

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235345	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/02/2024
NAME OF PROVIDER OR SUPPLIER Froh Community Home		STREET ADDRESS, CITY, STATE, ZIP CODE 307 N Franks Avenue Sturgis, MI 49091	

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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>47955</p> <p>Based on observation and interview the facility failed to preserve resident dignity in the dining room during meal service for 3 (Resident #5, Resident #17, and Resident #22) of 17 residents reviewed for dignity resulting in the potential for a reasonable person to experience feelings of embarrassment, shame, and/or a loss of self-esteem.</p> <p>Findings include:</p> <p>Resident #5</p> <p>Review of an Facesheet revealed Resident #5 had pertinent diagnoses which included: Alzheimer's disease and type 2 diabetes mellitus.</p> <p>Resident #17</p> <p>Review of an Facesheet revealed Resident #17 had pertinent diagnoses which included: Neurocognitive disorder with Lewy bodies and psychotic disorder.</p> <p>Resident #22</p> <p>Review of an Facesheet revealed Resident #22 had pertinent diagnoses which included: Alzheimer's disease and cognitive communication disorder.</p> <p>Review of a list provided by the facility for residents who needed assistance with eating, Resident #5 and Resident #22 were listed as full assist and Resident #17 was listed as assist (need varies meal to meal).</p> <p>During an observation on 4/30/24 at 11:50 AM., Resident #5, Resident #17 and Resident #22 were present at different tables in the dining room with other resident with drinks in front of them, unable to consume any liquid without assistance prior to lunch meal service.</p> <p>During an observation on 4/30/24 at 12:01 PM., meal service in the dining room began.</p> <p>During an observation on 4/30/24 at 12:10 PM., there were two staff members present serving residents in the assisted side of the dining room.</p> <p>(continued on next page)</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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an observation on 4/30/24 at 12:14 PM., a resident that was seated at the same table as Resident #5 and Resident #17 was served lunch. Resident #5 and Resident #17 were not served.</p> <p>During an observation on 4/30/24 at 15 PM., a resident that was seated at the same table as Resident #22 was served lunch. Resident #22 was not served.</p> <p>During an observation on 4/30/24 at 12:18 PM., Residents on the assistive side of the dining room were served desserts that included cookies and pudding. Resident #5, Resident #17, and Resident #22 were served desserts. All three residents were unable to consume the dessert without assistance.</p> <p>During an observation on 4/30/24 at 12:19 PM., a second resident seated at the same table as Resident #22 was served lunch. Resident #22 was still not served lunch.</p> <p>During an observation on 4/30/24 at 12:19 PM., meal service began on the independent side of the dining room. The assistive side of the dining room has 15 total residents seated at tables, all had drinks and desserts served to them.</p> <p>Resident #5, Resident #17, and Resident #22 were without a lunch meal served and were not consuming any food or drink on their own.</p> <p>During an observation on 4/30/24 at 12:27 PM., meal service on the independent side of the dining room was complete.</p> <p>During an observation on 4/30/24 at 12:29 PM., Resident #5, Resident #17, and Resident #22 were served lunch.</p> <p>During an observation on 4/30/24, Resident #5, Resident #17 and Resident #22 sat at tables in the dining room with other residents present who were consuming food and drinks and were unable to consume anything independently from 11:50 AM until they were assisted to eat at 12:30 PM. Resident #5, Resident #17, and Resident #22 sat for 40 minutes unable to eat or drink while others around them did eat and drink.</p> <p>Resident #5, Resident #17, and Resident #22 were not able to verbalize their feelings due to a diminished cognitive and communicative ability.</p> <p>In an interview on 5/1/24 at 12:32 PM., Family Member (FM) II reported that Resident #22 would not like to be left out when eating with other people.</p> <p>In an interview on 5/2/24 at 11:35 AM., Certified Nursing Assistant (CNA) L reported that the dining room service is hall trays first, then the residents that need some assistance such as cueing, and then the independent side of the dining room and the last served are the residents that need full assistance, such as fed.</p> <p>In an interview on 5/2/24 at 12:07 PM., Director of Nursing (DON) B reported that the dining room is not done in any order.</p> <p>(continued on next page)</p>		

