

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235352	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/25/2024
NAME OF PROVIDER OR SUPPLIER Cass County Medical Care Facil		STREET ADDRESS, CITY, STATE, ZIP CODE 23770 Hospital St Cassopolis, MI 49031	

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 0557</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 be treated with respect and dignity and to retain and use personal possessions.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46999</p> <p>Based on observation, interview, and record review, the facility failed to maintain the dignity of one resident (#46) of 18 residents reviewed for dignity, by denying the resident the right to use personal belongings of choice in her room. This deficient practice resulted in decreased ability to pursue an independent activity of choice, and feelings of frustration and disappointment.</p> <p>Findings include:</p> <p>Resident #46</p> <p>Review of a facility policy titled Resident Personal Belongings with a review date of 4/24 revealed: It is the policy (facility name omitted) to protect the resident's right to posses personal belongings .for their use while in (facility name omitted) . will support the resident's right to .use personal possessions to promote a homelike environment .</p> <p>Review of an Admission Record revealed Resident #46, was originally admitted to the facility on [DATE] with pertinent diagnoses which included: major depressive disorder and occipital neuralgia (condition in which the occipital nerves are inflamed causing headaches/blurred vision, neck pain).</p> <p>Review of a Minimum Data Set (MDS) assessment for Resident #46, with a reference date of 4/10/24 revealed a Brief Interview for Mental Status (BIMS) score of 15/15 which indicated Resident #46 was cognitively intact. Section B revealed Resident #46 wore glasses.</p> <p>During an observation on 4/23/24 at 3:17pm, a 40 television sat in a box on the floor near Resident #46's shelving unit. The head of Resident #46's bed was against the wall on the right side of the room. A small television was mounted on the wall opposite of Resident #46's bed, in a recessed area with shelving. The distance from Resident #46's head of her bed to the television was approximately 15 feet.</p> <p>In an interview on 4/23/24 at 3:18pm, Resident #46 reported her daughter her a larger television to use in her room because the facility's television was too small for her to use. Resident #46 reported she was told she could not use the 40 television in her room because the wall mounted brackets that held the facility's television would only accommodate a 32' television. Resident #46 reported she offered to purchase larger brackets herself if the facility would install them and was told that was not an option.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235352	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/25/2024
NAME OF PROVIDER OR SUPPLIER Cass County Medical Care Facil		STREET ADDRESS, CITY, STATE, ZIP CODE 23770 Hospital St Cassopolis, MI 49031	

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 0557</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an observation on 4/24/24 at 4:08pm, Resident #46 sat at the edge of her bed, resting her arms on her bedside table, staring straight ahead in her darkened room.</p> <p>During an observation 4/25/24 at 10:21am, Resident #46 sat at the edge of her bed, resting her arms on her beside table, staring straight ahead.</p> <p>In an interview on 4/24/24 at 3:59pm, Social Services Director (SSD) U reported the facility had no specific restrictions regarding the personal belongings residents used in their rooms unless they posed a safety hazard. SSD U reported the facility refused to allow Resident #46 to use the 40 television her daughter purchased for her because the television would not fit above the shelving in the room. When further queried, SSD U reported the facility had not explored other options for mounting the television, changing the location of the television bracket, running additional cable to the television.</p> <p>In an interview on 4/24/24 at 4:04pm, Social Services Assistant S reported the facility would provide Resident #46 with a 34 television but would not allow her to use the 40 television.</p> <p>In an interview on 4/24/24 at 4:09pm, Resident #46 she could not enjoy watching television on the smaller television the facility provided because she could not see it well, and had developed headaches after watching it for short periods of time. Resident #46 reported in her own home, prior to coming to the facility, she had a larger television and never developed headaches while watching it. Resident #46 reported her daughter measured the space where the facility television was mounted and found the opening to be 40 wide by 48 diagonal which would accommodate the larger television. Resident #46 reported facility made no attempt to resolve the issues involving mounting the television on the wall and she was told it was at the discretion of the maintenance department regarding her use of a larger television.</p> <p>In an observation on 4/24/24 at 4:16pm, the measurements of the television space in Resident #46's room were confirmed to be 40 wide, >40 high, by 48 diagonal. The 40 television measured approximately 38 wide by 20 high.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235352	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/25/2024
NAME OF PROVIDER OR SUPPLIER Cass County Medical Care Facil		STREET ADDRESS, CITY, STATE, ZIP CODE 23770 Hospital St Cassopolis, MI 49031	
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 0561</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 and the facility must promote and facilitate resident self-determination through support of resident choice.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41027</p> <p>Based on interview and record review, the facility failed to allow and accommodate resident choice to spend time outdoors by themselves in 1 of 18 residents (Resident #6) reviewed for self-determination, resulting in the potential for residents not meeting their highest practicable level of well-being.</p> <p>Findings include:</p> <p>Resident #6</p> <p>Review of an Admission Record revealed Resident #6 was originally admitted to the facility on [DATE].</p> <p>Review of a Minimum Data Set (MDS) assessment for Resident #6, with a reference date of 2/7/24 revealed a Brief Interview for Mental Status (BIMS) score of 15, out of a total possible score of 15, which indicated Resident #6 was cognitively intact.</p> <p>In an interview on 04/23/24 at 01:05 PM, Resident #6 reported that she enjoyed being outside in the fresh air, but that she was not allowed to go outside unless someone from activities was with her. Resident #6 reported that when she admitted to the home, she was told that she could come and go as she wished, but now she had been told that she can only leave the home with family or staff. Resident #6 reported that she made all her own decisions, and did not have a power of attorney (POA), and did not want a staff member supervising her while she was outside.