

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235279	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/15/2025
NAME OF PROVIDER OR SUPPLIER Holt Senior Care and Rehab Center, L L C		STREET ADDRESS, CITY, STATE, ZIP CODE 5091 Willoughby Road Holt, MI 48842	

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 0637</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assess the resident when there is a significant change in condition</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 27306</p> <p>Based on interview and record review, the facility failed to complete a Significant Change in Status Assessment (SCSA) timely for one (Resident #91) of 20 reviewed for Minimum Data Set (MDS).</p> <p>Findings include:</p> <p>Review of the clinical record reflected Resident # 91 (R91) was admitted to the facility on [DATE] with diagnoses that included chronic obstructive pulmonary disease and chronic kidney disease. R91's Minimum Data Set (MDS) dated [DATE] reflected a BIMS of 4. Review of R91's monthly physician orders revealed a physician order for hospice dated 12/16/24. Hospice notes dated 12/16/24 revealed R91 was admitted on to hospice care as of 12/16/24.</p> <p>Further review of R91's clinical record revealed the SCSA MDS was initiated on 01/13/25 (incomplete as of 1/14/25).</p> <p>On 01/14/25 at 02:01 PM, during an interview with MDS Nurse D she acknowledge the SCSA MDS should have started in December when R91 was signed onto hospice care. MDS Nurse D offered no explanation why the Significant Change MDS was late.</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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<p>F 0640</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Encode each resident's assessment data and transmit these data to the State within 7 days of assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38383</p> <p>Based on interview and record review, the facility failed to transmit Minimum Data Set (MDS) assessments to Centers for Medicare & Medicaid Services (CMS) timely for two (Resident #49 and #89) of 20 reviewed.</p> <p>Findings include:</p> <p>Resident #49 (R49):</p> <p>Review of the medical record reflected R49 admitted to the facility on [DATE], with diagnoses that included diabetes and dependence on renal dialysis. R49's MDS history reflected a discharge return not anticipated MDS, with an Assessment Reference Date (ARD) of 8/31/24, which was completed on 9/11/24. The MDS had not been transmitted to CMS.</p> <p>Resident #89 (R89):</p> <p>Review of the medical record reflected R89 admitted to the facility on [DATE], with diagnoses that included aftercare following surgery for neoplasm (abnormal growth of tissue). R89's MDS history reflected a discharge return not anticipated MDS, with an ARD of 8/30/24, which was completed on 9/11/24. The MDS had not been transmitted to CMS.</p> <p>In an interview on 01/14/25 at 2:00 PM, MDS Nurse D reported the facility had 14 days from the date of MDS completion to transmit the MDS data to CMS. MDS Nurse D acknowledged that R49 and R89's discharge return not anticipated MDS assessments had not been transmitted to CMS.</p>		

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38383</p> <p>Based on interview and record review, the facility failed to ensure accurate coding on a Minimum Data Set (MDS) assessment for one (Resident #96) of 20 reviewed.</p> <p>Findings include:</p> <p>Review of the medical record reflected Resident #96 (R96) admitted to the facility on [DATE], with diagnoses that included wedge compression fracture of the second thoracic vertebra. The discharge return not anticipated MDS, with an Assessment Reference Date (ARD) of 12/9/24, reflected R96 was coded for discharge to a short-term hospital.</p> <p>A Progress Note for 12/9/24 reflected R96 discharged home.</p> <p>In an interview on 01/15/25 at 12:03 PM, MDS Nurse D reported R96 discharged home, not to the hospital. MDS Nurse D acknowledged there was a coding error on the MDS.</p>