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<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 5/2/24 at 12:12 PM., CNA K reported that the dining room process is that hall trays come out first, the assistive residents who need more time to eat are served next, then the independent residents, and finally the resident's who need direct assistance are served last. CNA K reported that residents that require direct assistance are not served when the others at their table are served, because staff cannot sit to assist them then. CNA K reported that Resident #5, Resident #17, and Resident #22 were included as residents that needed assistance to eat. When CNA K was asked if the residents who need direct assistance watch their tablemates eat, she stated Yes, they do.</p> <p>In an interview on 5/2/24 at 12:15 PM., Registered Nurse (RN) O was asked if the residents who need direct assistance watch their tablemates eat, she stated There is no perfect way.</p> <p>In an interview on 5/2/24 at 12:17 PM., Assistant Director of Nursing (ADON) X and DON B, DON B reported that residents should not be sitting in the dining room at a table while others eat waiting for food to be served to them. ADON X stated .I wouldn't enjoy that, and I don't think that residents would like it either.</p>		

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<p>F 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48637</p> <p>Based on interview and record review, the facility failed to provide a written notice of transfer for 1 of 3 residents (Resident #50) reviewed for hospitalization s, resulting in the potential for residents and/or resident representatives being uninformed of the reason for transfer and their rights.</p> <p>Findings include:</p> <p>Review of the Face Sheet and Minimum Data Set (MDS) dated [DATE] revealed R50's original admitted was 3/6/2023. Brief Interview for Mental Status (BIMS) score was a 14 which indicated his cognition was intact. Resident was discharged to the hospital on 12/11/2023 and returned to the facility on [DATE] with a diagnosis of myocardial infarction (heart attack).</p> <p>During an interview on 4/30/2024 at 11:13 AM, R50 stated that he went to the hospital several months ago because he wasn't responsive and was there for about a week. R50 couldn't remember if he received a written transfer notice when he went to the hospital.</p> <p>Review of the December 2023 Transfer Log revealed that R50 had an emergency transfer to an acute care setting (hospital) on 12/11/2023.</p> <p>Review of R50's chart revealed no evidence that R50 received a written notice of transfer to include the following information:</p> <ul style="list-style-type: none"> (i) The reason for transfer or discharge; (ii) The effective date of transfer or discharge; (iii) The location to which the resident is transferred or discharged ; (iv) A statement of the resident's appeal rights, including the name, address (mailing and email), and telephone number of the entity which receives such requests; and information on how to obtain an appeal form and assistance in completing the form and submitting the appeal hearing request; (v) The name, address (mailing and email) and telephone number of the Office of the State Long-Term Care Ombudsman; (vi) For nursing facility residents with intellectual and developmental disabilities or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with developmental disabilities established under Part C of the Developmental Disabilities Assistance and [NAME] of Rights Act of 2000 (Pub. L. 106-402, codified at 42 U.S.C. 15001 et seq.); and <p>(continued on next page)</p>