</p> <p>Review of Resident #6's Admission Record revealed, Self-Medical Decision Maker, Responsible Party for billing.</p> <p>Review of Resident #6's Care Plan revealed, .I enjoy outdoor sports .I enjoy being outside when the weather permits. Please offer to take me outside on nice days. Date initiated: 11/28/23 .</p> <p>Review of Resident #6's Activities Assessment from admission, dated 4/12/23 revealed, .enjoys playing sports (tennis, pool, baseball), and really enjoys being outside .</p> <p>In an interview on 04/24/24 at 11:25 AM, Receptionist M reported that no residents are allowed to go outside by themselves. Receptionist M reported that some residents are allowed to go into the courtyard along with someone from activities.</p> <p>In an interview on 04/24/24 at 03:57 PM, Certified Nursing Assistant (CNA) QQ reported that she does not take any residents outside, and that Resident #6 always says that she's waiting for her family, so that she can go outside.</p> <p>In an interview on 04/24/24 at 03:58 PM, Activity Aide (AA) BB reported that the home does not allow any residents to go outside by themselves, and does not offer residents to go outside until the weather is warm.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235352	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/25/2024
NAME OF PROVIDER OR SUPPLIER Cass County Medical Care Facil		STREET ADDRESS, CITY, STATE, ZIP CODE 23770 Hospital St Cassopolis, MI 49031	
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 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 04/24/24 at 03:46 PM, Social Services Director (SSD) U reported that residents must have a staff member with them at all times when they are outside. SSD U reported that Resident #6 is her own decision maker and there would be no reason that she should need someone to go outside with her. SSD U reported that the home had not ever thought about allowing residents to go outside on their own.</p> <p>In an interview on 04/25/24 at 09:50 AM, Resident #6 reported that staff had discussed with her yesterday about being able to go outside on her own now, and that she planned on spending time outside that afternoon.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235352	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/25/2024
NAME OF PROVIDER OR SUPPLIER Cass County Medical Care Facil		STREET ADDRESS, CITY, STATE, ZIP CODE 23770 Hospital St Cassopolis, MI 49031	
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41027</p> <p>Based on observation, interview, and record review, the facility failed to provide assistance with getting out of bed for dependent residents in 1 of 3 residents (Resident #8) reviewed for ADL (Activities of Daily Living) care, resulting in the potential for residents to not meet their highest practical level of well-being.</p> <p>Findings include:</p> <p>Resident #55</p> <p>Review of an Admission Record revealed Resident #55 was originally admitted to the facility on [DATE], with pertinent diagnoses which included: down syndrome.</p> <p>Review of a Minimum Data Set (MDS) assessment for Resident #55, with a reference date of 3/6/24, under Functional Abilities and Goals section GG revealed that Resident #55 was dependent on staff for eating and transferring out of bed.</p> <p>Review of Resident #55's Skin Care Plan revealed, .at high risk for skin breakdown .need to sit upright after meals .Date initiated: 3/13/24. Interventions: .Please assist be back to bed if I have been in my chair for more than 2 hours at a time. Date initiated: 3/9/24. Please only have resident up with meals, but no longer than 2 hours in chair at a time. Date initiated: 3/13/24 . In Resident #55's ADL care plan there was nothing related to getting out of bed.</p> <p>During an observation on 04/23/24 at 10:30 AM Resident #55 was lying in her bed wearing a gown from the home. There was signage of the door indicating Contact Precautions.</p> <p>During an observation on 04/23/24 at 12:59 PM Resident #55 was lying in her bed with the head of bed (HOB) at 45-90 degrees, and she was still wearing a gown, and had just finished eating lunch. Resident #55 did not get out of bed for lunch.</p> <p>During an observation on 04/24/24 at 11:37 AM Resident #55 was in her bed with the HOB at 30 degrees, and wearing a gown from the home.</p> <p>During an observation on 04/24/24 at 01:06 PM Resident #55 was in her bed and Certified Nursing Assistant (CNA) LL was assisting her with lunch.</p> <p>In an interview on 04/24/24 at 01:12 PM, CNA LL reported that Resident #55 does not get out of bed for meals anymore.</p> <p>During an observation on 04/24/24 at 02:15 PM Resident #55 was lying in her bed wearing a gown from the home.</p> <p>In an interview on 04/25/24 at 11:30 AM, CNA EE reported that Resident #55 would not be getting out of bed for lunch.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235352	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/25/2024
NAME OF PROVIDER OR SUPPLIER Cass County Medical Care Facil		STREET ADDRESS, CITY, STATE, ZIP CODE 23770 Hospital St Cassopolis, MI 49031	
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an observation on 04/25/24 at 11:30 AM in Resident #55's room, CNA EE and CNA RR were giving Resident #55 a bed bath, and put a clean gown from the home on her.</p> <p>In an interview on 04/25/24 at 11:55 AM, CNA RR reported that Resident #55 was not getting out of bed for lunch, because she was only allowed to be up in her chair for 1 hour and she was isolated to her room because she had C. Diff (Clostridioides difficile: a highly contagious bacteria that causes an infection of the bowels).</p> <p>In an interview on 04/25/24 at 11:57 AM, Infection Preventionist (IP) Z reported that Resident #55 could be up in her chair for 2 hours at a time, and she could still go to the dining room for meals, even though she was positive for C. Diff. IP Z reported that staff should know this information because they had just been educated them recently about it.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235352	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/25/2024
NAME OF PROVIDER OR SUPPLIER Cass County Medical Care Facil		STREET ADDRESS, CITY, STATE, ZIP CODE 23770 Hospital St Cassopolis, MI 49031	
