

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235244	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/16/2024
NAME OF PROVIDER OR SUPPLIER  Christian Park Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  2415 5th Ave South Escanaba, MI 49829	

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 0808</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure therapeutic diets are prescribed by the attending physician and may be delegated to a registered or licensed dietitian, to the extent allowed by State law.</p> <p>40383</p> <p>This citation pertains to Intakes: MI00147097 and MI00147132.</p> <p>Based on observation, interview, and record review, the facility failed to assure residents received food as prescribed by a physician and in accordance with preferences for three residents (R12, R13, and R15) of four residents reviewed for therapeutic diets. This deficient practice resulted in a potential for choking and the potential for health complications. Findings include:</p> <p>On 10/15/24 at 12:33 PM, the meal tray for R13 was observed. The lunch tray contained a tray card indicating no bread unless its a sandwich. The meal included manicotti, green beans and a dinner roll. After the meal was completed, the tray was returned to the food cart with the roll still contained in the protective baggie and was unopened and untouched.</p> <p>During an interview on 10/16/24 at 8:25 AM, the Certified Dietary Manager (CDM) D stated Sometimes bread is on his tray so he can have a sandwich - but with manicotti - no bread should have been on the tray per his request.</p> <p>On 10/15/24 at 5:17 PM, R12 was observed in her room trying to cut a turkey slice with the side of her fork. The tray card for R12 read: Regular/Ground Meats, Fluid Rest 1500 mL (milliliters). R12 was asked if she would rather have her turkey ground as indicated on her therapeutic diet, and she shook her head yes. Certified Nurse Aide (CNA) B was asked about R12's meal which included a slice of turkey. CNA B said, That's not right, one of the CNAs should have noticed that. CNA B went to the dietary department to get ground turkey for R12.</p> <p>On 10/16/24 at 8:19 AM, R15 was observed in her room with a breakfast tray including a salt packet. R15's tray card indicated a therapeutic diet of Regular, No Added Salt. Registered Nurse (RN) C also observed the salt and said, Oh, she has hypertension and should not have salt.</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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