

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

Printed: 07/02/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235274	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/19/2026
NAME OF PROVIDER OR SUPPLIER Wellspring Lutheran Nursing and Rehab Services		STREET ADDRESS, CITY, STATE, ZIP CODE 1236 S Monroe St Monroe, MI 48161	
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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to ensure the highest level of incontinence functioning was maintained for four (R4, R62, R64 and R81) of eight residents reviewed for quality of life, resulting in feelings of embarrassment, humiliation, and degradation. Findings include: As a result of an administrative decision to discontinue brief liners for cost cutting measures, residents (R4, R62 and R64) stated that they are embarrassed to socialize and engage in activities and are experiencing high anxiety due to the lack of incontinence protection the brief inserts provided. Residents R4, R62 and R64 shared concerns with the facility regarding suffering stress, anxiety, humiliation and dehumanization with this change during a Resident Council meeting on 3/13/2026. The facility failed to provide an environment to support good quality of life for R4, R62 and R64. This created an environment reflecting a disregard for residents' well-being and quality of life, which has caused a negative psychosocial outcome related to residents' self-worth, self-esteem and well-being. R4 On 03/19/2026 at 12:59 PM, R4 reported being upset with the facility for no longer providing brief inserts. R4 reports being informed of the discontinuation of the brief inserts 2-3 weeks ago. R4 described an incident on St. Patrick's Day where her dress was soiled due to the lack of brief inserts. R4 expressed having great anticipation of a St. Patrick's Day celebration within the facility on 03/17/26, with an exciting expectancy of wearing a green dress in honor of this occasion. R4 stated, I was very upset after soiling my dress early in the activity due to no longer having the brief inserts which I'm accustomed to wearing. R4 described the experience as disappointing, saddening, stressful, humiliating and embarrassing. Record Review revealed, according to the last quarterly Minimum Data Set (MDS) dated [DATE], R4 has a Brief Interview of Mental Status (BIMS) of 15 out of 15 (Cognitively Intact) with a diagnosis of Retention of urine, Congenital malformation of kidney, Myeloproliferative Disease and Lymphoma. Record review of Care Plan dated: 2/9/26 revealed the following focus: I have urge/OAB bladder incontinence and bowel incontinence r/t impaired mobility, need for assistance and weakness with the following intervention: TOILET USE: . I wear pull up briefs at all times. I make my bowel and bladder needs known, please provide incontinence care PRN. R62 On 03/17/2026 at 10:29 AM, R62 was interviewed and reported being upset about the discontinuation (continued on next page)		