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<p>F 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>(vii) For nursing facility residents with a mental disorder or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with a mental disorder established under the Protection and Advocacy for Mentally Ill Individuals Act.</p> <p>During an interview on 5/01/2024 at 1:54 PM, Registered Nurse O stated that she didn't know about a transfer notice that should be given to residents or their responsible party at the time of transfer to the hospital.</p> <p>During an interview on 5/02/2024 at 10:32 AM, Director of Nursing (DON) B presented paperwork that is sent with a resident to the hospital and it was observed that a transfer/discharge notice wasn't included in the paperwork. When asked about the transfer notice for R50, DON B said she wasn't sure if it was given to him and would have to talk to the business office.</p> <p>During an interview on 5/02/2024 at 12:51 PM, Financial Assistant (FA) W stated that a transfer/discharge notice hasn't been given to a resident or responsible party in a long time. FA W said that since R50 wanted to go to the hospital they didn't send a transfer/discharge notice with him.</p> <p>Review of the Discharge Planning Policy with a compiled date of 7/16/2020 and a reviewed date of 7/20/2022 under IV. Procedure: Emergency Transfers/Discharges revealed, initiated by the facility for medical reasons or for the safety and welfare of a resident. Under B. The Business Office will provide notice of transfer or discharge to the resident and/or representative within 24 hours or as soon as practicable when a resident is sent out on an emergency basis.</p>		

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<p>F 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures.</p> <p>47955</p> <p>Based on interview and record review the facility failed to ensure that a licensed pharmacist completed a monthly medication regimen review for 1 (Resident #28) of 6 residents reviewed for unnecessary medication use resulting in the potential for medication irregularities in the indication for use, excessive dosage, adverse reactions, and/or medication errors.</p> <p>Findings include:</p> <p>Resident #28</p> <p>Review of an Facesheet revealed Resident #28 had pertinent diagnoses which included: vascular dementia (altered cognition), insomnia, and other chronic pain.</p> <p>Review of a Minimum Data Set (MDS) assessment for Resident #28, with a reference date of 1/16/2024 revealed a Brief Interview for Mental Status (BIMS) score of 11 out of 15 which indicated Resident #28 was mildly cognitively impaired.</p> <p>Review of Physician Orders for Resident #28 dated 1/26/24 with no end date revealed . lorazepam (Ativan, used for anxiety) tablet 0.5 mg; give 0.5 mg; oral every 6 hours PRN (as needed): PRN 1, PRN 2, PRN 3, PRN 4 . (may take 4 times a day)</p> <p>Review of Care Plan for Resident #28 dated 1/27/24 revealed . problem . receiving psychotropic meds for anxiety and agitation .goal . will be prescribed the lowest effective dose . approach .observe resident's mood and response to medication .pharmacy consultant review as indicated .</p> <p>Review of Resident #28's medical record revealed no monthly medication regimen reviews (MRRs).</p> <p>On 5/2/24 at 12:09 PM, monthly medication regimen reviews were requested for the time frame of January 2024 through April 2024 for Resident #5 from DON B.</p> <p>In an interview on 5/2/24 at 1:53 PM., DON B reported that Resident #5 did not have any monthly medication regimen reviews completed for the time frame of January 2024 to April 2024.</p>		

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p>47955</p> <p>Based on interview and record review the facility failed to ensure that residents of the facility were free from unnecessary psychotropic medication use in 1 (Resident #28) of 6 residents reviewed for unnecessary medication use resulting in incomplete monitoring of the use, potential adverse reactions, and dosage adjustments of an as needed psychotropic medication.</p> <p>Findings include:</p> <p>Resident #28</p> <p>Review of an Facesheet revealed Resident #28 had pertinent diagnoses which included: vascular dementia (altered cognition), insomnia, and other chronic pain.</p> <p>Review of a Minimum Data Set (MDS) assessment for Resident #28, with a reference date of 1/16/2024 revealed a Brief Interview for Mental Status (BIMS) score of 11/15 which indicated Resident #28 was mildly cognitively impaired.</p> <p>Review of Physician Orders for Resident #28 dated 1/26/24 with no end date revealed . lorazepam (Ativan, used for anxiety) tablet 0.5 mg; give 0.5 mg; oral every 6 hours PRN (as needed): PRN 1, PRN 2, PRN 3, PRN 4 . (may take 4 times a day)</p> <p>Review of Care Plan for Resident #28 dated 1/27/24 revealed . problem . receiving psychotropic meds for anxiety and agitation .goal . will be prescribed the lowest effective dose . approach .observe resident's mood and response to medication .pharmacy consultant review as indicated .