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<p>F 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>PASARR screening for Mental disorders or Intellectual Disabilities</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 27306</p> <p>Based on interview and record review the facility failed to confirm that the Pre-Admission Screening And Resident Review (PASARR Level I determination request was sent to the Community Mental Health Service Program (CMHSP) for a level II Omnibus Budget Reconciliation Act (OBRA) evaluation prior to their admission to the facility for 1 residents (#83) of 2 reviewed.</p> <p>Review of the clinical record reflected Resident # 83 (R83) was admitted to the facility on [DATE] with diagnoses that include morbid obesity and bi-polar disorder. Review of the Minimum Data Set (MDS) dated [DATE] revealed a Brief Interview Status Score of 15 out of 15 (cognitively intact). The mood section of the same MDS reflected R83 felt down, depressed or hopeless several days a week.</p> <p>Review of R83's clinical record reflected a 3877 dated 2/26/24 revealed R83 had a mental illness diagnosis and received psychotropic medication that included an anti-psychotic medication. Review of the 3878 dated 2/28/24 and signed by the physician reflected R83 was admitted on an exemption and would likely need less than 30 days of nursing home care. A second 3877 dated 11/22/24 signed by the facility MDS Nurse D reflected R83 had a mental illness and received psychotropic medications. Further review of the clinical record revealed no documentation that CMH was aware of R83's admission 6 months prior.</p> <p>On 01/14/25 at 03:10 PM, during an interview with Social Worker (SW) M reported R83 had a level II completed by another county. When queried why it was not in the medical record SW M offered no explanation. A request to review R83's Level II completed by CMH was requested at that time. SW M stated there was some confusion regarding the status and would follow up with surveyor tomorrow.</p> <p>On 01/15/25 at 12:07 PM, during an interview with MDS Nurse D she reported she was not responsible for tracking when 3877/3878's were due, she just completed them when notified to do so by the facility's Social Work Department.</p> <p>On 01/15/25 at 12:25 SW M reported R83 was at another facility in another county for several months prior to being admitted at their facility. R83 stayed well beyond the 30 day exemption at the other facility and CMH in the other county started a Level II evaluation but did not complete it.</p> <p>When queried how/why R83's 3877/3878 screen completed in February 2024 determined to be acceptable 4 months after the exemption period SW M offered no explanation. When queried why the facility did not complete a second 3877 screen until 4 months after R83's admission, SW M offered no explanation.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>46954</p> <p>Based on observation, interview and record review, the facility failed to ensure appropriate personal protective equipment (PPE) was utilized for contact precaution and ensure hand hygiene was performed for four (Resident #22, 26, 52, and 57) of reviewed for contact precautions. Findings include:</p> <p>On 1/13/25 at 10:34 AM, a contact precaution sign was observed outside of the room of Resident #22 (R22) and Resident #57 (R57). The contact precaution sign indicated that hand washing prior to entry of the room, as well as donning a gown and gloves (PPE) was necessary prior to entering the room.</p> <p>On 1/13/25 at 10:37 AM, a contact precaution sign was observed outside of the room of Resident #26 (R26) and Resident #52 (R52). The contact precaution sign indicated that hand washing prior to entry of the room, as well as donning a gown and gloves was necessary prior to entering the room.</p> <p>In an interview on 1/13/25 at 10:38, Licensed Practical Nurse (LPN) P stated that both rooms were contact precautions due to a gastroenteritis virus that was affecting the residents. LPN P confirmed that hand hygiene should be performed and a gown, and gloves needed to be donned prior to entering the room. Upon exit, staff should be discarding the PPE in a trash receptacle inside the room and performing hand hygiene.</p> <p>On 1/13/25 at 10:43 AM, Staff member T was observed entering the room wearing gloves and not performing hand hygiene where R26 and R52 resided. Staff member T changed the liner in the trash receptacle and exited the room wearing the same gloves and without performing hand hygiene. Staff member T proceeded to obtain a broom, and reenter the room wearing the same gloves and without performing hand hygiene. Staff member T swept the floor from the doorway to the opposite side of the room. Staff member T proceeded to exit the room wearing the same gloves and without performing hand hygiene, obtained a mop, and reentered the room with the same gloves and without hand hygiene. Staff member T mopped the room in the same manner, crossing over both sides of the room. Staff member T exit the room wearing the same gloves and without performing hand hygiene, and proceeded down the hall.</p> <p>On 1/13/25 at 11:11 AM, staff member S entered the room of R22 and R57 without performing hand hygiene or donning required PPE. Staff member S exited the room without performing hand hygiene.</p> <p>On 1/13/25 at 11:13 AM, staff member S entered the room of R26 and R52 without performing hand hygiene or donning required PPE. Staff member S exited the room without performing hand hygiene and proceeded down the hallway with a laundry cart.</p> <p>On 1/13/25 at 11:15 AM, staff member S entered a resident room without performing hand hygiene and exited shortly after without performing hand hygiene.</p> <p>In an interview on 1/13/25 at 11:18 AM, staff member S stated that hand hygiene, gown and gloves are required when entering a contact precaution room. Upon exit, discard the PPE inside the room and perform hand hygiene. Staff member S confirmed that she did not don PPE in either contact precaution rooms and denied performing hand hygiene upon entry and exit.</p> <p>(continued on next page)</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 1/13/25 at 12:43 PM, Certified Nursing Assistant (CNA) U was observed entering the room of R26 and R52 to deliver a glass of apple juice without performing hand hygiene or wearing proper PPE.</p> <p>On 1/13/25 at 12:47 PM CNA U was observed entering the room of R26 and R52 to deliver a lunch tray. CNA U did not perform hand hygiene or don the required PPE.</p> <p>On 1/13/25 at 12:47 PM, CNA F observed CNA U in the room without the required PPE and advised that she step out and don the required PPE. CNAU stated that she was not aware of the need for contact precautions in the room.</p> <p>Review of Physician Order's revealed R52 and R57 were both under contact precautions for gastroenteritis type symptoms.</p> <p>In an interview on 1/15/25 at 1:06 PM, Registered Nurse (RN) O confirmed that she was responsible for the infection control program in the facility. RN O stated that staff should be performing hand hygiene, donning required PPE of gown and gloves prior to entering the rooms of R22, R26, R52, and R57. Staff should be doffing the required PPE of gloves and a gown, and performing hand hygiene upon exiting he room. RN O stated that the required contact precautions should be followed even if staff is momentarily entering the room to drop an item off.</p>