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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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	of brief inserts. R62 said the facility informed residents that they were no longer providing brief inserts due to the expense. R62 said the NHA informed residents that the brief inserts would not be provided unless they obtain a doctor's order or self-purchase. R62 stated I can't afford this! R62 stated, I obtained a doctor's order for the brief inserts, but they still are not being provided. Record review revealed R62 has an order for brief inserts dated 03/14/2026- Brief liner to be utilized in brief as needed three times a day. Record review further revealed R62 was admitted to the facility on [DATE], has a BIMS score of 15 out of 15 indicating being cognitively intact, with a diagnosis of Overactive Bladder, Diabetes, Kidney Disease and Parkinsons Disease. Resident reports feeling embarrassed by the lack of bladder control that is evidence when she soils her clothes while attending activities. R62 stated, I have had a lot of stress over this change, and it has caused a great deal of frustration. R62 stated, I don't understand why I had to get my own doctor's order and why they are not providing the brief inserts. This is so stressful and very embarrassing! R64 On 03/19/2026 at 1:12 PM, R64 was interviewed and discussed concerns over the facility failing to meet his needs regarding incontinent care which has caused psychosocial distress. R64 expressed displeasure with the discontinuation of brief liners. R64 reports being made aware 2-3 weeks ago that the facility would no longer provide brief inserts. R64 stated that the discontinuation of the brief inserts took away his level of independence. R64 reports without the brief liners, he now requires staff assistance for frequent brief changes which he previously completed independently. R64 said he was first informed that he could get a doctor to write an order for the liners but was later told by CENA C that with or without an order, the facility will no longer provide the brief liners. R64 said the NHA attended the resident council meeting in March, 2026 and answered questions by several residents regarding their frustration over losing access to the brief inserts. R64 stated, I don't know why I am responsible for getting a doctor's order, isn't that their job! R64 reports seeking assistance from family members to help obtain a doctor's order and/or resolve this issue. R64 reports suffering from higher levels of anxiety because of this change. R64 reports feeling humiliated when others witness his lack of bladder control. R64 described a recent incident where he sat in the dining room with a female resident and became embarrassed and humiliated after leaving a puddle under his wheelchair. R64 stated When I had the brief liners, this never happened! Record review of Care Plan dated 2/9/26 revealed R64 has a diagnosis of Benign Prostatic Hyperplasia without Lower Urinary Tract Symptoms and a BIMS of 15 out of 15 (Cognitively Intact). Care Plan Focus: I have renal insufficiency r/t chronic kidney disease and MDRO'S in my urine. I have urge/OAB bladder incontinence and bowel incontinence r/t impaired mobility, need for assist and weakness. Intervention: TOILET USE: I require partial to extensive assistance with toileting. At times I will self-transfer and attempt hygiene on my own when feeling strong enough. I wear pull up briefs at all times. please provide incontinence care PRN.I'm a heavy wetter. On 03/19/2026 at 9:05 AM, Nursing Health Administrator (NHA) was interviewed and said an (continued on next page)		

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	administrative decision was made to discontinue brief inserts in February 2026 due to the cost. Queried as to the plan for residents with a corresponding medical diagnosis and a doctor's order for the brief inserts. The NHA stated, Those residents with a doctor's order and medical diagnosis should continue to receive the inserts. On 03/19/2026 at 10:50 AM, Central Supply Personnel A was interviewed and stated Three to four weeks ago, the NHA and corporate decided the peri pads are too expensive and would no longer provide these items to residents. Central Supply Personnel A stated, The residents were very upset about this! Queried about the process for orders. Central Supply Personnel A said once a resident receives a doctor's order, the order is placed and delivery is provided overnight. On 03/19/2026 at 2:12 PM, the NHA was interviewed to determine awareness of the level of stress, disappointment and frustration expressed by residents who no longer receive brief inserts. The NHA reports receiving resident feedback at a Resident Council meeting on 3/13/2026 where this issue was discussed and concerns were expressed. According to the NHA, residents must have a doctor's order for the brief inserts to resume. Queried as to who is responsible for obtaining doctor's orders for supplies which is causing high anxiety for the residents. The NHA stated that it is the responsibility of staff to obtain doctor's orders for supplies needed for residents. No current plan in place to obtain orders for the residents affected by this change or to order this supply for residents who have successfully obtained a doctor's order with a corresponding medical diagnosis. According to the facilities policy entitled, Federal Resident Rights and Facility Responsibilities -page 16 reads in part: A resident has a right to receive the services and/or items included in the plan of care. R81- On 3/19/2026 at 11:27 a.m. R81 was observed in the bedroom, sitting in a wheelchair. R81 was alert, oriented to person, place, and situation. R81 voiced a concern with the facility no longer providing incontinence liners (also known as incontinence pads or panty liners for incontinence designed to manage urinary leakage). R81 said the liners were used twice a day to prevent accidents (urinary leakage) when not able to get to the toilet timely and had used them for quite some time. R81 stated, I don't want anyone to know when I have had an accident. It's very embarrassing to be at an activity and everyone knows I had an accident. The liners help because they absorb a lot of urine and is easy for me to remove and replace myself in case staff are too busy to help me. At this time R81 had five liners remaining which are being used sparingly (only at night). R81 said a week ago, Central Supply Aide A said the facility was not ordering the liners anymore unless paid for out of pocket. R81 was not informed of the reason. R81 stated, I think the liners should be apart of my care especially since the doctor wrote an order for me to have them. I can't afford to buy them on my own. I'm on a fixed income and all my money goes to the facility. The liners help because they absorb a lot of urine and is easy for me to remove and replace myself in case staff are too busy to help me. On 3/19/26 at 11:45 a.m., there were no liners in the linen/supply closet located on the 200 Unit. Incontinence briefs were only observed. Review of the clinical record documented R81 was initially admitted into the facility on [DATE] with diagnoses that included chronic pain, peripheral vascular disease, and polyneuropathy. According to the quarterly MDS assessment dated [DATE], R81 was cognitively intact with a BIMS of 15, and required two-person assistance with toileting and transfers. The assessment also documented that (continued on next page)		

