

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  03/04/2026
NAME OF PROVIDER OR SUPPLIER  Burcham Hills Retirement Center		STREET ADDRESS, CITY, STATE, ZIP CODE  2700 Burcham 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)
<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> This citation pertains to intake #2787869. Based on observation, interview, and record review the facility failed to ensure activities of daily living were provided for one (Resident #1) out of three reviewed for activities of daily living. Findings include: Review of the medical record reflected Resident #1 (R1) was admitted to the facility on [DATE] and readmitted to the facility on [DATE] with diagnoses that included hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side. The Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 2/6/26, reflected R1 scored 9 out of 15 (moderately impaired) on the Brief Interview for Mental Status (BIMS-a cognitive screening tool). On 3/3/26 at 9:13 am, R1 was observed in his room on his cellphone. R1 carried on a conversation and answered questions appropriately. R1 reported concerns with not receiving showers, stating that he went days without a shower and he disliked smelling himself. R1 stated that his preference was to receive two showers a week however if he asked for additional showers at times he was told by staff that they did not have time to give him a shower. Additionally, R1 expressed concerns with timeliness with incontinence care, stating on a few occasions, he had been left wet in urine for extended periods of time. Review of the Task list reflected R1 preferred shower 2x (two times) weekly and PRN (as needed). Review of the shower task list revealed R1 received a bed bath on 2/7/26 and 2/14/26. R1 received his first shower since his 1/30/26 admission on [DATE] and did not receive another shower until 3/2/26. No shower refusals documented in the electronic medical record. Review of a Progress Note dated 2/20/26 stated patient (Resident #1) in bed requesting to get OOB (out of bed). patient and bed soiled with urine. In an interview on 3/4/26 at 10:37 am, Therapy Staff I and J stated that they had gone into R1's room the morning and discovered that R1 was pretty saturated in urine. R1 had soaked through his clothing, bed linens and down to the mattress. They notified nursing and assisted R1 with incontinence care. In an interview on 3/4/26 at 2:22 pm, Licensed Practical Nurse (LPN) N reported that she had entered R1's room on 2/20/26 to assist therapy staff with incontinence care. LPN N reported that it was in the morning time and confirmed that R1 was saturated in urine through his clothing and bed linens. According to the Policy titled, Activities of Daily Living (ADLs), reviewed on 10/19/23, appropriate care and services will be provided for residents who are unable to care out ADLs independently including appropriate support and assistance with hygiene (bathing) and elimination (toileting).</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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(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 - Minimal harm or potential for 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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> This citation pertains to intake #2787869. Based on observation, interview, and record review the facility failed to prevent a fall in one (Resident #1) out of three residents reviewed for falls. Findings include: Review of the medical record reflected Resident #1 (R1) was admitted to the facility on [DATE] and readmitted to the facility on [DATE] with diagnoses that included hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side. The Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 2/6/26, reflected R1 scored 9 out of 15 (moderately impaired) on the Brief Interview for Mental Status (BIMS-a cognitive screening tool). On 3/3/26 at 9:13 am, R1 was observed in his room on his cellphone. R1 carried on a conversation and answered questions appropriately. In an interview on 3/4/26 11:06 AM R1 reported that he sustained a fall out of his bed. R1 explained that he has to use the bathroom to have a bowel movement but could not find his call light. R1 stated that his left side of his body has weakness and he has issues with immobility however, at times, staff will attach the call light to his left side. R1 was feeling around in his bed for his call light with his right arm but could not find it in time before having a bowel movement. R1 attempted to get out of bed to attempt to make it to the bathroom but slid out of bed and onto the ground. R1 stated that he yelled out until staff discovered him. Review of a Progress Note dated 2/6/26 reflected Resident (R1) found on the floor bedside bed after calling out for assistance. Resident stated he had a bowel movement and was getting out of the bed when he fell and hit his head. The resident was observed entangled in his bedding and peg tube. Resident is A&amp;O to baseline. The resident was assisted back to bed safely by two staff members. Incontinence care provided and linens changed. Review of an Incident Report dated 2/6/26 revealed R1 reported that he had a bowel movement on himself and was trying to get out of the bed. Intervention included offering the bedpan every two hours if awake, resident is continent of bowel. Review of the Post Fall evaluation dated 2/6/26 confirmed that R6 did not have his call light activated. Review of R6's Fall Care plan reflected an intervention to ensure R1's call light was in reach at all times. In an interview on 3/4/26 at 1:54 pm, Licensed Practical Nurse (LPN) O confirmed that they were working the night that R1 sustained a fall. LPN O recalled walking down the hall and heard someone yelling. LPN O arrived to R1's room and observed him on the floor. LPN O looked in the hall for other staff that could assist however, did not see anyone so LPN O pulled the call light cord out of the wall. LPN O stated that R1 reported that he had to use the bathroom and had a bowel movement in bed. LPN O said that R1 was able to use the call light appropriately when he had care requests.</p>		