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 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide activities to meet all resident's needs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46999</p> <p>Based on observation, interview, and record review, the facility failed to provide individualized activities based on resident preferences, needs, and abilities for 3 of 18 Residents (Resident #65, Resident #69, and Resident #63) reviewed for activities, resulting in feelings of boredom, and a potential for loneliness, social withdrawal, and depressed mood.</p> <p>Findings include:</p> <p>Resident #65</p> <p>Review of an Admission Record revealed Resident #65 was a [AGE] year-old male, originally admitted to the facility on [DATE] with pertinent diagnoses which included: aphasia (language disorder affecting verbal communication), and hemiplegia (paralysis on one side of the body) following a cerebral infarction (stroke).</p> <p>Review of a Minimum Data Set (MDS) assessment for Resident #65, with a reference date of 11/23/23 revealed Resident #65 had unclear speech and could not complete a Brief Interview for Mental Status. Section F of the MDS revealed Resident #65 indicated it was very important to him to go outside to get fresh air when the weather was good, somewhat important to pursue his favorite leisure activities, listen to music, and do things with groups of people. Resident #65 felt it was not important at all to pursue religious activities.</p> <p>Review of a Care Plan for Resident #65, with a reference date of 11/24/23 revealed a focus/goal/interventions as follows: Focus: I am an independent person, I would like to be invited to activities, and I enjoy keeping busy .Goal: Resident will maintain involvement in cognitive stimulation, social activities as desired .Interventions: all staff converse with me .encourage ongoing family involvement .I enjoy reading crime books .please go over activities calendar with me .</p> <p>Review of an Activity Assessment for Resident #65 dated 11/10/23 revealed Resident #65 enjoyed traveling, working, learning new things, and reading crime novels. Section C of the assessment revealed Resident #65 wished to participate in activities, including group activities and independent activities but did not want individual visits. Section D indicated that activities did not need to be modified to address a communication deficit.</p> <p>In an interview on 4/24/24 at 1:12pm, Resident #65 used yes/no responses and gestures to communicate. Resident #65 indicated he wanted to get outside more often, would enjoy listening to crime novels on audio books, and would like to listen to rap and rhythm and blues music in his room. When asked if he felt bored frequently, Resident #65 nodded his head up and down to indicate yes. Resident #65 attempted to verbally respond to questions, but his vocal quality was poor and unintelligible.</p> <p>In an interview on 4/23/24 at 12:14pm, Family Member (FM) NN reported Resident #65 did not enjoy the types of activities provided by the facility. RM NN reported Resident #65 enjoyed being outside and loved listening to Rap and Rhythm and Blues music.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235352	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/25/2024
NAME OF PROVIDER OR SUPPLIER Cass County Medical Care Facil		STREET ADDRESS, CITY, STATE, ZIP CODE 23770 Hospital St Cassopolis, MI 49031	
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 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 4/23/24 at 12:27pm, Family Member/Power of Attorney (FM/POA) MM reported she visited Resident #65 approximately 3 times a week and had not seen him attend any group activities. FM/POA reported Resident #65 cried during some of her visits and. FM/POA MM reported Resident #65 enjoyed trivia games, playing cards, listening to rap and rhythm and blues music, and spending time outside. FM/POA MM reported she was worried about Resident #65 losing his abilities and becoming depressed due to his lack of activity. FM/POA MM reported she was assist Resident #65 in pursuing coloring during her visits but he needed someone to encourage him and set it up in order for him to actively participate.</p> <p>In an interview on 4/24/24 at 1:34pm, Community Enrichment Director (CED) OO reported Resident #65 had not been doing a whole lot regarding his involvement in activities. When further queried about what interventions were in place for residents who were not attending group activities, LED OO reported Life Enrichment staff came by and chatted with them.</p> <p>In an interview on 4/24/24 at 2:20pm, Certified Nursing Assistant (CNA) LL reported Resident #65 slept a lot throughout the day and would often be in bed for the night before the evening meal was served. CENA LL reported Resident #65 did not participate in many activities, seemed withdrawn, and primarily seemed to look forward to mealtime. When further queried, CENA LL stated it wouldn't surprise me if he's depressed because he sleeps so much.</p> <p>In an interview on 4/25/24 at 10:20am, Community Enrichment Aide (CEA) PP reported she was assigned to Resident #65's hallway on this date, and that Resident #65 had not been involved in many activities since his admission. When queried about Resident #65's interests, CEA NN stated He really likes church.</p> <p>In an interview on 4/25/24 at 9:53am CED OO reported he was unsure how many activities Resident #65 had been involved in during the last 3 months. CED OO reported it would require a lot of digging to track each residents monthly group activity attendance due to the current documentation process. CED OO reported it was important to be able to track each resident's involvement to ensure the activities program was meeting each person's needs/interests. CED OO reported the facility did offer card games every evening, but he was unsure if Resident #65 had attended. CED OO reported the facility had not offered Resident #65 any devices that would allow him to listen to music or use audio books in his room.</p> <p>Review of activity logs dated February, March, April 2024 revealed Resident #65 participated in 1 exercise group and 2 outdoor visits during the 84-day period.</p> <p>During an observation on 4/23/24 at 1:21pm, Resident #65 laid in bed on his back, curtains were drawn, and the room was dark. Resident #65 appeared to be asleep.</p> <p>During an observation on 4/23/24 at 3:02pm, Resident #65 laid bed on his side, curtains were drawn, and the room was dark. Resident #65 appeared to be asleep.</p> <p>During an observation on 4/24/24 at 11:06am, Resident #65 was lying in bed, awake, his television was on, but he was not watching it.</p> <p>During an observation on 4/24/24 at 1:40pm, Resident #65's curtains were drawn, room darkened, and he sat in his wheelchair, awake with his back turned toward his television.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235352	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/25/2024
NAME OF PROVIDER OR SUPPLIER Cass County Medical Care Facil		STREET ADDRESS, CITY, STATE, ZIP CODE 23770 Hospital St Cassopolis, MI 49031	