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	R81 had frequent urinary incontinence. Review of the Bowel and Bladder care plan dated 2/10/26 documented in part the following: I have stressed bladder incontinence and frequent bowel incontinence related to history of urinary tract infection, impaired mobility, and loss of peritoneal tone. Interventions dated 2/10/26, 5/8/2025, 5/8/2023, and 8/23/2022 documented, I request to wear nighttime briefs with a liner at all times d/t increased urinary leakage. Review of the physician's order dated 3/13/26 documented the following: Brief liner to be utilized in brief as needed. Three times a day. Review of the progress note (Health Status Note) dated 3/13/2026 documented Physician in for visit. Received order for liners to be used in brief as needed, resident aware and agrees with plan of care at this time. On 3/19/26 at 10:00 a.m. the Nursing Home Administrator was queried was the concern with inadequate incontinence supplies, as voiced by multiple residents, addressed in QA/QAPI. The Nursing Home Administrator said it was not.		

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F 0887 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Educate residents and staff on COVID-19 vaccination, offer the COVID-19 vaccine to eligible residents and staff after education, and properly document each resident and staff member's vaccination status. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to educate and offer Covid-19 vaccination to four residents (R2, R16, R22, and R72) out of five residents reviewed for infection control. This deficient practice resulted in residents being at increased risk for exposure to Covid-19, which may lead to serious illness, complications and potential adverse outcomes. Findings include: R2 Record review of electronic medical records (EMR) revealed R2 was admitted to the facility on [DATE] with a pertinent diagnosis of chronic kidney disease. Further review revealed the facility failed to provide education regarding Covid-19 and failed to offer the Covid-19 vaccine to the resident in 2025. R16 Record review of electronic medical records (EMR) revealed R16 was admitted to the facility on [DATE] with a pertinent diagnosis of hemiplegia (paralysis). Further review revealed the facility failed to provide education regarding Covid-19 and failed to offer the Covid-19 vaccine to the resident in 2025. R22 Record review of electronic medical records (EMR) revealed R22 was admitted to the facility on [DATE] with a pertinent diagnosis of chronic obstructive pulmonary disease (COPD). Further review revealed the facility failed to provide education regarding Covid-19 and failed to offer the Covid-19 vaccine to the resident in 2025. R72 Record review of electronic medical records (EMR) revealed R72 was admitted to the facility on [DATE] with a pertinent diagnosis of heart failure. Further review revealed the facility failed to provide education regarding Covid-19 and failed to offer the Covid-19 vaccine to the resident in 2025. An interview was conducted on 3/19/26 at 10:30 AM with Infection Control Preventionist (ICP) D. During the interview, ICP ?D confirmed the facility did not ensure residents were consistently educated regarding Covid-19 vaccination and boosters and did not ensure the vaccine was offered in accordance with the facility's policy. An interview was conducted on 3/19/26 at 11:30 AM with the Director of Nursing (DON). The DON reported that the facility should have ensured residents were educated and offered the Covid-19 vaccine. Record review of facility's policy Infection Control Policy dated 8/25 the following was documented, 12. Offer each resident any recommended COVID-19 vaccines or boosters they are eligible for at the time of admission and ongoing as indicated per CDC (Centers for Disease Control and Prevention) guidelines.		