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	10/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Gladwin Nursing and Rehabilitation Community	3270 Pratt Lake Rd 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 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Reasonably accommodate the needs and preferences of each resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37577 Based on observation, interview, and record review, the facility failed to ensure call light systems were within reach for 2 of 6 resident's reviewed (Resident #142 and Resident #30). Findings: Resident #142 (R142) Review of a Face Sheet revealed R142 was an [AGE] year-old female, admitted to the facility on [DATE] for a 5 day hospice respite stay, and with pertinent diagnoses of vascular dementia. R142 required assistance from 1 staff person for bed mobility, transfers, and ambulating. During an observation on 10/07/24 at 10:43 AM, R142 laid in bed resting with eyes open and the call light sat at the foot of the bed tucked between the mattress and footboard, out of sight and out of reach of the resident. During an observation on 10/07/24 at 1:59 PM, R142 laid in bed resting with eyes open and the call light sat at the foot of the bed tucked between the mattress and footboard, out of sight and out of reach of the resident. During an interview on 10/08/24 at 8:40 AM, Certified Nurse Aide (CENA) H indicated that the expectation regarding call light placement was that anytime staff went into a room, staff were to check and make sure that the call light was within reach of the resident. Review of a Fall Risk Assessment completed 10/04/24 revealed that R142 was at high risk for a fall. Review of the EHR (electronic health record) for R142 reflected that the resident sustained an unwitnessed fall on 10/06/24. Review of R142's Care Plans showed the following interventions put in place by the facility to promote safety for the resident: (a) call light to be within reach, (b) encourage and remind to use call light to ask for assistance, and (c) provide verbal reminders to resident to call when needing assistance. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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	10/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Gladwin Nursing and Rehabilitation Community	3270 Pratt Lake Rd 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 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of email communication from the Administrator on 10/09/24 at 3:09 PM reflected that the facility did not have a policy in place specific to the placement of call lights. Resident #30 Review of a Face Sheet reflected R30 was an [AGE] year old female with pertinent diagnoses of dementia and a recent fall with a spinal fracture and multiple rib fractures. During an observation on 10/07/24 at 11:14 AM, R30 laid in bed resting with her eyes open. The call light laid on the floor between the foot of the bed and the wall, out of sight and out of reach of the resident. Review of a Care Plan for R30 revealed the following safety interventions: (a) call light to be within reach and (b) encourage and remind the resident to use the call light.

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	10/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Gladwin Nursing and Rehabilitation Community	3270 Pratt Lake Rd 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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 31197 Based on observation, interview, and record review, the facility failed to ensure Enhanced Barrier Precautions (EBP) and Contact-Based Precautions were implemented for two residents (R5 and R144) of 39 residents reviewed for infection control. Findings include: R5 Review of the Face Sheet and Minimum Data Set (MDS) dated [DATE] revealed R5 was admitted to the facility on [DATE], with diagnosis of (but not limited to) Alzheimer's (short and long-term memory impairment), delusional disorder and pain in the right arm. Brief Interview for Mental Status (BIMS) reflected a score of 6 out of 15 which represented R5 had severe cognitive impairment. R6 required the assistance of 1-2 staff member with all activities of daily living. According to the physician orders with a start date of 10/3/24 a created date of 10/8/2024 reflected, Enhanced Barrier Precautions (targeted gown and gloves use) during high contact resident care activities. During an observation and interview on 10/7/24 at approximately 11:00 AM, R5 had a stop sign posted on the wall next to the door that indicated providers and staff must wear gloves and gowns for the following high-contact resident care activity, Dressing, bathing/showering, transferring, changing linens, providing hygiene, changing briefs or assisting with toileting, device care or use: central lines, urinary catheter, feeding tubes, tracheostomy, wound care: any skin opening requiring a dressing. After entering R5's room this Surveyor observed Certified Nurse Assistant (CNA) B and CNA C completing a 2-assist transfer from the bed to the wheelchair. Both CNA's were wearing gloves and no gown (as the sign by the door instructed). When asked if they needed gowns while providing physical assistance to transfer, CNA B stated that they did not need to wear a gown and R5 was only on precaution for his foot wound. When asked to review the posting on the door with the Surveyor, CNA B stated that she didn't know she was supposed to wear a gown with transfers as the sign reflects. R144 Review of the Face Sheet and Minimum Data Set (MDS) dated [DATE] revealed R144 was admitted to the facility on [DATE], with diagnosis of (but not limited to) subacute osteomyelitis, right ankle and foot. The admission assessment reflected R144 was alert and oriented and required staff assistance with all activities of daily living. During an observation on 10/07/24 at 10:55 AM, Licensed Practical Nurse (LPN) A entered R144's room, discontinued an antibiotic bulb from the PICC (peripherally inserted central catheter) and flushed the catheter. LPN A did not don any PPE (personal protective equipment) prior to providing care and handling the PICC. During an observation on 10/7/24 at approximately 11:55 AM, a sign was posted on the entrance of R144's room that reflected Enhanced Barrier Precautions. (continued on next page)

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	10/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Gladwin Nursing and Rehabilitation Community	3270 Pratt Lake Rd 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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an observation on 10/8/24 at approximately 3:15 PM, the sign for Enhanced Barrier Precautions was removed and now R144 had a new sign that reflected, Contact Precautions that required gown and glove use for all providers upon entry to the room. According to the physician orders with a created date of 10/8/24 and a start date of 10/7/2024 reflected, Contact Precautions (gown and glove use with all cares) d/t (due to) right foot wound infection. During an interview on 10/9/24 at 9:15 AM, the Infection Control Preventionist (ICP) D stated that R144 was admitted on [DATE] with a MRSA (Methicillin-resistant Staphylococcus aureus) infection to the right foot. ICP D stated that EBP were implemented upon admission but after looking at the admission information should have been Contact based precautions so it was updated on 10/8/24.