

Department of Health & Human Services  
Centers for Medicare & Medicaid Services

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No. 0938-0391

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>235352                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                               | (X3) DATE SURVEY<br>COMPLETED<br><br>05/07/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Cass County Medical Care Facility                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>23770 Hospital St<br>Cassopolis, MI 49031 |                                                 |
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| F 0812<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Many                        | <p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observation, interview, and record review, the facility failed to maintain best practices in the food service area resulting in the potential to spread food borne illness to all residents that consume food from the kitchen. Findings include: On 5/5/26 at 9:48 AM, an initial tour of the walk-in cooler found a large bowl of tartar sauce dated 4/8 to 5/8, when asked if this is made in house, Certified Dietary Manager (CDM) DD stated, yes. Further review of the cooler found an open package of hot dogs with no legible date to indicate discard, an open package of sliced turkey dated 4/28 to 5/3, and a chunk of ham dated for discard on 5/2. On 5/5/26 at 10:52 AM, a tour of the Nutrition Kitchen found a container of individual prune pudding cups dated 4/10 to 5/10. When asked if this was an item made in house, CDM DD stated it was. According to the 2022 FDA Food Code section 3-501.17 Ready-to-Eat, Time/Temperature Control for Safety Food, Date Marking, refrigerated, READY-TO-EAT, TIME/TEMPERATURE CONTROL FOR SAFETY FOOD prepared and held in a FOOD ESTABLISHMENT for more than 24 hours shall be clearly marked to indicate the date or day by which the FOOD shall be consumed on the PREMISES, sold, or discarded when held at a temperature of 5 C (41 F) or less for a maximum of 7 days. The day of preparation shall be counted as Day 1. According to the 2022 FDA Food Code section 3-501.18 Ready-to-Eat, Time/Temperature Control for Safety Food, Disposition. (A) A FOOD specified in 3-501.17(A) or (B) shall be discarded if it: (1) Exceeds the temperature and time combination specified in 3-501.17(A), except time that the product is frozen; (2) Is in a container or PACKAGE that does not bear a date or day; or (3) Is inappropriately marked with a date or day that exceeds a temperature and time combination as specified in 3501.17(A). On 5/5/26 at 10:12 AM, observation of the clean utensil drawers found an accumulation of crumbs and debris in the back of the drawers containing whisks and spatulas. A further review of this area found dried food accumulation on a grey mechanical scoop stored with clean utensils. On 5/5/26 at 10:18 AM, observation of the slicer found some accumulation of dried meat debris on the backside bottom and top portions of the blade and back components of the slicer. An interview with CDM DD found that the slicer had not been used today and it only gets used once or twice a week. On 5/5/26 at 10:20 AM, observation of the production area utensil drawer found an accumulation of crumb debris in the back of the drawer. According to the 2022 FDA Food Code section 4-601.11 Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils. (A) EQUIPMENT FOOD-CONTACT SURFACES and UTENSILS shall be clean to sight and touch. (B) The FOOD-CONTACT SURFACES of cooking EQUIPMENT and pans shall be kept free of encrusted grease deposits and other soil accumulations. (C) NonFOOD-CONTACT SURFACES of EQUIPMENT shall be kept free of an accumulation of dust, dirt, FOOD residue, and other debris. On 5/5/26 at 10:38 AM, observation of the three-compartment sink area found an overhead spray laying on the running boards of the sink. The overhead spray was found in a manner where it would rest below the overflow rim of the sink, creating a plumbing cross connection from potable and wastewater. According to the 2022 FDA Food Code section 5-202.13 Backflow Prevention, Air Gap. An air gap between the water supply inlet and the flood level rim of the PLUMBING FIXTURE, EQUIPMENT, or nonFOOD EQUIPMENT shall be at least twice the diameter of the water supply inlet and may not be less than 25 mm (1 inch). On 5/5/26 at 10:48 AM, observation of (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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER<br>REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0812</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Many</p>                | <p>the wall mounted spray in the dish room found a Y valve on the faucet hose bib and the hose left on leaving the faucets internal vacuum breaker under constant pressure of which it is not rated to handle. Sign above the faucet states to turn off the water when not in use. According to the 2022 FDA Food Code section 5-205.15 System Maintained in Good Repair. A PLUMBING SYSTEM shall be: (A) Repaired according to LAW; and (B) Maintained in good repair. On 5/5/26 at 10:40 AM, observation of the dish machine found that the rinse pressure gauge was missing its glass cover piece and would not give consistent readings between cycles of the dish machine. The machine states it needs 20 pounds per square inch (PSI) during the rinse cycle, and the gauge was reading anywhere from 25 to 45 PSI when the rinse was triggered. According to the 2022 FDA Food Code section 4-501.113 Mechanical Warewashing Equipment, Sanitization Pressure. The flow pressure of the fresh hot water SANITIZING rinse in a WAREWASHING machine, as measured in the water line immediately downstream or upstream from the fresh hot water SANITIZING rinse control valve, shall be within the range specified on the machine manufacturer's data plate and may not be less than 35 kilopascals (5 pounds per square inch) or more than 200 kilopascals (30 pounds per square inch). On 5/5/26 at 10:41 AM, an interview with CDM DD found that they don't have the means to ensure proper temperature of the dish machine by having an irreversible registering temperature indicator. According to the 2022 FDA Food Code section 4-302.13 Temperature Measuring Devices, Manual and Mechanical Warewashing. (A) In manual WAREWASHING operations, a TEMPERATURE MEASURING DEVICE shall be provided and readily accessible for frequently measuring the washing and SANITIZING temperatures. (B) In hot water mechanical WAREWASHING operations, an irreversible registering temperature indicator shall be provided and readily accessible for measuring the UTENSIL surface temperature. On 5/5/26 at 2:30 PM, a revisit of the kitchen walk in cooler found a full, six-inch-deep quarter pan, on a cart covered in saran wrap. An interview with CDM DD found that the pan contains the soup of the day that is made every morning and used for lunch and dinner. CDM DD went on to state that due to limiting how long the soup is on hot hold, staff start a cooling process for the soup after lunch so that they can reheat it back up for dinner. At this time, the temperature of the soup was found to be 132F after being placed in the walk-in cooler around 1:00 PM. According to the 2022 FDA Food Code section 3-501.15 Cooling Methods. (A) Cooling shall be accomplished in accordance with the time and temperature criteria specified under S 3-501.14 by using one or more of the following methods based on the type of FOOD being cooled: (1) Placing the FOOD in shallow pans; (2) Separating the FOOD into smaller or thinner portions; (3) Using rapid cooling EQUIPMENT; (4) Stirring the FOOD in a container placed in an ice water bath; (5) Using containers that facilitate heat transfer; (6) Adding ice as an ingredient; or (7) Other effective methods. (B) When placed in cooling or cold holding EQUIPMENT, FOOD containers in which FOOD is being cooled shall be: (1) Arranged in the EQUIPMENT to provide maximum heat transfer through the container walls; and (2) Loosely covered, or uncovered if protected from overhead contamination as specified under Subparagraph 3-305.11(A)(2), during the cooling period to facilitate heat transfer from the surface of the FOOD.</p> |                                                                                        |                                                 |

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| <p>F 0695</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Some</p>                | <p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review the facility failed to ensure oxygen orders were followed consistently for 3 (Residents #57, #53, and #25) of 3 residents reviewed for respiratory care resulting in residents receiving incorrect oxygen concentrator (a medical device that delivers purified/concentrated oxygen) flow rates (volume of oxygen delivered per minute and often expressed in liters per minute) and the potential for breathing difficulties. Findings include: Resident #57: Review of Resident #57's admission record, dated 5/7/26, revealed she was an [AGE] year old female with pertinent diagnoses that included chronic obstructive pulmonary disease (COPD; lung disease that makes it difficult to breathe), acute (sudden/short-term) and chronic (develop gradually/persist over a long period) respiratory failure (condition in which the lungs cannot provide enough oxygen) with hypoxia (low oxygen levels), dyspnea (shortness of breath/difficulty in breathing) and dependence on supplemental oxygen. Review of Resident #57's oxygen order, dated 8/25/2025, stated, Oxygen: Run at 2 L/min (liters per minute; supplemental oxygen flow rate) via NC (nasal cannula; oxygen tubing) continuous. Review of Resident #57's oxygen care plan included an intervention, dated 10/18/2022, which stated, OXYGEN SETTINGS: O2 (oxygen) via Nc (nasal cannula) @ (at) 2L continuous. During an observation on 05/05/2026 at 10:53 AM, Resident #57 was seated upright in her wheelchair in her room with her oxygen tubing on. The oxygen concentrator was on and running at a flow rate of 4 liters per minute. Resident #53 reported her oxygen flow rate was supposed to be 2 liters per minute. During an observation on 05/05/2026 at 2:12 PM, Resident #57 was seated upright in her wheelchair near her doorway with a portable oxygen concentrator on the back of her wheelchair. The device was on, providing oxygen to the resident, and the device's screen displayed it was set to a level of 3. During an interview on 05/06/2026 at 3:06 PM, Director of Nursing (DON) B confirmed the number (which could range from 1 through 6) on the portable oxygen concentrator's display/screen in the top right-hand corner translated to liters per minute. DON B confirmed if the screen displayed 3 that meant it was providing oxygen at a flow rate of 3 liters per minute. During an observation on 05/06/2026 at 8:15 AM, Resident #57 was asleep in bed with her oxygen tubing on. The oxygen concentrator was on and running at a flow rate of 4 liters per minute. During observations and interviews on 05/06/2026 at 12:01 PM, Resident #57 was in her room with oxygen tubing on. The oxygen concentrator was on and running at a flow rate of 4 liters per minute. Certified Nurse Aides T and CC confirmed Resident #57's oxygen concentrator was set at a flow rate of 4 liters per minute. Licensed Practical Nurse (LPN) G arrived in Resident #57's room on 05/06/2026 at 12:02 PM and confirmed the oxygen concentrator should have been set to 2 liters per minute and not 4 liters per minute. LPN G confirmed that Resident #57 would not have changed her own oxygen concentrator settings and didn't know who set the oxygen flow rate incorrectly. Resident #53: Review of Resident #53's admission record, dated 5/7/26, revealed she was a [AGE] year old female with pertinent diagnoses that included vascular dementia (impaired cognitive function when blood vessels in the brain are damaged/blocked) and asthma (disease that effects inflammation, swelling, and narrowing of the airways in the lungs). Review of Resident #53's oxygen order, dated 6/25/2024, stated, Oxygen: Run at 2L/min via n/c (nasal cannula) continuous. Review of Resident #53's oxygen care plan included an intervention, dated 11/2/2023, which stated, OXYGEN SETTINGS: O2 via Nc @ 2L (Liter; liter per minute) continuous. During an observation and interview on 05/05/2026 at 11:22 AM, Resident #53 was lying in bed with her oxygen tubing on. The oxygen concentrator was on and running at a flow rate of 3 liters per minute. Resident #53 reported her oxygen flow rate was supposed to be 2 liters per minute. During observations on 05/05/2026 at 2:14 PM and 05/06/2026 at 8:08 AM, Resident #53 was asleep in bed with her oxygen tubing on. The oxygen concentrator was on and running at a flow rate of 3 liters per minute. During an interview on 05/06/2026 at 12:02 PM, LPN G confirmed that Resident #53 would not have changed her oxygen concentrator settings. During an observation and interview on 05/06/2026 at 12:11 PM, (continued on next page)</p> |                                                                                        |                                                 |

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| F 0695<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Some                        | <p>Resident #53 was lying in bed with her oxygen tubing on. The oxygen concentrator was on and running at a flow rate of 3 liters per minute. LPN G confirmed Resident #53's oxygen concentrator flow rate was set incorrectly, and Resident #53 was supposed to receive oxygen at a flow rate of 2 liters per minute. Resident #25: Review of Resident #25's admission record, dated 5/7/26, revealed she was an [AGE] year old female with pertinent diagnoses that included chronic obstructive pulmonary disease, asthma, and chronic respiratory failure with hypoxia. Review of Resident #25's oxygen order, dated 11/11/2025, stated, Oxygen: Run at 2L/min via NC at HS (abbreviation of a Latin term meaning