STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235369	A. Building B. Wing	07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Marwood Manor Nursing Home	1300 Beard St Port Huron, MI 48060

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Keep residents' personal and medical records private and confidential. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50223 Based on observation, interview, and record review the facility failed to ensure that residents' personal information was not visible on two of 13 medication cart computers. Findings include: On 07/09/24 at 11:48 AM, the medication cart which was outside room [ROOM NUMBER] was observed to be unattended. The computer on the top of the medication cart had the screen unlocked with a resident's personal information visible. On 07/09/24 at 11:52 AM, an unidentified staff member was observed walking away from a medication cart and leaving the computer open and unlocked with a resident's personal information visible. On 07/09/24 at 2:06 PM, the medication cart outside room [ROOM NUMBER] was unattended and was observed with the computer screen unlocked and open to a resident's personal information. A piece of paper was also observed on the top of the medication cart containing a resident's personal information. On 07/10/24 at 8:12 AM, the medication cart outside room [ROOM NUMBER] was observed unattended with the computer open with a resident's personal information visible. On 07/11/24 at 8:29 AM, during an interview, Licensed Practical Nurse (LPN A) was asked how they ensure a resident's personal information on the computer screen is kept private. LPN A explained that Everyone has their own log in and we either log off or close the lap top if we walk away. On 07/11/24 at 8:33 AM, the medication cart outside room [ROOM NUMBER] was unattended and was observed with the computer screen open to a resident's personal information. An unidentified housekeeping staff member was observed to be in the hallway within view of the computer screen. On 07/11/24 at 8:39 AM, (LPN B) was observed returning to the medication cart outside room [ROOM NUMBER]. During an interview LPN B was asked if it was typical that a computer would be left unattended and open with a resident's information visible. LPN B responded, No. Not usually. LPN B stated I would normally click the lock button, so the information wasn't visible. On 07/11/24 at 9:05 AM, the medication cart outside room [ROOM NUMBER] was observed unattended with the computer screen open with a resident's personal information visible. (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235369	A. Building B. Wing	07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Marwood Manor Nursing Home	1300 Beard St Port Huron, MI 48060

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 07/11/24 at 10:40 AM, during an interview the Director of Nursing (DON) was asked about their expectation for securing medication carts and medication cart computer information. The DON explained her expectation is the computers are closed so resident information is not accessible to comply with HIPAA (Health Insurance Portability and Accountability Act). A review of the facility's policy titled Acceptable use of technology resources revealed the following: Users will log off the application(s)/system when leaving a workstation for an extended period of time. Except in areas where a workstation is shared, the user may use the lock down process to lock the workstation (with applications running) if leaving the workstation for a brief time.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235369	A. Building B. Wing	07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Marwood Manor Nursing Home	1300 Beard St Port Huron, MI 48060

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49102 Based on observation, interview and record review, the facility failed to develop and implement comprehensive care plan interventions for five residents (R78, R130, R145, R149, and R153) of six residents reviewed for care plans. Findings include: R78 On 07/09/24 at 2:41 PM, R78 was observed sitting up in wheelchair in the dining room. R78 was observed becoming agitated with another resident at their table. A record review revealed that R78 was admitted on [DATE] with the medical diagnoses of Chronic Kidney Disease, and Alzheimer's Disease Late Onset. A review of the most recent Minimum Data Set Assessment (MDS) dated [DATE] documenteded with a Brief Interview for Mental Status (BIMS) score of 3 which indicates moderately impaired cognition. A physician's order dated 3/21/24 indicated admit to (name of provider) Hospice due to diagnosis of Alzheimer's disease. Further review of R78's care plans revealed no active care plan for R78's hospice care and management. R130 On 07/09/24 at 12:41 PM, R130 was observed sitting up in wheelchair in the dining room. R130 was encouraged by staff to eat their lunch. On 7/10/24 at 1:00 PM, R130 was observed yelling at another resident to move out of the