</p> <p>In an interview on 5/2/24 at 11:17 AM., Registered Nurse (RN) Q reported that Resident #28 does not take PRN lorazepam 0.5 mg during the day shift. RN Q stated I don't give her that med. RN Q reported that PRN anxiety medication orders are only good for 14 days. RN Q reported that Resident #28's PRN lorazepam 0.5 mg was ordered on 1/26/24 and was listed as open ended with no stop date noted.</p> <p>In an interview on 5/2/24 at 11:59 AM., Director of Nursing (DON) B reported that PRN psychotropic medications should be prescribed for only 14 days. DON B reported that Resident #28's order for lorazepam should have been for 14 days only.</p> <p>In an interview on 5/2/24 at 1:53 PM., DON B reported that new medication orders were reviewed by the clinical team in the daily meeting and all medications were reviewed weekly. DON B reported that there were no audits completed on original orders. When asked if any gradual dose reductions (GDR's) had been completed for Resident #28 and her PRN use of lorazepam 0.5 mg orally as needed, DON B replied no, no GDR's have been done for Resident #28.</p>		

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<p>F 0868</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>48637</p> <p>Have the Quality Assessment and Assurance group have the required members and meet at least quarterly</p> <p>Based on interview and record review, the facility failed to ensure that Quality Assessment and Assurance (QAA) meetings were held at least quarterly in a census of 62 residents, resulting in the potential for quality deficiencies not being identified or corrected.</p> <p>Findings include:</p> <p>During an interview on 5/02/2024 at 1:03 PM, Director of Nursing (DON) B presented a QAA binder with meeting sign in sheets and notes dated 2/14/2024, 3/20/2024 and 4/10/2024. DON B stated that as of February 2024 the facility changed QAA meetings from quarterly to monthly. DON B was unable to locate the quarterly sign in sheets from September 2023 to January 2024 to show whether QAA meetings were held during that time and who attended.</p> <p>During an interview on 5/02/2024 at 1:30 PM, Assistant Director of Nursing (ADON) X stated that the QAA meeting was scheduled in November 2023 and was cancelled and she didn't know if it was rescheduled.</p> <p>Review of the Quality Assurance and Performance Improvement (QAPI) Policy with a created date of 9/20/2017 and a review date of 4/14/2023 under III. Procedures and 2 a. revealed, Meet at least quarterly and as needed to coordinate and evaluate activities under the QAPI program, such as identifying issues with respect to which quality assessment and assurance activities, including performance improvement projects (PIP) under the QAPI program, are necessary.</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>41424</p> <p>Based on observation, interview, and record review the facility failed to ensure proper infection control protocols and practices that included Enhanced barrier precautions (EBP) and/or transmission based precautions per national standards of practice for 5 of 17 residents (#31, #50, #27, #261, #262, #5), 2. ensure adequate hand hygien and hygenic wound care for 1 of 1 resident, and 3. ensure no consumption of personal beverages in resident care areas, resulting in the increased potential for the spread of infection, bacterial harborage, cross contamination, and disease transmission for residents residing in the facility.</p> <p>Findings include:</p> <p>Review of Centers for Disease Control and Prevention (CDC) dated March 20,2024, revealed, .Enhanced Barrier Precautions (EBP) refer to an infection control intervention designed to reduce transmission of multidrug-resistant organisms that employs targeted gown and glove use during high contact resident care activities .EBP are used in conjunction with standard precautions and expand the use of PPE to donning of gown and gloves during high-contact resident care activities that provide opportunities for transfer of MDROs to staff hands and clothing .EBP are indicated for residents with any of the following: *Infection or colonization with a CDC-targeted MDRO when Contact Precautions do not otherwise apply; or *Wounds and/or indwelling medical devices even if the resident is not known to be infected or colonized with a MDRO . Effective Date: April 1, 2024 .