at bedtime) and PRN (as needed). Review of Resident #25's oxygen care plan included an intervention, dated 11/10/2023, which stated, OXYGEN SETTINGS: O2 via NC @ 2L at HS and PRN. During an observation and interview on 05/05/2026 at 12:10 PM, Resident #25 was lying in bed with her oxygen tubing on. The oxygen concentrator was on and running at a flow rate of 2.5 liters per minute. Resident #25 reported her oxygen flow rate was supposed to be 2 (liters per minute), she wore her oxygen at night and as needed, and she didn't touch or adjust her oxygen concentrator. During an observation on 05/06/2026 at 8:04 AM, Resident #25 was asleep in her bed with her oxygen tubing on. The oxygen concentrator was on and running at a flow rate of 2.5 liters per minute. During an interview on 05/06/2026 at 12:02 PM, LPN G confirmed that Resident #25 would not have changed her oxygen concentrator settings. During an observation on 05/07/2026 at 7:59 AM, Resident #25 was awake lying in bed with her oxygen tubing on. The oxygen concentrator was on and running at a flow rate of 2.5 liters per minute. Review of the facility's Oxygen Use, Storage, and Safety policy, reviewed/revised 3/2026, stated, .Oxygen tubing and supply will be set up according to physician orders and manufacture's/supply company directions .New tubing with tank and/or concentrator will be used when first setting up oxygen therapy per physician order for liters/minute .</p> |                                                                                        |                                                 |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>235352                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                               | (X3) DATE SURVEY<br>COMPLETED<br><br>05/07/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Cass County Medical Care Facility                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>23770 Hospital St<br>Cassopolis, MI 49031 |                                                 |
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| <p>F 0554</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Allow residents to self-administer drugs if determined clinically appropriate.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review, the facility failed to ensure a resident was assessed to be appropriate for self-administration of an inhaler for 1 resident (Resident #34) of 1 resident reviewed for self-administration of medications resulting in the inhaler being left unsecured in resident room, resident self-administering the inhaler without staff assessment, and the potential for negative outcomes from taking too much of the medication. Findings include: Resident #34 (R34) Review of the admission Record and Minimum Data Set (MDS) dated [DATE] revealed R34's initial admission date to the facility was on 2/7/2023 with pertinent diagnoses including chronic obstructive pulmonary disease (lung disease) and chronic respiratory failure with hypoxia (low blood oxygen levels). Brief Interview for Mental Status (BIMS) reflected a score of 14 out of 15 which indicated R34 was cognitively intact. During an observation and interview on 5/5/2026 at 11:54 AM, R34 was lying in bed and an inhaler was observed on his bedside table with a tissue underneath it. R34 stated that he was done using the inhaler and the nurse was coming to get it. Review of R34's physician order revealed Incruse Ellipta (Umeclidinium Bromide) Inhalation (prescription bronchodilator; relaxes airway muscles) Aerosol (suspension of particles in a gas; usually air) Powder Breath Activated 62.5 MCG/ACT (micrograms per actuation; dosage measurement). 1 inhalation, inhale orally one time a day related to chronic obstructive pulmonary disease. Order date: 12/22/2024. Start date: 12/23/2024. Review of R34's chart revealed no self-administration assessment for medication was completed. Review of R34's care plan revealed no care plan for self-administration of medication. During an interview on 5/5/2026 at 2:41 PM, Licensed Practical Nurse (LPN) H stated there were no residents on 200 Hall (where R34 resided) that can self-administer medications. When asked about R34's inhaler left at his bedside, LPN H said he could use the inhaler by himself. LPN H reported that she usually left it at his bedside since he knew how to use it and to rinse his mouth with water afterwards and then said, Don't worry, he is okay. During another interview on 5/6/2026 at 9:07 AM, R34 stated that the nurse left the inhaler by his bedside so he could take it when he was ready and she had done it many times before. During an interview on 5/6/2026 at 2:02 PM, Director of Nursing (DON) B