way. A record review revealed that R130 was admitted on [DATE] with the medical diagnoses of Chronic respiratory Failure, Depression, and Anxiety Disorder. A review of the most recent Minimum Data Set Assessment (MDS) dated [DATE] was completed with a Brief Interview for Mental Status (BIMS) score of 8 which indicated moderately impaired cognition Further review of R130's medical record revealed an increase in the R130's behaviors. R130 was on a scheduled psychotropic. A review of care plan revealed no active care plan to manage behaviors and agitation. R145 On 07/09/24 at 9:00 AM, R145 was observed in the dining room with staff assisting with breakfast. A nursing assistant was observed encouraging resident to eat however R145 was shaking their head and stating 'no'. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235369	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/11/2024
NAME OF PROVIDER OR SUPPLIER: Marwood Manor Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE: 1300 Beard St, Port Huron, MI 48060	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	A record review revealed that R145 was admitted on [DATE] with the medical diagnoses of Hypertension, Gastrostomy Malfunction, Major Depressive Disorder, and Anxiety Disorder. A review of the most recent Minimum Data Set Assessment (MDS) dated [DATE] was completed with a Brief Interview for Mental Status (BIMS) score of 6 which indicated impaired cognition. Further review of R145's medical record revealed an increase in behaviors. R145 was on scheduled psychotropics. A review of the care plans revealed no active care plan to manage behaviors and agitation. On 7/11/24 at 10:00 AM, an interview was held with the Social Worker (SW) (L). SW Lwas asked about the behavior care plans for R130 and R145. SW L stated, There are no care plans for behaviors for those residents. On 7/11/24 at 10:40 AM, the Director of Nursing ((DON) reported the expectation for residents with behaviors was they would have a care plan and interventions for the identified behavior. 34851 R149 On 7/09/24 at 11:46 AM, R149 was observed in a low bed, with a high back wheelchair in the room which had a pommel style seat cushion. R149 was unable to be interviewed due to R149's cognitive impairment. On 7/11/24 at 9:50 AM, R149 was observed lying in bed. The pommel cushion was observed in the wheelchair. A review of R149's medical record revealed, R149 was admitted to the facility on [DATE] and 4/25/23 with diagnosis of Hemiplegia and Hemiparesis (paralysis/weakness on one side) following Cerebral infarction (stroke). Further review of R149's medical record revealed, R149's care plan was without a plan of care that addressed the pommel cushion and it's use and or need. On 7/11/24 at 10:48 AM, the Director of Nursing (DON) was asked if R149's pommel cushion should be care planned. The DON stated, It should be care planned, I will check for the assessment. On 7/11/24 at 1:12 PM, the DON confirmed the pommel cushion was not care planned and her expectation was it would be in the care plan. 50223 R153 (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235369	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/11/2024
NAME OF PROVIDER OR SUPPLIER Marwood Manor Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 1300 Beard St Port Huron, MI 48060	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 07/09/24 at 9:43 AM, R153 was observed lying in bed with their continuous positive airway pressure (cpap) machine turned on but lying next to them on the bed. R153 was observed without oxygen on. R153 was interviewed and asked if they wear the cpap and oxygen. R153 explained that they wear the cpap at night and oxygen via nasal cannula during the day. A wheelchair was observed in the room containing a portable oxygen tank. On 07/09/24 at 12:17 PM, R153 was observed lying in bed wearing oxygen at three liters per nasal cannula. On 07/10/24 at 8:35 AM, R153 was observed in bed eating breakfast wearing oxygen via nasal cannula. The oxygen concentrator was observed to be set to three liters with the oxygen tubing connecting the concentrator to the cpap machine which was located on a shelf next to R153's bed. The nasal cannula tubing that R153 was wearing was not connected to the concentrator or any other oxygen source. R153 was interviewed and asked how much oxygen they were supposed to be on. R153 said they were on two liters. R153 was asked if they wear oxygen all the time. R153 replied, Yes most of the time and the cpap at night. On 07/10/24 at 10:33 AM, R153 was observed sitting in their wheelchair in their room wearing oxygen via nasal cannula. The oxygen concentrator was observed to be set to three liters with the oxygen tubing connecting the concentrator to the cpap machine which was located on a shelf next to R153's bed. The nasal cannula tubing that R153 was wearing was still not connected to the concentrator or any other oxygen source. On 07/11/24 at 8:53 AM, R153 was observed in bed wearing the nasal cannula which was connected