STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235244	A. Building B. Wing	05/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Christian Park Health Care Center	2415 5th Avenue 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)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** This citation pertains to complaint intake #3010662.Based on interview and record review, the facility failed to notify the state agency of a resident-to-resident altercation to the State Agency (SA) for two Residents (#1 and #5) of five residents reviewed for abuse. Findings include: Resident #1 (R1)Review of Minimum Data Set (MDS) assessment dated [DATE], revealed admission to the facility on 1/14/26. R1 scored 15/15 on the Brief interview for Mental Status (BIMS) reflective of intact cognition.Resident #5 (R5)Review of MDS assessment dated [DATE], revealed admission to the facility on [DATE]. R5 scored 15 of 15 on the BIMS assessment reflective of intact cognition.During a phone interview on 5/28/26 Certified Nurse Aide (CNA) E reported, On the evening of May 1st I was charting on the hallway where I was working and [R1] had entered the room where [R5] was receiving personal care from another CNA and opened the privacy curtain and exposed the resident.During an interview on 5/28/26 at 2:20 p.m., the Director of Nursing (DON) reviewed the progress notes for R1and reported, This is the first time I have read the charting.no one told me about this incident.During an observation and interview on 5/28/26 at 2:30 p.m., R5 reported, There was one night.a few weeks ago, when a man burst into my room when a CNA was changing my nightgown. He pulled the privacy curtain open about 2 feet.I had no nightgown on at the time and was lying in bed naked and facing him.I tried to cover my breasts so he could not see me.I was so embarrassed and felt so exposed. I don't want him to come into my room ever again. I am a private person, and I don't want a man seeing me like that.(resident observed with tears in her eyes while talking about the incident) the curtain was closed for a reason.I am afraid of what he might do is he comes back I here.I know who he is and she then named R1.During an interview on 5/28/26 at 4:00 p.m., the Nursing Home Administrator (NHA) reported, I was not aware of R1 going into R5's room while she was receiving personal care.I don't know what we can to do make our staff report to us when there is an incident.our residents have the right to feel safe in their home.Review of policy titled Abuse Prohibition Policy last revised 9/9/22, read in part .The staff will report any allegations or suspicions of mistreatment, abuse, neglect, exploitation.to the Administrator {NHA} and DON immediately.the administrator.will notify.any State or Federal agencies of allegations per state guidelines (2 hours if abuse allegation or serious injury; all others not later than 24 hours).Review of policy Incidents and Accidents for Residents last revised 7/8/25, read in part .incident or Accidents involving a resident will be documented and reported so as to meet regulatory requirements.when an incident or accident is discovered, the employee making the discovery will immediately notify his/her direct supervisor.if the event requires immediate action from the Administrator.the Administrator will be notified immediately.The Administrator or Director of Nursing must report an Incident and accident to the State Agency.

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