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 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an observation on 4/24/24 at 2:15pm, Resident #65 laid on his back, in his bed, and appeared to be asleep.</p> <p>During an observation on 4/25/24 at 10:19am, Resident #65 sat in front of a large window at the end of the hallway and looked out the window.</p> <p>Review of The Boredom of Solitude published 4/21/23 by Psychology Today, [NAME] Danckert Ph.D., [NAME], Ph.D, revealed Loneliness is a complex experience, one that can heighten our sense of vulnerability .which leads to elevated stress . and just like boredom, loneliness has been associated with poor mental health, challenges to cognitive function, and even cognitive decline in the elderly .perceived lack of meaning will color things as being boring. So, to solve loneliness, like solutions to boredom, we can't simply reach for any kind of interaction. We need things that are meaningful to us.</p> <p>Review of a facility policy, Community Enrichment, with a reference date of 2/24 revealed a statement: Facility sponsored group, individual and independent activities will be designed to meet the interests of each resident, as well as support their physical, mental, and psychosocial well-being. Activities will .enhance the resident's sense of well-being, belonging, and usefulness .reflect a resident's interests and age .reflect choices of the resident .</p> <p>41424</p> <p>Resident #69:</p> <p>Review of an Admission Record revealed Resident #69 was a male with pertinent diagnoses which included glaucoma, chronic pain, pain in right hip, low back pain, severe protein calorie malnutrition, adult failure to thrive, disc degeneration lumbar region, and muscle weakness.</p> <p>Review of a Minimum Data Set (MDS) assessment for Resident #69, with a reference date of 4/1/24 revealed a Brief Interview for Mental Status (BIMS) score of 13 out of 15 which indicated Resident #69 was cognitively intact.</p> <p>Review of Care plan revised on 4/2/24, revealed the focus, .I prefer independent activities, I would also like to be invited to group activities as well . with the intervention .All staff to converse with me while providing care. I am from (local city), I have three children, I have been married for over [AGE] years, and I enjoy jazz music .I am a religious person. Please invite me to religious based groups .I enjoy spending time outside. Please offer to take me outside when the weather is nice .I enjoy watching sports (baseball and football). Please remind me if there are any games on TV .</p> <p>Review of MDS assessment for Resident #69, with a reference date of 4/1/24 revealed, .Section GG: . Chair/bed-to-chair transfer: Dependent - Helper does ALL of the effort. Resident does none of the effort to complete the activity .</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235352	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/25/2024
NAME OF PROVIDER OR SUPPLIER Cass County Medical Care Facil		STREET ADDRESS, CITY, STATE, ZIP CODE 23770 Hospital St Cassopolis, MI 49031	
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 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Activities Assessment - Initial/Annual/SC dated 3/29/24 at 2:38 PM, revealed, .A. Past Activity Interests/Service .[NAME] likes baseball, football, and enjoys being outside a lot .previous occupation Gas Manufacturing .Education Level: High school graduate .Military service .b. yes .dd. branch- Army .ee. Specific Era: Vietnam .Religious Affiliation: aa. Protestant .1. Does the resident wish to participate .Yes .2. Does the resident wish to participate in group activities .Yes .5. Does resident like independent activities (i.e. reading, puzzles, etc.)? .Yes .D. Limitations/Special Needs: 4. Activities should be modified to address visual deficit .Yes .6. [NAME] Resident #69 has almost no vision, will need help to locate and grab things .</p> <p>Review of medical record for Resident #69 revealed no Activity notes and/or Activity Participation notes.</p> <p>In an interview on 04/24/24 at 09:34 AM, Resident #69 reported he had low vision and he can't read anything. He reported he had his vision as a child and then when he got older her lost his vision. Resident #69 reported when he was at home his wife would read the Bible to him. Resident #69 reported since he was not able to see it was difficult for him to participate in activities. Resident #69 reported the facility had not offered to have an audiobook version of the Bible for him. There was no noted radio in the room.</p> <p>Reviewed the March 2024 Activity Calendar revealed on .3/28/24 at 1030 Prayer and Worship, 3/28/24 at 200 Bible Study, and 3/2924 at 1030 Men's Club .</p> <p>Review of the A Hall Activity Logs for March 2024 revealed Resident #69 was marked as participating in the activity Room Visit on 3/27/24, 3/29/24, 3/30/24, and 3/31/24 and independent activity Music/TV/Radio on 3/27/24, 3/28/24, and 3/29/24-3/31/24, and the independent activity Visitors on 3/31/24, and the activity Social Dining on 3/27/24. Noted no documentation to indicate if Resident #69 had been invited or encouraged to attend group activities.</p> <p>Reviewed the April 2024 Activity Calendar noted the activity Bible Study was scheduled every Tuesday at 10:30 AM, Prayer and Worship was scheduled every Thursday at 10:30 AM, Men's Group was scheduled every other Friday at 10:30 AM starting on 4/12/24, Church Services were scheduled every Sunday. Note: No activities scheduled geared towards sports or outdoor activities for April 2024.</p> <p>Reviewed the April 2024 Activity Calendar noted the activity 4/2/24: Ice Cream Social, 4/6/24: Corn hole, 4/11/24: Resident Council, 4/13/24: Exercises, 4/15/24: Popcorn Social, 4/19/24: Snack and Chat, and 4/10/24: Karaoke.</p> <p>Review of the A Hall Activity Logs for April 2024 revealed Resident #69 was marked as participating in the activity Room Visit on 4/1/24 - 4/4/24, 4/6/24 - 4/8/24, 4/10/24 - 4/13/24, 4/15/24 - 4/17/24, 4/19/24 - 4/23/24 and the independent activity Music/TV/Radio on 4/1/24 - 4/4/24, 4/6/24 - 4/8/24, 4/10/24 - 4/13/24, 4/15/24 - 4/17/24, 4/19/24 - 4/23/24, the independent activity Visitors on 4/10/24, 4/15/24, 4/20/24, the activity Social on 4/2/24, the activity Bingo on 4/23/24. Noted no documentation to indicate if Resident #69 had been invited or encouraged to attend group activities.</p> <p>Review of activity logs dated March and April 2024 revealed Resident #69 participated in 1 social group activity, 1 bingo activity, and 1 social dining activity during the previous 29-day period.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235352	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/25/2024
NAME OF PROVIDER OR SUPPLIER Cass County Medical Care Facil		STREET ADDRESS, CITY, STATE, ZIP CODE 23770 Hospital St Cassopolis, MI 49031	