to the oxygen concentrator and set to three liters. A record review revealed that R153 was admitted to the facility on [DATE] with the following diagnoses: Unspecified dementia and Chronic Obstructive Pulmonary Disease. Further record review revealed a Brief Interview for Mental Status (BIMS) score of 9/15 indicating cognitive impairment. A record review of R153's orders revealed the following: Active order dated 11/15/23 Place Residents C-Pap on every night while in BED. If Resident refuses to wear machine, good documentation required. three times a day for Apenia (apnea). Oxygen at 2L (liters) when cpap in use Active order dated 6/2/24 Oxygen at 2L when cpap in use Active order dated 5/24/24 OK for resident to use CPAP from home with current home settings Q HS (every night) and naps prn (as needed). Further record review of R153's care plan revealed that neither oxygen use nor cpap use was included in R153's care plan. On 07/11/24 at 8:57 AM, during an interview, Registered Nurse (RN F) was asked if R153 is supposed to be on oxygen. RN F stated Yeah, (R153) wears a cpap at night and then they wear two liters per nasal cannula during the day as needed. RN F was asked if there was a physician order for the oxygen as needed during the day. RN F stated Yes (R153) has a prn (as needed) order. RN F look through R153's orders in the electronic medical record and stated, Hmm, I'm going to have to clarify because there's no order and I thought there was one. On 07/11/24 at 12:51 PM, during an interview, Unit Manager (UM H) confirmed that R153's current orders are for oxygen at two liters with the cpap at night. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235369	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Marwood Manor Nursing Home	1300 Beard St Port Huron, MI 48060

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	A review of the facility's policy titled Resident Care Plan revealed the following: It is the policy of this facility to develop and implement a comprehensive person-centered care plan for each resident, consistent with resident rights, that includes measurable objectives and timeframes to meet a residents medical, nursing, and mental and psychosocial needs they are identified in the resident comprehensive assessment The comprehensive care plan will describe, at a minimum the following: a. The services that are to be furnished to attain or maintain the residents highest practicable physical, mental, and psychosocial well-being. B. Any services that would otherwise be furnished but are not provided due to the resident's exercise of his or her right to refuse treatment. C. Any specialized services rehabilitation services the nursing faculty will exercise as a result of PASSARR recommendations. D. The residents' goals for admission, desired outcomes, and preferences for future discharge. E. Discharge plans, as appropriate. F. Resident specific interventions that reflect the residents needs and preferences and alight with the resident cultural identity, as indicated.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235369	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/11/2024
NAME OF PROVIDER OR SUPPLIER Marwood Manor Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 1300 Beard St Port Huron, MI 48060	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50223 Based on observation, interview, and record review the facility failed to obtain a physician order for oxygen administration for one resident (R153) of one resident reviewed for respiratory care. Findings include: On 07/09/24 at 9:43 AM, R153 was observed lying in bed with their continuous positive airway pressure (cpap) machine turned on and the mask lying next to them on the bed. R153 was observed without oxygen on. R153 was interviewed and asked if they wear the cpap and oxygen. R153 explained that they wear the cpap at night and oxygen via nasal cannula during the day. A wheelchair was observed in the room containing a portable oxygen tank. On 07/09/24 at 12:17 PM, R153 was observed lying in bed wearing oxygen at three liters per nasal cannula. On 07/10/24 at 8:35 AM, R153 was observed in bed eating breakfast wearing oxygen via nasal cannula. The oxygen concentrator was observed to be set to three liters with the oxygen tubing connecting the concentrator to the cpap machine which was located on a shelf next to R153's bed. The nasal cannula tubing that R153 was wearing was not connected to the concentrator or any other oxygen source. R153 was interviewed and asked how much oxygen they were supposed to be on. R153 said they were on two liters. R153 was asked if they wear oxygen all the time. R153 replied, Yes most of the time and the cpap at night. On 07/10/24 at 10:33 AM, R153 was observed sitting in their wheelchair in their room with the oxygen observed the same as noted above. On 07/11/24 at 8:53 AM, R153 was observed in bed wearing the nasal cannula which was connected to the oxygen concentrator and set to three liters. A record review revealed that R153 