

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235361	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/17/2026
NAME OF PROVIDER OR SUPPLIER Niles Care Center, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 911 S 3rd St Niles, MI 49120	

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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to ensure a safe transfer of a resident in 1 (Resident #103) of 3 residents reviewed for falls resulting in a fall by Resident #103. Findings include: Resident #103 Review of an admission Record revealed Resident #103 was a male, originally admitted to the facility on [DATE], with pertinent diagnoses which included: other abnormal involuntary movements, restless legs syndrome, other abnormalities of gait and mobility, and limitation of activities due to disability. Review of a Minimum Data Set (MDS) assessment for Resident #103, with a reference date of 2/16/26 revealed a Brief Interview for Mental Status (BIMS) score of 8, out of a total possible score of 15, which indicated Resident #103 was moderately cognitively impaired. Review of a Baseline Care Plan for Resident #103 revealed, .Effective Date 2/11/26. B. Functional Abilities and Goals - Mobility. 2. Transfer: support provided. 3. Two+ persons physical assist. Review of an Attended Fall Report for Resident #103 revealed, Date 2/26/2026 10:11. Incident Description: Nursing Description: It was reported to this nurse that resident was being transferred from his bed by staff for ADL (activities of daily living) care. While being transferred resident stated his legs were giving way and he was lowered to the floor by CNAs (certified nurse aides). Resident was able to assist standing with the help of both CNAs back to his wheelchair. ADLs were performed in the bathroom without further incident. Patient Description: Resident stated his legs gave out. Denies pain or discomfort at that time. Review of a Grievance and Satisfaction Form for Resident #103 dated 3/19/26 revealed, Received from Resident (Resident #103). Describe Grievance or Satisfaction On February 26th, 2026, (Resident #103) was lifted out of bed by only one person, who (sic) (Resident #103) is a two-man assist. During lift (Resident #103) fell to the floor and hit his leg and his back on the bed and floor causing severe bruising and scratches on the back of his legs and back. The staff member that lifted (Resident #103) is named (CNA X). In an interview on 4/16/26 at 10:45 AM, CNA Z reported Resident #103 was a 2 person stand assist. In an interview on 4/16/26 at 2:01 PM, Resident #103 reported when the one lady (CNA X) tried to transfer him, she was starting to turn and he (Resident #103) tried to turn and when they started turning, he (Resident #103) started to slide, and he (Resident #103) let go of CNA X. Resident #103 reported he hit the floor hard and had two black and blue marks on his leg. Resident #103 reported (CNA X) was transferring him by herself but that he was supposed to have 2 people to transfer him. In an interview on 4/16/26 at 2:26 PM, CNA X reported she had been told that Resident #103 was an extensive assist of 1 person for transfers and that was the first time she had been taking care of him. CNA X reported she found out later that Resident #103 was an extensive assist of 2 for transfers and that she had basically tried to transfer him by herself. In an interview on 4/17/26 at 8:40 AM, Director of Nursing (DON) B reported that Resident #103 was a 2 person assist for transfers on 2/26/26 and that CNA X had transferred him by herself.</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>Based on interview and record review, the facility failed to ensure accurate medical records for 2 (Resident #100 and #101) of 3 residents reviewed for accurate medical records, resulting in an inaccurate reflection of the residents' medication administrations. Findings include: Resident #100 Review of an admission Record revealed Resident #100 was a male, with pertinent diagnoses which included: morbid (severe) obesity due to excess calories. Review of an Order Summary Report with active orders as of 10/17/25 revealed, Wegovy Subcutaneous (under the skin) Solution Auto-injector 2.4 MG/0.75 ML (milligrams/milliliter) (Semaglutide (Weight Management) Inject 2.4 mg subcutaneously in the morning every Fri (Friday) for obesity. Order Date 10/14/2025. Start Date 10/17/2025 Review of a Medication Administration Record (MAR) for October, 2025 revealed, Wegovy Subcutaneous Solution Auto-Injector 2.4 MG/0.75 ML (Semaglutide (Weight Management) Inject 2.4 mg subcutaneously in the morning every Fri for obesity was documented as being administered by Registered Nurse (RN) T on 10/17/25. In an interview on 4/14/26 at 3:04 PM, Pharmacist (P) CC reported the pharmacy had never sent Wegovy for Resident #100 because the insurance did not cover it. P CC reiterated he has never received Wegovy from our pharmacy. In an interview on 4/14/26 at 3:27 PM, RN T reported it was probably a mistake in clicking on the computer because I don't think it could have been given because it wasn't here. RN T reported he did not have a recollection if he gave it or not. In a follow-up interview on 4/16/26 at 1:50 PM, RN T reported he told Resident #100 that he did not recall giving the Wegovy shot and it was most likely an incorrect documentation. RN T reiterated he thought it was incorrect documentation and did not remember giving Resident #100 the Wegovy shot. In an interview on 4/17/26 at 9:49 AM, Director of Nursing (DON) B reported regarding Resident #100's MAR for October, 2025 documentation that Wegovy had been administered on 10/17/25, the facility believed it was a documentation error because there was nobody else in the building on that medication, the pharmacy had not sent the medication, and RN T had reported he did not remember giving the injection to Resident #100. Resident #101 Review of an admission Record revealed Resident #101 was a male, with pertinent diagnoses which included: low back pain, unspecified and pain, unspecified. Review of an Order Summary Report with active orders as of 3/10/26 revealed Percocet Oral Tablet 7.5-325 MG (Oxycodone w/ (with) Acetaminophen) Give 1 tablet by mouth three times a day for Pain Review of an Order Summary Report with active orders as of 3/10/26 revealed, Percocet Oral Tablet 7.5-325 MG (milligrams) (Oxycodone w/ Acetaminophen) *Give 1 tablet by mouth as needed for Breakthrough Pain Give ONCE DAILY for Severe Pain* Review of a Medication Administration Record (MAR) for March, 2026 revealed, Percocet Oral Tablet 7.5-325 MG (Oxycodone w/ Acetaminophen) Give 1 tablet by mouth three times a day for Pain was documented as being administered on 3/13/26 at 0800 (8:00 AM) by Registered Nurse (RN) EE, 1500 (3:00 PM) by Licensed Practical Nurse (LPN) R, and 2000 (8:00 PM) by LPN R. (Note that a total of 3 doses were documented as being administered.) Review of a MAR for March, 2026 revealed Percocet Oral Tablet 7.5-325 MG (Oxycodone w/ Acetaminophen) Give 1 tablet by mouth as needed for Breakthrough Pain *Give ONCE DAILY for Severe Pain* was documented as being administered on 3/13/26 at 952 (9:52 AM) by LPN EE and 1405 (2:05 PM) by LPN EE. (Note that a total of 2 doses were documented as being administered.) Review of a Controlled Drug Receipt document for OXYCOD/APAP (Percocet) for Resident #101 date received 3/10/26 revealed a total of 4 tablets were signed out on 3/13/26 (at 1100 (11:00 AM), 1410 (2:10 PM), 1450 (2:50 PM) and 2040 (8:40 PM)). In an interview on 4/15/26 at 2:09 PM, LPN EE reported she remembered Resident #101 was in pain, so she gave him his routine Percocet and he was in more pain, so he was given a prn (as needed) Percocet. LPN EE reported whatever was documented on the Controlled Drug Receipt was what was given to the resident. LPN EE reported it was an error on the MAR, and she thought she documented incorrectly. LPN EE reported she counted the medications at the end of the shift and the count was (continued on next page)</p>		

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