</p> <p>Resident #31:</p> <p>Review of Orders dated 3/15/24, revealed, .Suprapubic catheter (tube inserted through the skin into the bladder to drain urine) - 12F/5cc .</p> <p>Review of Order dated 4/2/24, revealed, .Change catheter PRN (as needed) .</p> <p>Review of Resident #31's orders revealed no order for enhance barrier precautions.</p> <p>During an observation on 05/01/24 at 10:30 AM, observed no enhanced barrier precautions signage on the door or wall and no personal protective equipment (PPE) available for staff to don.</p> <p>Reveiv of Orders dated 04/01/24, revealed, .albuterol sulfate solution for nebulization; 0.63 mg/3 mL; amt: one; inhalation Special Instructions: BID for wheezing/SOB Twice A Day .</p> <p>During an observation on 05/01/24 at 03:14 PM, Resident #31's room observed in his room on his night stand next to his bed he had the nebulizer machine with the tubing and mask placed in his top drawer with other items. Noted the mask was not in a plastic bag or on a protective barrier in his drawer.</p> <p>Resident #50:</p> <p>Review of Orders dated 2/6/24, revealed, .Foley cath (tube inserted into the bladder to drain urine) 16 fr 10cc balloon; change monthly and PRN (as needed) .Once a day on 1st Tue of the Month .</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>Review of Resident #50's orders revealed no order for enhance barrier precautions.</p> <p>During an observation on 05/02/24 at 09:48 AM, Resident #50's door to his room was open, no PPE and no signage on the door to indicate enhanced barrier precautions was needed for resident cares.</p> <p>Resident #27:</p> <p>Review of an Admission Record revealed Resident #27 was a female with pertinent diagnoses which included pressure ulcer of left ankle,</p> <p>Review of Orders dated 2/17/24, revealed, .FOLEY CATH 16FR 10CC 16 FR; amt: one; Special Instructions: CHANGE AS NEEDED Every Shift - PRN (as needed) .</p> <p>During an observation 05/01/24 at 10:37 AM, noted there was no signage on the door for enhanced barrier precautions or personal protective equipment (PPE) available for staff to don prior to entering the room. Wound Nurse Z entered the room and did not don PPE to perform the treatment.</p> <p>In an interview on 05/01/24 10:45 AM, Wound Nurse Z reported the order was for her leg/ankle area as she had surgery on that area and everytime it rubbed on the sheets it breaks open, since she had been here it had been there. WN Z reported the doctor told her since the area keeps opening said to keep something on it to protect it.</p> <p>During an observation of catheter bag emptying on 05/01/24 at 11:56 AM, Certified Nursing Assistant (CNA) K was noted to be wearing a faceshield and gloves but no gown. Observed CNA K removed the faceshield and placed it on a hook in the bathroom, she did not sanitize it prior to placing it there. In an interview CNA K reported with the type of catheter bag Resident #27 had the spout on it sometimes goes crazy and she reported she wore the mask to protect against being splashed in the face as that had happened before.</p> <p>Review of Resident #27's orders revealed no order for enhance barrier precautions.</p> <p>Resident #261:</p> <p>Review of an Facesheet revealed Resident #261 was a female with pertinent diagnoses which included stroke, dementia, weakness, and displaced spiral fracture of shaft of humerus, right arm.</p> <p>Review of Progress Note dated 4/15/24, revealed, .Resident receiving skilled nursing care for ORIF (open reduction and internal fixation) of right humerus and radial nerve graft on 3/27/24 .Dressing to RUE (right upper extremity) clean/dry/intact .</p> <p>Review of Care Plan created on 4/2/24, revealed the focus, .(Resident #261) had surgery on her right humerus fx (fracture), She has incision to right upper arm . with the intervention .Perform wound care treatments per physician orders .</p> <p>Review of Orders revealed no orders for enhanced barrier precautions or contact precautions.</p> <p>Review of Lab results dated 04/22/24, revealed, resident positive for urinary tract infection.</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>Review of Lab results received on 04/25/24, revealed, Result Final: Proteus Mirabilis .