

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235270	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/17/2025
NAME OF PROVIDER OR SUPPLIER South Haven Nursing and Rehabilitation Community		STREET ADDRESS, CITY, STATE, ZIP CODE 850 Phillips South Haven, MI 49090	

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 0605</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** This citation pertains to intake #2563732Based on interview and record review the facility failed to ensure as needed (PRN) psychotropic medications (a medication that alters a person's mental state) included a stop date not exceeding 14 days for 1 (Resident #68) of 6 residents reviewed for unnecessary medications. Findings include: Resident #68 Review of a Resident Face Sheet revealed Resident #68 was a male who admitted to the facility on [DATE] and had pertinent diagnoses which included: schizoaffective disorder (a mental health condition including hallucinations and delusions, bipolar disorder (a mental health condition that includes extreme mood swings), and anxiety disorder. Review of a Minimum Data Set (MDS) assessment for Resident #68, with a reference date of 09/08/25 revealed a Brief Interview for Mental Status (BIMS) score of 15/15 which indicated Resident #68 was cognitively intact. Review of Physician Orders for Resident #68 revealed . Hydroxyzine HCl tablet, 50 mg, amt (amount) 1 tablet; oral, special instructions; give 50 mg po (by mouth) q6 hours (every 6 hours) prn; anxiety with a start date of 7/11/25 and a discontinued (DC) date of 8/5/25 and again with a start date of 08/06/25 and a DC date of 9/8/25. In an interview on 12/17/25 at 10:38 am, Director of Nursing (DON) B reported PRN psychotropic medications were limited to 14 days. DON B reported the hydroxyzine was an antihistamine that was also used to treat anxiety. DON B reported Resident #68 took hydroxyzine for anxiety and would require a 14 day stop date. DON B reported the provider could extend the time frame for as needed use for a psychotropic medication with rationale. DON B reviewed Resident #68's hydroxyzine orders and confirmed there should have been stop dates for 14 days for both orders. No documentation including a provider rationale to extend Resident #68's hydroxyzine PRN use longer than 14 days was provided by the time of exit.</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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