was admitted to the facility on [DATE] with the following diagnoses: Unspecified Dementia and Chronic Obstructive Pulmonary Disease. Further record review reveals a Brief Interview for Mental Status (BIMS) score of 9/15 indicating moderate cognitive impairment. A record review of R153's orders revealed the following: Active order dated 11/15/23 Place Residents C-Pap on every night while in BED. If Resident refuses to wear machine, good documentation required. three times a day for Apenia (apnea). Oxygen at 2L (liters) when cpap in use Active order dated 6/2/24 Oxygen at 2L when cpap in use Active order dated 5/24/24 OK for resident to use CPAP from home with current home settings Q HS (every night) and naps prn (as needed). No orders for oxygen per nasal cannula were found. On 07/11/24 at 08:57 AM, during an interview, Registered Nurse (RN F) was asked if R153 is supposed to be on oxygen. RN F stated yeah, (R153) wears a cpap at night and then they wear two liters per nasal cannula during the day as needed. RN F was asked if there was a physician order for the oxygen as needed during the day. RN F stated yes (R153) has a prn (as needed) order. RN F was observed to look through R153's orders in the electronic medical record and stated, Hmm, I'm going to have to clarify because there's no order and I thought there was one. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235369	A. Building B. Wing	07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Marwood Manor Nursing Home	1300 Beard St Port Huron, MI 48060

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 07/11/24 at 10:43 AM, during an interview, the DON (Director of Nursing) confirms that if a resident is wearing oxygen via nasal cannula there should be a physician order for it. During the interview the DON was notified of the observations of R153's oxygen. The DON explained that they will have to look at R153's orders and get clarification. On 07/11/24 at 12:51 PM during an interview, Unit Manager (UM H) confirmed that R153's current orders are for oxygen at two liters with the cpap at night. UM H explained that there was a discontinued order for oxygen per nasal cannula at night if needed. UM H confirmed that there was no physician order for oxygen during the daytime. UM H was asked if there should be a physician order if a resident is wearing oxygen during the daytime. UM H stated, per policy if (R153) is wearing it during the day there should be an order. UM H said they will do some education regarding observations of resident wearing nasal cannula without being connected to an oxygen source. A facility policy titled OXYGEN: SIMPLE FACE MASKS, VENTI MASKS, AND NASAL CANNULA Simple Oxygen therapy is delivered via simple face mask, venti masks, or nasal cannula, based upon individual resident's need and a physician order.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235369	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/11/2024
NAME OF PROVIDER OR SUPPLIER Marwood Manor Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 1300 Beard St Port Huron, MI 48060	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50223 Based on observation, interview, and record review, the facility failed to provide restorative services/functional maintanence to one (R139) resident out of one reviewed for range of motion/mobility. Findings include: On 07/11/24 at 8:37 AM, R139 was observed sitting up in bed. R139 was interviewed and confirmed they have not had restorative services since 05/24. R139 was asked if they feel they have had a decline in their functional status since they stopped receiving therapy services. R139 stated Yes I'm much stiffer. My hip has been stiffening up more and more and I don't want to lose the function of another joint. Use it or lose it. A record review revealed that R139 was admitted to the facility on [DATE] with the following diagnoses: urinary tract infection, weakness, need for assistance with personal care. Further record review revealed a Brief Interview for Mental Status (BIMS) score of 15/15 indicating intact cognition. A record review of R139's orders revealed the following: Active order dated 6/4/24: Restroative Nursing as Indicated. Further record review of R139's careplan revealed the following: Resident requires restorative services r/t (related to) at risk for further physical decline and/or impaired physical mobility secondary to HTN (high blood pressure), CHF (congestive heart failure), Obesity, UTI (urinary tract infection), osteoarthritis, history of falls Date Initiated: 04/01/2024 Revision on: 04/01/2024 Resident's restorative program will include 1)Resident will perform AROM (active range of motion) BUE (bilateral upper extremities) exercises with 2lb (pound) straight weights above head raises, rowing forward and backwards x 40 reps. 4-7 days a week. Date Initiated: 04/01/2024 Revision on: 04/01/2024 Restorative coordinator or designee will complete a progress note and monthly summary to track resident's progress or lack of progress towards