and Registered Nurse (RN) P stated that there weren't any residents in the facility that could self-administer medications. RN P stated that LPN H stated that R34 wanted her to leave the inhaler at his bedside so he could take a puff on his own time. When asked if an inhaler was an order and considered a medication and whether a self-administration of medication assessment should have been completed, DON B said Yes. RN P stated that it was done and when this surveyor asked when, RN P said today. When discussing that there was no documentation in the chart on R34 being able to self-administer medications, DON B stated it should have been completed. During an interview on 5/7/2026 at 8:32 AM, LPN J stated that there were no residents on 200 Hall that could self-administer medications. LPN J said she always stood at R34's bedside when he took the inhaler since it was a medication and it couldn't be left at the bedside. Review of the Self-Administration of Medications Policy dated 1/2025 revealed . Procedures: A. If the resident desires to self-administer medications, an assessment is conducted by the interdisciplinary team of the resident's cognition (including orientation to time), physical, and visual ability to carry out this responsibility during the care planning process. C. For those residents who self-administer, the interdisciplinary team verifies the resident's ability to self-administer medications by means of a skill assessment conducted on a quarterly basis or when there is a significant change in condition. D. The results of the interdisciplinary team assessment of resident skills and of the determination regarding bedside storage are recorded in the resident's medical record, on the care plan. For each medication authorized for self-administration, the label contains a notation that it may be self-administered.</p> |                                                                                        |                                                 |

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    |
| <p>F 0791</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Provide or obtain dental services for each resident.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review, the facility failed to follow-up and offer prompt dental services for 1 resident (Resident #6) of 1 resident reviewed for dental care resulting in Resident #6 experiencing bleeding gums, plaque buildup (sticky film of bacteria that causes cavities, gum disease and bad breath if not removed daily) and poor dental hygiene. Findings include: Resident #6 (R6) Review of the admission Record and Minimum Data Set (MDS) dated [DATE] revealed R6's initial admission date to the facility was on 1/24/2020 with pertinent diagnoses including cerebral infarction (stroke), hemiplegia affecting right dominant side (paralysis affecting right arm, leg, face) and chronic periodontitis (slow-progressing, infectious, and inflammatory gum disease causing destruction of the tissues and bone supporting the teeth leading to tooth loss if not treated). Brief Interview for Mental Status (BIMS) reflected a score of 11 out of 15 which indicated R6's cognition was moderately impaired. During an observation and interview on 5/5/2026 at 11:33 AM, R6 was noted to have no upper teeth and her lower teeth were brown and black. R6 was able to communicate with a thumbs up or down signal and when this surveyor asked if she wanted the surveyor to look into dental services she gave a thumbs up. During an interview on 5/5/2026 at 11:34 AM, Licensed Practical Nurse (LPN) H stated that R6's husband said R6 had plaque on her teeth and he didn't want her to see a dentist and she agreed with whatever he decided. Review of R6's physician order revealed May see dentist, podiatrist, optometrist, and/or audiologist as desired. Order date 2/5/2020. Dental referral for bleeding gums. Order date 10/2/2025. Review of R6's progress note dated 10/2/2025 and completed by [NAME] Clerk (WC) W revealed Spoke with residents (R6) husband today in regards to dental referral for bleeding gums, he was on board with her going and being seen at (name omitted) Special Dental Care Office. Explained to (R6's husband) that this would be a consult for the first appointment and we will keep open communication on any recommendations/procedures to come forward for this potential visit. Review of R6's progress note dated 3/19/2026 and completed by WC W revealed Called (dental clinic receptionist-name omitted) this morning to follow up on this referral. He said he will be back later today and he was unable to take my call at that time. Review of the outside dental consult for R6 dated 3/26/2026 revealed . Doctor's note