STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235335	A. Building B. Wing	05/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Gladwin Nursing and Rehabilitation Community	3270 Pratt Lake Road Gladwin, MI 48624

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** This citation pertains to intake #3010300. Based on interview and record review, the facility failed to follow policy to ensure a safe leave of absence for 1 resident (R101) of 3 residents reviewed. Findings include:Review of a Face Sheet revealed R101 initially admitted to the facility on [DATE] with pertinent diagnoses which included dependence on oxygen, osteoarthritis, depression, and chronic respiratory failure. Review of a Minimum Data Set (MDS) (a tool used for assessing a resident's care needs) assessment for R101, with a reference date of 3/14/2026 revealed a Brief Interview for Mental Status (BIMS) (a scale used to determine a resident's cognitive status) score of 12, out of a total possible score of 15, which indicated R101 had been moderately cognitively impaired. Review of R101's Progress Note in the Electronic Medical Record (EMR), dated 5/1/2026 at 12:38 PM revealed . R101 questioned this writer as to how much the (city) bus cost, writer responded that cost was unknown at this time and he could call and ask in the morning, he was fine with that. (R101) did let writer know he was going to go out again on Friday, writer will let oncoming nurse know of these plans, resident is not safe to go out by himself, he requires oxygen at all times and uses a wheelchair for any long distances or he get very SOB (short of breath). Further review of R101's Progress Notes on 5/5/2026 at 11:01 PM, revealed .(R101) reported to staff that he was LOA (Leave of Absence) today, for several hours. (facility) unsure of events that happened while LOA today. In in an interview on 5/26/2026 at 2:00 PM, the Social Service Director (SSD) H reported that the facility would assess residents upon admission to ensure they are safe for an independent leave of absence. SSD H reported that R101 was assessed to not go out alone on LOA's and stated that R101's sister usually transports him for LOA's. SSD H reported that R101 was his own person and able to make his own decisions. SSD H reported that although R101 was not safe to go on a LOA alone, she could not stop him from doing so. In a phone interview on 5/26/2026 at 2:30 PM, Family Member (FM) G reported that R101 had left the facility and boarded a (city) bus to travel to his home. FM G reported that R101 had been observed by his neighbor to be loading a 65-inch television into his truck and had no oxygen on. FM G reported that R101's neighbor loaded belongings into the truck and assisted him back to the facility. Review of R101's current Physician Orders on 5/26/2026 at 3:00 PM, revealed that R101 did not have an active order for a leave of absence at the time he left the faciity on 5/5/26. In an interview on 5/27/2026 at 9:33 AM, Certified Nursing Assistant (CNA) E reported that she signed out R101 on 5/5/2026 at 1:00 PM for a leave of absence (LOA). CNA E reported that R101 was only supposed to go to the bank and grocery store and return to the facility. CNA E explained that if a resident was not safe to go on a LOA a nurse would have alerted her to that information. CNA E reported that the Director of Nursing (DON) had assisted her with R101's oxygen tank prior to R101 leaving the facility. CNA E reported that R101 returned right before her last facility check which would have been 4:00 PM. In a telephone interview on 5/27/2026 at 9:45 AM, Licensed Practical Nurse (LPN) A reported that she would review a resident's physicians orders for a leave of absence order and if there were specific instructions for that leave of absence such as needed equipment, supervision, and medications. In an interview and record review on 5/27/2026 at 10:00 AM, the DON (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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	reported that R101 should have his care plan updated to reveal that he would not be safe for an independent LOA. The DON reported that upon review of R101's EMR there was no physician order for R101 to leave the facility on 5/5/2026. Review of facility policy/procedure Leave of Absence/Against Medical Advice, reviewed 01/25, revealed .the resident is his or her own responsible party, signed the themselves into the facility upon admission and has a Physician's order that enables them to have leave of absence.The resident may or may not be their own responsible party, have a guardian or a family member that request to take the resident out of the facility. The resident must have a Physicians order to leave the facility.the facility must be aware of when the resident is leaving, where they are going and their projected time of return.it is the Charge Nurse and/or Social Worker's responsibility to verify that the resident was appropriately signed out of the facility.