</p> <p>Review of Resident #261's orders revealed no order for Contact Precautions due to her urinary infection diagnosis.</p> <p>Review of Progress Notes dated 04/30/2024 at 6:53 PM, revealed, .1630 (4:30 PM) ATB Cipro continues for UTI. Will accept water as desires. 480cc taken @ evening meal. No frequency to use the BR. States It is uncomfortable sometimes for me. Temp-97.8 .</p> <p>Review of Progress Notes dated 05/01/2024 at 09:51 AM, revealed, .ABT continues for UTI .</p> <p>During an observation on 05/01/24 at 10:19 AM, there was no contact precautions signage or personal protective equipment (PPE) available for staff to don prior to entering Resident #261's room.</p> <p>During an observation on 05/01/24 at 10:23 AM, Certified Nursing Assistant (CNA) E entered Resident #261's room to assist the resident's roommate to the shower. CNA C entered the room to assist with the transfer. Neither CNA had donned PPE prior to entering the resident's room.</p> <p>In an interview on 05/02/24 at 10:22 AM, Infection Preventionist (IFP) X reviewed the culture and sensitivity lab results and reported Resident #261 had proteus mirabilis which was a MDRO (multi drug resistant organism) and when she reported the facility did not have any residents on precautions she was incorrect as Resident #261 should have been on contact precautions due to her infection.</p> <p>Resident #262:</p> <p>Review of an Facesheet revealed Resident #262 was a female with pertinent diagnoses which included cellulitis of right lower limb, pressure ulcer of right heel, stage 1, pressure ulcer of left heel, stage 1, cellulitis of left lower limb, and malignant neoplasm of skin (skin cancer).</p> <p>Review of Orders dated 4/24/24, revealed, .Santyl ointment; 250 unit/gram; amt: small amount; topical. Special Instructions: Put on crusty areas of right shin .Once a day .</p> <p>Review of Orders dated 4/27/24, revealed, .Nystatin cream; 100,000 unit/gram; amt: to bottom of right foot; topical. Special instructions: Apply to bottom of right foot, cover with ABD, secure with ace wrap x2 weeks . Every shift .</p> <p>Review of Orders dated 4/24/24, revealed, .Cleanse left leg with ns pat dry apply calcium alginate to entire area cover with ABD, kling and cover with ace bandage and leave ace bandage in place till next drsg change .Once A Day .</p> <p>Review of Orders dated 4/24/24, revealed, .Cleanse right shin with ns pat dry apply calcium alginate to open areas (not crusty area) cover the whole shin with ABD wrap with kling and cover with ace bandage. Leave Ace bandage in place till next next drsg change .</p> <p>Review of Progress Notes dated 04/30/2024 at 10:53 AM, revealed, .Resident receiving skilled nursing post hospitalization for BLE (bilateral lower extremity) cellulitis. Oral ABT (antibiotic) completed yesterday . Reported right foot continues to be sore .and resident elevated BLE in recliner after breakfast .</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Froh Community Home		STREET ADDRESS, CITY, STATE, ZIP CODE 307 N Franks Avenue Sturgis, MI 49091	
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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>In an interview on 05/02/24 at 09:54 AM, RN O reported Resident #262 had cancer with a few open spots, growths to her leg, the nurses called them crusty areas.</p> <p>During an observation on 05/01/24 at 10:30 AM, Resident #262 was not currently in her room. There was no signage to indicate enhanced barrier precautions and no PPE available to use for staff.</p> <p>Review of Resident #262's orders revealed no order for enhance barrier precautions.</p> <p>Resident #5:</p> <p>Review of an Facesheet revealed Resident #5 was a female with pertinent diagnoses which included: Alzheimer's disease, type 2 diabetes mellitus, and pressure wound to the left heel, unstageable.</p> <p>Review of Care Plan dated 4/23/24, revealed the focus, .(Resident #5) is at increased risk to develop skin breakdown due to limited mobility secondary to advanced age, dementia .Blood blister to left heel. Doctor in and it was dx as diabetic ulcer due to h/o diabetic ulcers. Wound on heel opened and doctor re-evaluated and determined it to be unstageable to left heel .</p> <p>Review of Progress Notes dated 04/23/2024 at 1:44 PM, revealed, .open are on right 3rd toe .heel drainage. Calcium alginate and 4x4 gauze was applied .</p> <p>Review of Progress Notes dated 04/24/2024 at 12:57 PM, revealed, .