

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235257	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/24/2026
NAME OF PROVIDER OR SUPPLIER Iron County Medical Care Facility		STREET ADDRESS, CITY, STATE, ZIP CODE 1523 U.S. Highway 2 Crystal Falls, MI 49920	
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 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. All times are noted in Eastern Daylight Time unless otherwise noted. Based on observation and interview, the facility failed to maintain two exterior doors and one interior door, resulting in an increased potential for pest infestation and a possible decrease in satisfaction of living for residents. Findings Include: On 6/23/2026 at 1:25 PM daylight was observed coming in under the exit door #20 in the Skyway Basement, and the door sweep was missing from this door. During this observation, Maintenance Director (MD) D agreed that daylight was visible under this door and stated the door sweep needed to be replaced and that these entry doors received a lot of use, resulting in wear and tear. On 6/23/2026 at 1:34 PM the exterior door on the 200 wing vestibule was observed and had a door sweep that was damaged with a quarter inch space observed between the door and the door jamb, allowing daylight to be visible under the door. Also observed the door sweep missing from the interior door, with an approximate half inch space between the door and the threshold, allowing daylight to be visible under the door. During this observation, MD D stated that these door sweeps received a lot of wear and tear and needed to be replaced.		

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