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 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an observation on 04/23/24 at 10:56 AM, Resident #69 was observed lying in his bed, supine position, with his eyes closed.</p> <p>During an observation on 04/23/24 at 11:15 AM, Resident #69 was observed lying in his bed with the television on low.</p> <p>During an observation on 04/23/24 at 12:08 PM, Resident #69 was observed lying in his bed with the rolling beside table next to him with a couple of snacks on it, with the television on low volume.</p> <p>During an observation on 04/24/24 at 09:25 AM, Resident #69 was observed lying in his bed supine position. The television was on at a low volume.</p> <p>During an observation on 04/24/24 at 12:26 PM, Resident #69 was observed lying in his bed with his lunch on the rolling table over his lap area.</p> <p>In an interview on 4/24/24 at 3:57 PM, Resident #69 was asked if he attended the all month birthday celebration which happened today and he reported he wasn't aware of it.</p> <p>In an interview on 04/25/24 at 12:18 PM, Resident #69 reported he liked to watch sports, jazz music, really like baseball and the Tigers were his team. Resident #69 reported he had been to a few Tigers games before.</p> <p>In an interview on 4/24/24 at 4:17 PM, Community Enrichment Director (CED) OO reported he was at a seminar a few weeks ago and had the activity staff start implementing whether the resident accepted or declined the invitation to attend an activity prior to that it was not done. When queried if Resident #69 had attended any group activities, CED OO reported the resident had not been at the facility very long but he did come to Bingo yesterday. CED OO reported if Resident #69 wanted someone to help him with the chips at Bingo or if he wanted someone to read the Bible to him, they could do that for him but indicated this had not been offered to Resident #69. CED OO indicated he would like to have his staff document activities in the electronic medical record as there was a lot of paper to compile for tracking activity participation. CED OO reported he asked Resident #69 when he was admitted if he wanted a radio in his room and the resident declined but he did not reapproach.</p> <p>36221</p> <p>Resident #63</p> <p>Review of an Admission Record revealed Resident #63 was a male, with pertinent diagnoses which included autism, depression, and a developmental disorder.</p> <p>Review of a Minimum Data Set (MDS) assessment, with a reference date of 3/27/24, revealed Resident #63 had a short-term memory problem, and some difficulty with daily decision making in new situations.</p> <p>Review of an Activities Assessment for Resident #63, dated 7/6/23, revealed .(Resident #63) enjoys playing music, drawing, reading magazines, and working on various forms of artwork .Does the resident wish to participate in activities while in the home? Yes .Does the resident wish to participate in group activities? Yes . Does the resident wish 1:1 with staff? No .</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235352	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/25/2024
NAME OF PROVIDER OR SUPPLIER Cass County Medical Care Facil		STREET ADDRESS, CITY, STATE, ZIP CODE 23770 Hospital St Cassopolis, MI 49031	
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 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of a current Care Plan for Resident #63 revealed the focus .I enjoy independent activities (reading and listening to music), and I may attend activities with some encouragement . initiated 7/14/23, with interventions which included .All staff to converse with me while providing care .I am Christian, and I enjoy listening to country and Christian music .I am a religious person. Please offer to take me to bible study on days it is offered . initiated 7/14/23, and .I enjoy being outside or in the sun. Please offer to take me outside when weather permits or offer to put a chair in the sun for me . initiated 8/9/23.</p> <p>Review of an Activity Note for Resident #63, dated 1/4/24, revealed .(Resident #63) is not receptive to attending activities or room visits too much, but he enjoys company when he is open to it .</p> <p>Review of a Care Conference note for Resident #63, dated 1/17/24, revealed .Dietary reported that (Resident #63) has gained weight which isn't a problem as long as he becomes more active. Activities will encourage him in that area .</p> <p>Review of a Behavior Note for Resident #63, dated 4/19/24, revealed .(Resident #63) had 3 noted behaviors in this review period of agitation, mood changes, restless, uncooperative, and withdrawn. Noted increase from previous month. Non pharmacological interventions were .involve in activities .</p> <p>In an observation on 4/23/24 at 10:51 AM, Resident #63 was noted in bed in his room. Resident #63 was awake, watching television.</p> <p>In an observation on 4/23/24 at 12:21 PM, Resident #63 was noted sitting on the edge of the bed in his room, drumming his hands on the tray table.</p> <p>In an observation on 4/23/24 at 2:54 PM, Resident #63 was noted sitting in his armchair in his room, with the television on.</p> <p>In an observation on 4/24/24 at 9:25 AM, Resident #63 was noted in bed in his room, laying on his left side facing the wall. Noted his television was on, with the volume low.</p> <p>In an interview on 4/24/24 at 9:43 AM, Family Member SS reported Resident #63 enjoys music, plays the drums, and often strums on his acoustic guitar. Family Member SS reported Resident #63 also enjoys coloring. Family Member SS reported with Resident #63, his participation depends on how he is approached, and stated .He is really good at saying no . Family Member SS reported he believes Resident #63 would be interested in group activities, and hopes facility staff .keep trying . to encourage his participation.</p> <p>In an observation on 4/24/24 at 11:36 AM, Resident #63 was noted in bed in his room, laying on his right side with his eyes closed.</p> <p>In an observation on 4/24/24 at 12:17 PM, Resident #63 was noted in bed in his room, laying on his right side with his eyes closed. Noted his television was on, with the volume low.</p> <p>In an observation on 4/24/24 at 3:41 PM, Resident #63 was noted in bed in his room, laying on his left side facing the wall. Noted a guitar in Resident #63's room, leaning against the far wall.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235352	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/25/2024
NAME OF PROVIDER OR SUPPLIER Cass County Medical Care Facil		STREET ADDRESS, CITY, STATE, ZIP CODE 23770 Hospital St Cassopolis, MI 49031	
