL 11/25/25: 820 mL 11/26/25: 762 mL 11/27/25: 798 mL 11/28/25: 781 mL 11/29/25: 789 mL 11/30/25: 825 mL Review of R4's weights revealed the following: 11/2/25 135.3 # 11/12/25 130 # 11/14/25 130 # 11/16/25 130.8 # In a telephone</p>		