(Medical Doctor) in today to look at abrasion to R foot.</p> <p>During an observation on 05/01/24 at 02:56 PM, Resident #5 was in her room lying in her bed, supine position. There was no signage on the walls or door for enhanced barrier precautions and no PPE available for staff use.</p> <p>Review of Resident #5's orders revealed no orders for enhanced barrier precautions due to her pressure ulcers and open wounds.</p> <p>In an interview on 05/01/24 at 02:50 PM, Infection Preventionist (IFP) X reported the facility had no residents currently under precautions for infection control.</p> <p>In an interview on 05/02/24 at 10:27 AM, Infection Preventionist (IFP) X reported she was not aware of when the changes to implement enhanced barrier precautions had went into place. IFP X reported she had received the information a few days ago but had not read the guidance as of yet. IFP X reported according to the guidance the facility should have been implementing enhanced barrier precautions for those current residents with wounds, pressure ulcers, and indwelling devices.</p> <p>47955</p> <p>Review of an Facesheet revealed Resident #5 had pertinent diagnoses which included: Alzheimer's disease, pressure ulcer to the left heel, unstageable, and type 2 diabetes mellitus with other skin ulcer.</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>During an observation on 5/1/24 at 1:50 PM., Certified Nursing Assistant (CNA) E and CNA F were observed transferring Resident #5 via a hooyer lift (mechanical lift used to assist people who have difficulty standing) in her room into her bed from a shower chair.</p> <p>During an observation on 5/1/24 at 2:01 PM., CNA F placed the hooyer lift used to transfer Resident #5 into the clean utility room on station 2. CNA F did not clean the hooyer lift.</p> <p>In an interview on 5/1/24 at 2:17 PM., CNA F reported that she tries to clean the lifts after each use but sometimes she forgets. When asked if CNAF cleaned the hooyer lift, CNA F stated she did not clean the lift after it was used. CNA F reported that the lift should be cleaned after each use.</p> <p>In an interview on 5/1/54 at 2:18 PM., Assistant Director of Nursing (ADON) X reported that her expectation was that a hooyer lift should be cleaned after each resident use.</p> <p>During an observation on 5/1/24 at 2:03 PM., CNA E deposited bagged soiled linen into a barrel in the soiled utility room on Station 2. CNA E was then observed pushing the soiled shower chair used by Resident #5 into the spa room on station 2. While in the spa room, CNA E was observed taking a drink from a personal beverage cup that was sitting on a table inside the spa room on station 2. CNA E was observed exiting the spa room on station 2, gathered linen from the linen closet, and then entered another resident room. At no time did CNA E perform hand hygiene.</p> <p>In an interview on 5/1/24 at 2:13 PM., CNA E reported that she switches her gloves quite often and if she is soiled with feces or urine, then she will wash her hands with soap and water. CNA E reported that she will use hand sanitizer before she enters a resident room. When directly asked if she performed hand hygiene between residents, CNA E replied I did not use hand sanitizer this time or wash my hands.</p> <p>In an interview on 5/1/24 at 2:22 PM., Director of Nursing (DON) B and ADON X reported that hand hygiene should be completed before and after resident care.</p> <p>In an interview on 5/1/24 at 2:28 PM., DON B reported that staff's personal beverages should not be in the spa room or consumed in resident care areas.</p> <p>During an observation on 5/2/24 at 10:30 AM., Wound Nurse (WN) Z and CNA M were prepping to complete Resident #5's dressing change to her left foot. Noted in the room was a pedestal fan, at the foot of Resident #5's bed, that was turned on and was blowing air on Resident #5's feet. While observing WN Z position herself to complete Resident #5's left foot dressing change, the supplies on the over the bed table that WN Z was positioning into her reach prior to starting the dressing changed were blown around and disturbed by the fan. WN Z adjusted the position of the over the bed table with dressing supplies on it to be out of the air circulation created by the pedestal fan. WN Z was observed completing the dressing change to Resident #5's left foot while the pedestal fan was on, circulating air and was pointed directly at Resident #5's feet.</p> <p>In an interview on 5/2/24 at 10:45 AM., WN Z reported that the fan in Resident #5's room was not turned off before the dressing change was complete. WN Z reported should have been turned off before her dressing change was completed.</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>In an interview on 5/2/24 at 10:47 AM., DON B reported that a fan should be turned off before completing any dressing change.</p>