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 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 4/24/24 at 3:45 PM, Certified Nursing Assistant (CNA) Y reported Resident #63 does not do much during the day, and spends most of his time in bed. CNA Y stated Resident #63 .comes alive at night . and will sometimes spend time with staff at the nurses desk, playing his guitar or coloring.</p> <p>In an observation on 4/25/24 at 9:50 AM, Resident #63 was noted in bed in his room, laying on his left side facing the wall. Noted his television was on, with the volume low.</p> <p>In an interview on 4/25/24 at 9:55 AM, CNA TT reported Resident #63 will occasionally be up all day strumming on his guitar, and then other days spends the majority of the day in bed. CNA TT reported she has not observed Resident #63 in any group activities. CNA TT reported Resident #63 sometimes enjoys going with staff to the cafeteria to get a pop.</p> <p>Review of the B Hall Activity Logs for February 2024 revealed Resident #63 was marked as participating in the activity Room Visit on 2/7/24, 2/11/24, 2/12/24, 2/17/24, 2/19/24-2/22/24, and 2/24/24-2/29/24, the independent activity Music/TV/Radio on 2/11/24, 2/12/24, 2/16/24, 2/17/24, and 2/19/24-2/29/24, the activity Social on 2/7/24, 2/14/24, 2/18/24, 2/20/24-2/23/24, and 2/29/24, the activity Music/Singing on 2/14/24 and 2/18/24, and the independent activity Crafts on 2/18/24. Noted no documentation to indicate if Resident #63 had been invited or encouraged to attend Religious or Outdoors activities.</p> <p>Review of the B Hall Activity Logs for March 2024 revealed Resident #63 was marked as participating in the activity Room Visit on 3/1/24-3/15/24, 3/17/24, 3/19/24-3/21/24, and 3/23/24-3/31/24, the independent activity Music/TV/Radio on 3/1/24-3/24/24 and 3/26/24-3/31/24, the independent activity Visitors on 3/5/24 and 3/24/24, the activity Music/Singing on 3/8/24 and 3/27/24, the activity Social on 3/11/24, 3/16/24, 3/17/24, 3/27/24, and 3/30/24, the activity Movies/TV (TV Room) on 3/16/24, and the independent activity Crafts on 3/20/24. Noted no documentation to indicate if Resident #63 had been invited or encouraged to attend Religious or Outdoors activities.</p> <p>Reviewed the April 2024 Activity Calendar. Noted the activity Bible Study was scheduled every Tuesday at 10:30 AM, Thursday 4/18/24 at 2:00 PM, and Thursday 4/25/24 at 2:00 PM.</p> <p>Review of the B Hall Activity Logs for April 2024 revealed Resident #63 was marked as participating in the activity Room Visit on 4/1/24-4/9/24, 4/13/24-4/14/24, and 4/16/24-4/23/24, the independent activity Music/TV/Radio on 4/1/24-4/10/24, 4/13/24-4/14/24, and 4/16/24-4/22/24, the independent activity Visitors on 4/3/24, the activity Education on 4/5/24, the activity Social on 4/6/24, 4/8/24, 4/10/24, 4/14/24, 4/16/24, 4/17/24, 4/21/24, and 4/22/24, and the activity Pets/Birds on 4/14/24. Noted no documentation to indicate if Resident #63 had been invited or encouraged to attend Religious or Outdoors activities.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235352	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/25/2024
NAME OF PROVIDER OR SUPPLIER Cass County Medical Care Facil		STREET ADDRESS, CITY, STATE, ZIP CODE 23770 Hospital St Cassopolis, MI 49031	
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 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 4/25/24 at 11:15 AM, Community Enrichment Director OO stated in regard to Resident #63 .He is a very unique individual. He clicks with a few of my employees. Other times (Resident #63) is quick to push someone out . Community Enrichment Director OO reported Resident #63 sometimes comes out in the hallway to play music on his guitar, and stated .most of the time we only get him to do room visits . Community Enrichment Director OO reported documentation under the activity Social indicates the resident was participating in some type of social behavior, such as talking to another resident or staff in the hallway. Community Enrichment Director OO reported Social does not necessarily indicate a scheduled or group activity. Community Enrichment Director OO reported a Room Visit is typically 20-30 minutes long, and the content of this activity depends on resident preferences. Community Enrichment Director OO reported the activity Music/TV/Radio indicates that a resident was participating in this type of activity independently in their room. Community Enrichment Director OO reported Resident #63 does not attend religious activities. Community Enrichment Director OO reported Resident #63 should still be invited to attend group activities. Community Enrichment Director OO reported in regard to activity documentation, activity staff recently switched to documenting A for accept or D for decline on the activity logs, beginning 4/12/24, to show which activities the residents were invited to.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235352	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/25/2024
NAME OF PROVIDER OR SUPPLIER Cass County Medical Care Facil		STREET ADDRESS, CITY, STATE, ZIP CODE 23770 Hospital St Cassopolis, MI 49031	
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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>41424</p> <p>Based on observation, interview and record review, the facility failed to implement interventions to prevent skin breakdown for residents at risk for pressure ulcers, for 1 of 5 residents (Resident #69) reviewed for pressure ulcer prevention, resulting in the potential for the development of an avoidable pressure ulcer, infection, and overall deterioration in health status.</p> <p>Findings include:</p> <p>Review of an Admission Record revealed Resident #69 was a male with pertinent diagnoses which included glaucoma, chronic pain, pain in right hip, low back pain, severe protein calorie malnutrition, adult failure to thrive, disc degeneration lumbar region, and muscle weakness.</p> <p>Review of Care plan revised on 3/26/24, revealed the focus, .I am at risk for skin breakdown per my Braden assessment due to vision loss, general weakness, indwelling Foley use, potential shearing, medication use, abnormal labs, and chronic disease processes. I was admitted with open area to left great toe and am at risk for poor wound healing and/or unavoidable skin breakdown due to the above factors. DX: Prostate CA, BPH, anemia, HTN A-fib, glaucoma, PVD, chronic pain, malnutrition . with the interventions . Heel protector boots on while in bed as I allow .Standard turning & repositioning program except with sleep initiative which is defined as 0000-0400 .Skin Observation per protocol .Monitor and report signs of skin breakdown to Nurse .</p> <p>Review of Order Summary dated 3/27/24, revealed, .Apply betadine to toes on L foot every shift for skin prevention .</p> <p>Review of Order Summary dated 3/26/24, revealed, .Skin Observation Tool every day shift every Tuesday . Alert wound nurse/Unit manager of any new skin concerns .</p> <p>Review of Order Summary dated 4/7/24, revealed, .Monitor open areas to L foot every shift for s/s (signs & symptoms) infection every day shift for skin prevention .</p> <p>Review of Plan of Care Note dated 4/8/24 at 8:52 AM, revealed, .(Resident #69) is assessed as at risk for skin breakdown per Braden assessment, was admitted with open are to left great toe, and has preventive measures in place .</p> <p>Review of Health Status Note dated 4/14/24 at 12:45 PM, revealed, .He is compliant with care today as long as staff is explaining everything. He is blind L eye and visually impaired R eye .Betadine is applied to residents toes on L foot .</p> <p>Review of Health Status Note dated 4/17/2024 at 3:11 PM, revealed, .Resident is currently in his room and resting in bed .dependent on staff for total ADL care .Betadine is applied to toes on L foot per orders .</p> <p>Review of Health Status Note dated 4/17/2024 02:59 AM, revealed, .Resident is currently resting in bed . Betadine applied to toes with no s/s of worsening noted .</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235352	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/25/2024