summary: Room visit. Patient non-verbal. She had complete layer of tartar (hardened, mineralized plaque that sticks strongly to teeth and cannot be removed by brushing or flossing alone), could not see the lower teeth. She would need to see outside (dentist) to clean them and evaluate. recommend resident (R6) be brought to the dental clinic at their next visit. Review of R6's progress note dated 4/30/2026 revealed . bottom right lower teeth continues with discolored and dark. During an interview on 5/6/2026 at 4:14 PM, Director of Social Services (DSS) S stated that R6 was signed up to receive dental services and her husband was her power of attorney (legal document that allows a person to appoint someone they trust to manage their medical and financial affairs if they are unable to do so). DSS S stated when the ancillary services (supportive services offered to residents in the facility including dental, vision, auditory, podiatry services) dentist visited the facility and filled out recommendations, the facility physician signed the note and it went to WC W who scheduled follow-up appointments. During an interview on 5/6/2026 at 4:19 PM, WC W stated that they received a dental referral a while ago for R6 due to her bleeding gums and needing her teeth to be extracted at University of Michigan's dental clinic. WC W reported that University of Michigan appointments were on hold for 6-8 months because they were way behind. WC W was asked if the facility tried to find an alternate place for R6 to get her teeth extracted and she stated it could only be done at University of Michigan. WC W stated that she didn't schedule the ancillary services dentist recommendations/referrals and that would be DSS S. During another interview on 5/7/2026 at 8:10 AM, DDS S stated that she wasn't aware of the dental recommendations from 3/26/2026 until this surveyor brought it to her attention on 5/6/2026. DSS S reported that the dentist typically followed up with her after seeing residents in the facility but the (continued on next page)</p> |                                                                                        |                                                 |

Department of Health & Human Services  
Centers for Medicare & Medicaid Services

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Form Approved OMB  
No. 0938-0391

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| F 0791<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | dentist didn't follow-up like usual this time. During an interview on 5/7/2026 at 8:19 AM, Registered Nurse (RN) P stated that WC W got referrals from ancillary services and then WC W scheduled appointments and gave the notes to the Unit Managers who then gave it to the physician to review. RN P said the physician then decided what to do and if orders were needed. RN P stated even with R6's recommendation to have an outside cleaning she would have to go to the University of Michigan. During an interview on 5/7/2026 at 9:19 AM, Family Member (FM) GG stated that the facility was supposed to send her to University of Michigan dental clinic to have her teeth extracted due to her bleeding gums which was causing her pain and he wasn't sure what happened. FM GG said that she needed to have a good cleaning to remove plaque on her gums first and then once that was removed, they could extract the teeth and he didn't know what was going on with that either. FM GG stated that he tried calling the facility a few times to ask about follow-up and no one had called him back. Review of the Dental Services Policy dated 3/2026 revealed Policy Explanation and Compliance Guidelines: 2. Residents and/or resident representatives, during the admission process, are notified of dental services available under 360care (ancillary support services provided to residents in the facility that include dental, vision, auditory, podiatry services) and of the potential charges that may apply in the case of routine or emergency dental care provided by outside resources. a. CCMCF ([NAME] County Medical Care Facility) will assist residents who are eligible and wish to participate to apply for reimbursement of dental services as an incurred medical expense under the State plan 4. CCMCF will, if necessary or requested, assist the resident with making dental appointments and arranging transportation to and from the dental services location 9. All actions and information regarding dental services, including any delays related to obtaining dental services, will be documented in the resident's medical record |                                                                                        |                                                 |