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<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41424</p> <p>Based on interview and record review, the facility failed to offer the pneumococcal vaccine for 4 (Resident #26, #50, #38, #24) of 5 residents reviewed for immunizations, resulting in a delay in the residents being given the opportunity to receive or decline the pneumococcal vaccination.</p> <p>Findings include:</p> <p>Resident #26:</p> <p>Review of an Facesheet revealed Resident #26 was a female with pertinent diagnoses which included heart failure, diabetes, dementia, chronic ulcer of buttock limited to breakdown of skin, urinary tract infection, and stroke.</p> <p>Review of Preventive Health Care dated 5/2/24, revealed, .Pneumococcal Vaccine: PCV13 given on 12/18/2013 and PPSV 23 given on 08/05/2015 .</p> <p>In an interview on 05/02/24 at 11:31 AM, Infection Preventionist (IFP) X reported she was not aware of the changes to the immunization requirement for the pneumococcal vaccine. Review of the CDC Vaccine Schedule, the IFP X reported Resident #26 should have been offered the PCV 15 or PCV 20 vaccine.</p> <p>Resident #50:</p> <p>Review of an Facesheet revealed Resident #50 was a male with pertinent diagnoses which included retention of urine, neuromuscular dysfunction of bladder, acute kidney failure, diabetes, acute cystitis without hematuria (inflammation of the urinary bladder).</p> <p>Review of Preventive Health Care dated 5/2/24, revealed, .Pneumococcal Vaccine: PCV13 given on 11/17/2016 and PPSV 23 given on 05/27/2014 .</p> <p>In an interview on 05/02/24 at 11:33 AM, Infection Preventionist (IFP) X reported Resident #50 should have been offered the PCV 15 or PCV 20 vaccine.</p> <p>Resident #38:</p> <p>Review of an Facesheet revealed Resident #38 was a female with pertinent diagnoses which included dementia, parkinson's disease, high blood pressure, sleep terror, and edema.</p> <p>Review of Preventive Health Care dated 5/2/24, revealed, resident was provided the vaccine at an outside setting unknown.</p> <p>In an interview on 05/02/24 at 11:43 AM, Infection Preventionist (IFP) X reported since the resident's vaccine was an outside setting unknown the resident should have been offered the PCV 15 or PCV 20.</p> <p>(continued on next page)</p>		

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<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Resident #24:</p> <p>Review of an Facesheet revealed Resident #24 was a female with pertinent diagnoses which included diabetes, paralysis affecting right dominant side, leukemia, dementia, and hydrocephalus (build up of fluid on the brain causing pressure and can cause brain damage).</p> <p>In an interview on 05/02/24 at 11:35 AM, IFP X reported in the medical record as had received in 2022 unknown outside. IFC X reported she should be in MICR if she had received her vaccines by an outside provider, hospital or pharmacy. IFP X reported she should have been offered the PCV 15 or PCV 20 and then one year after the PPSV23.</p> <p>According to the Centers for Disease Control and Prevention (CDC) PCV20 Vaccination for Adults [AGE] years and Older dated 02/09/23, revealed, .Routine vaccination: Adults [AGE] years or older who have- Previously received both PCV13 and PPSV23, AND PPSV23 was received at age [AGE] years or older: Based on shared clinical decision-making, 1 dose of PCV20 at least 5 years after the last pneumococcal vaccine dose . and .Adults [AGE] years or older who have: - Not previously received a dose of PCV13, PCV15, or PCV20, or whose previous vaccination history is unknown: 1 dose of PCV15 OR 1 dose of PCV20. If PCV15 is used, administer 1 dose of PPSV23 at least 1 year after the PCV15 dose (may use minimum interval of 8 weeks for adults with an immunocompromising condition, cochlear implant, or cerebrospinal fluid leak) .</p> <p>www.cdc.gov/vaccines/hcp/admin/downloads/job-aid- SCDM-PCV20-508.pdf</p>