NAME OF PROVIDER OR SUPPLIER Cass County Medical Care Facil		STREET ADDRESS, CITY, STATE, ZIP CODE 23770 Hospital St Cassopolis, MI 49031	
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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an observation on 04/23/24 at 10:56 AM, Resident #69 was observed lying in his bed, supine position, with his eyes closed.</p> <p>In an interview on 04/23/24 at 11:07 AM, Licensed Practical Nurse (LPN) N reported Resident #69 had wounds on the tops of his three toes on his left foot and they were treated with betadine.</p> <p>In an interview on 04/24/24 at 09:25 AM, Resident #69 reported his toes were painful and they didn't appear to be healing, and you can look at them and see why they are painful.</p> <p>During an observation on 04/24/24 at 09:25 AM, observed Resident #69 lying in his bed with his right foot right up against the foot board of the bed with his right knee bent, the left leg was bent at the knee and laid to the side with his left foot arch touching the calf area of his right leg. The left foot had a wound to the tip of the left great toe appearing as the toenail was lifting off the toe, the second toe had a scabbed area to the top of the first knuckle and a small spot without a scab, third toe had a scabbed area to the knuckle, and the fourth toe had multiple scabbed areas spread across the top of the toe. His right great toe had an open area where the scab had fallen off the tip of his toe, second toe had an open area on the base of the toe nail on the left side of it and on the right side of it, the third toe had an scabbed appearing area on the knuckle area, the fourth toe had damage to the base of the toenail and was black in appearance. The toenails on both of his feet did need to be trimmed. When queried on how tall Resident #69 was, he replied he was 6'4 tall. Resident #69's top of his head was approximately 2.5 inches from the end of the mattress at the head of the bed. The resident's head of the bed was at an approximate 45 degrees. Resident #69 did not have the prescribed blue heel boot protectors on either foot. Review of Resident #69's medical record revealed no documentation of the declination of the heel protector boots.</p> <p>Review of Admit/Readmit Screener dated 3/26/24, .Section C: Skin Integrity: Details/Comments: Multiple scab areas/bruising x4 extremities .L big toe small pea sized open area at end of big toe .Pacemaker and foley in place .</p> <p>Review of Braden Scale for Predicting Pressure Sore Risk dated 3/26/24, revealed a score of 18 which indicated the resident was At risk for pressure ulcers.</p> <p>During an observation on 04/24/24 at 12:26 PM, Resident #69 was lying in his bed, he did not have the blue heel protector boots on and both of his knees were bent upwards to prevent his feet from being pressed up against the head board. The head of his bed was approximately 30 degrees.</p> <p>In an interview on 04/24/24 at 12:28 PM, Certified Nursing Assistant (CNA) C reported Resident #69 did get assistance with his meals if he requests it. CNA C proceeded to enter Resident #69's room and spoke to him to see if he needed assistance with his meal. CNA C reported to the resident she was lowering his bed so she could adjust him in the bed to pull him up more in the bed and asked him to reach for the headboard and she would pull him up. CNA C repositioned the resident and placed the rolling tray table over the bed and informed the resident of where each item was located on his meal plate and tray. CNA C informed the resident where the call light was and guided his hand to show him.</p> <p>During an observation on 4/24/24 at 3:57 PM, Resident #69 was lying in his bed on his back and he had his legs bent at the knees and leaned over towards the left facing the wall. The head of the bed was approximately 45 degrees. His feet were at the end of the mattress touching the foot board.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235352	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/25/2024
NAME OF PROVIDER OR SUPPLIER Cass County Medical Care Facil		STREET ADDRESS, CITY, STATE, ZIP CODE 23770 Hospital St Cassopolis, MI 49031	

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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 04/25/24 at 09:58 AM, Registered Nurse (RN) O reported when a skin assessment was completed the nurse would notify the wound nurse of any new wounds or changes to existing wounds and obtain treatment recommendations.</p> <p>In an interview on 04/25/24 at 10:03 AM, Maintenance I reported the maintenance department would be notified by a work order completed by staff. Maintenance I reported the request was on paper and after it was submitted the department had two days to respond to it unless it was deemed emergent.</p> <p>In an interview on 04/25/24 at 10:07 AM, Maintenance I reported Resident #69 had a standard bed which was 6 feet long, but all of their beds were convertible. Maintenance I reported there were two hand screws with twist handles, pull those out, adjust the bed and relock them. Maintenance I reported the head and foot of the bed both extend outward approximately 12 inches. Maintenance I reported as he looked at Resident #69's positioning that the bed was not at a comfortable length for him but nursing would have had to initiate a work order for them to be aware of Resident #69's comfortableness and positioning in the bed.</p> <p>In an interview on 04/25/24 at 12:23 PM, Licensed Practical Nurse (LPN) FF reported the nurse would complete the skin observation form in the medical record and if there was any concerns or changes, they would notify the wound nurse, ensure there were treatments in place and contact the appropriate contacts. LPN FF observed the photos of Resident #69's feet and reported those appeared to be pressure wounds which could have been caused by the linens on the bed or from being pressed against something. LPN FF reported the betadine was used to dry out wounds.</p> <p>In an interview on 04/25/24 at 11:56 AM, LPN N reported with skin concerns it would depend on the condition but would notify the wound nurse, add to alert charting to monitor the wound/skin condition, and obtain orders for treatment. LPN N reported Resident #69 preferred to have his feet tucked up and he had slight contractures to his legs.</p> <p>In an interview on 04/25/24 at 12:18 PM, Resident #69 stated, I don't think the sores on my toes are getting any better, can't be getting better if they are still putting medication on them, plus they hurt him and that treatment isn't working. The resident was up dressed and seated in his wheelchair. This writer asked Resident #69 if he could straighten out his legs, Resident #69 proceeded to outstretch his left leg and then his right leg completely.</p> <p>In an interview on 04/25/24 at 09:48 AM, Wound Care Nurse (WCN) F reported when the resident was admitted the wound care nurse would complete the initial admission skin check assessment for the new resident. When queried whether she was aware of the extent of skin concerns for Resident #69 she reported he was not on her rotation and she had not seen him. WCN F reviewed the medical record of Resident #69 and reviewed the skin assessments completed since admission and stated, 4/2/24: no skin issues, groin redness .4/9/24: no new skin issues .4/16/24: no new skin issues .and 4/23/24: no new skin issues. This writer and WNC F proceeded to Resident #69's room to make observations of his wounds on his bilateral toes.</p> <p>During an observation and interview on 04/25/24 at 09:53 AM, WNC F reported after she observed Resident #69's toes, he should have been on her rotation and would be on her rotation and would be seen by the wound provider. WNC F reported the wound looked like they would be pressure ulcers based on their appearance and reported she would complete a referral to the wound provider, who came to the facility to see residents, for them to see Resident #69.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235352	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/25/2024
NAME OF PROVIDER OR SUPPLIER Cass County Medical Care Facil		STREET ADDRESS, CITY, STATE, ZIP CODE 23770 Hospital St Cassopolis, MI 49031	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41027</p> <p>Based on observation, interview, and record review, the facility failed to properly maintain standard infection control practices during incontinence care for 2 of 18 residents (Resident #55 & #58) reviewed for infection control, resulting in the lack of hand hygiene and improper glove use, and the potential for the development and transmission of communicable diseases and cross-contamination of C. Diff (Clostridioides difficile: a highly contagious bacteria that causes an infection of the bowels).</p> <p>Findings include:</p> <p>Resident #55</p> <p>Review of an Admission Record revealed Resident #55 was originally admitted to the facility on [DATE], with pertinent diagnoses which included: down syndrome.</p> <p>Review of Resident #55's Physician Orders indicated orders for Contact Precautions.</p> <p>During an observation on 04/25/24 at 11:30 AM in Resident #55's room, CNA EE and CNA RR were giving Resident #55 a bed bath. Both CNA's were wearing gowns and gloves and providing direct care to the resident. Both CNA's changed their gloves multiple times during care, and did not perform any type of hand hygiene before donning clean gloves from the glove box on the wall near the entrance of the room. Both CNA's removed their gloves in the room and washed their hands for approximately 10-15 seconds in resident bathroom.</p> <p>In an interview on 04/25/24 at 11:57 AM, Infection Preventionist (IP) Z reported that Resident #55 tested positive for C. Diff (Clostridioides difficile: a highly contagious bacteria that causes an infection of the bowels) last week. IP Z reported that CNA's are expected to perform hand hygiene after removing soiled gloves and before donning clean gloves to ensure there is no cross contamination from dirty to clean. IP Z reported that staff were recently educated about C. Diff. and the importance of proper PPE (personal protective equipment) use.</p> <p>Resident #58</p> <p>Review of an Admission Record revealed Resident #58 was originally admitted to the facility on [DATE], with pertinent diagnoses which a stroke.</p> <p>Review of Resident #58's Physician Orders indicated orders for Enhanced Barrier Precautions (EBP).</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235352	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/25/2024
NAME OF PROVIDER OR SUPPLIER Cass County Medical Care Facil		STREET ADDRESS, CITY, STATE, ZIP CODE 23770 Hospital St Cassopolis, MI 49031	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an observation on 04/24/24 at 11:57 AM in Resident #58's room, CNA JJ and CNA RR were providing incontinence care to the resident who had a large BM (bowel movement). Both CNA's donned gloves and gowns, and began by changing the resident's gown. The BM was noted to be a large loose consistency. CNA RR was holding Resident #58 by her shoulder and hip to keep her positioned on her side, while CNA JJ used multiple washcloths to clean the residents backside. CNA JJ ran out of washcloths, removed her gloves and walked out the door into the hall, calling for assistance and more wash clothes. CNA JJ had removed her soiled gloves, touched the door knob, obtained clean washcloths, then donned clean gloves and resumed with incontinence care; CNA JJ did not perform any type of hand hygiene. With soiled gloves on, CNA JJ obtained clean bed linens, positioned them on the bed, and assisted to position Resident #58 onto her other side to continue washing the resident's bottom. There was a large wound dressing just above the anus, which had BM noted on it. CNA JJ gathered additional washcloths to clean Resident #58 front side and urinary catheter; CNA JJ was still wearing soiled gloves. CNA JJ then removed her gloves and walked out into the hall again to call for the nurse to assist with applying a medicated powder to the resident's abdominal folds. CNA JJ did not perform hand hygiene, and donned clean gloves. Registered Nurse (RN) O came into the room, wearing gloves and did not have a gown on, when she leaned on the resident's bed to observe the resident's skin, while CNA RR shook powder over the residents abdomen. RN O then reattached the resident's brief and assisted CNA JJ to boost Resident #58 up in the bed.</p> <p>In an interview on 04/24/24 at 12:33 PM, CNA JJ was unable to explain proper hand hygiene during in continence care, and/or when to change gloves.</p> <p>In an interview on 04/25/24 at 12:01 PM, IP Z reported that Resident #58 was currently on EBP due to chronic wounds. IP Z reported that staff are expected to wear gloves and a gown when providing direct care to Resident #58, and when in the resident's personal space for a prolonged period of time. IP Z reported that staff should perform hand hygiene every time they removed soiled gloves, when going from dirty to clean areas during baths or incontinence care, and before donning gloves.</p>		