their goal and reevaluate for any changes as needed. Record review of R139's restorative report revealed the last service was on 5/30/24. On 07/11/24 at 9:35 AM, during an interview Restorative Coordinator (RC J) confirms that R139 was getting restorative care after physical therapy services ended. RC J explained that R139 should be getting restorative services but said they do not know what services R139 is getting currently and they would need to check and see. On 07/11/24 at 10:43 AM, during an interview, RC J said R139's maintenance plan was due to start June 18th 2024 and confirms that it has not started and states it is late. RC J was asked if the restorative interventions on R139's care plan were being implemented. RC J stated the care plan is not current so I will go in and update it now. RC J was asked if restorative is supposed to put in progress notes. RC J responded yes and confirms that there are no progress notes entered and stated I will go in and add one. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235369	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Marwood Manor Nursing Home	1300 Beard St Port Huron, MI 48060

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A review of the facility's policy titled Restorative Nursing Services revealed the following: Residents will receive, and the facility will provide, the necessary care and services to attain or maintain the highest practicable physical, mental and psychosocial well-being, in accordance with the comprehensive assessment and Plan of Care .When a resident is discharged ROM (range of motion) restorative to nursing services, the restorative nurse will develop a discharge plan in PCC under tasks for the resident and present it to the nursing staff. It will include resident's current level of function and a plan of daily care that will be implemented by the nursing staff using restorative techniques that have been developed for the particular resident. Restorative nurse will conduct random Q.A. audits to assure that the nursing staff is following restorative's discharge plan of care. When residents are turned over to the neighborhood for floor maintenance programs for restorative, the restorative nurse will make the necessary care plan and task changes in PCC.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235369	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/11/2024
NAME OF PROVIDER OR SUPPLIER Marwood Manor Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 1300 Beard St Port Huron, MI 48060	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34851 This citation pertains to Intake: MI00144914. Based on observation, interview, and record review the facility failed to transport a resident safely in a wheelchair for one sampled resident (R42) of eight reviewed for accidents, resulting in a fibula (right lower leg) fracture. Findings include: A review of the intake noted, It was reported the resident was put in a w/c (wheelchair) without foot pegs which resulted in injury. On 7/10/24 at 11:29 AM, R42 was observed sitting in the dining area at a table with other residents. R42 was in a wheelchair with their legs resting on foot pedals. R42's right leg was observed with a gray orthopedic boot. R42 was asked what happened to their leg and was unable to explain due to their cognitive impairment. A review of R42's medical record revealed, R42 was admitted to the facility on [DATE], and readmitted on [DATE] with a diagnosis of Fracture of upper and lower end of right fibula and subsequent encounter for closed fracture with routine healing. A review of R42's annual , Minimum Data Set (MDS) assessment dated [DATE], documented severely impaired cognition and that R42 used a wheelchair and required assistance with activities of daily living. Further review of R42's medical record progress notes revealed: 5/22/2024 21:29 (9:29 PM) Health Status Note: Resident refused foot pedals this shift. While CNA was pushing resident in [their] chair, resident placed [their] foot down. Resident c/o (complaint of) foot pain. No edema noted, resident able to perform ROM (range of motion) on foot. PRN (as needed) Tramadol (pain medication) administered and effective. 5/22/2024 23:25 (11:25 PM) Health Status Note . During HS (bedtime) care resident was yelling out stating [their] foot hurt and attempting to lower self while in mechanical stand. Foot, ankle, and leg assessed with supervisor. Slight swelling noted, no bruising at this time. Resident able to move foot independently. X-ray ordered per standing order. Communication sent to physician at 2325. Unusual occurrence form filled out. 5/23/2024 11:51 (AM) Health Status Note . NP (Nurse Practitioner) to evaluate resident per nursing request. Apparently last evening resident was being pushed in [their] wheelchair and [R42] placed [their] foot on the ground. Subsequently, [R42] complained of foot pain. Resident was seen this morning in bed. Right ankle and foot noted to be quite swollen. Unable to perform any range of motion to right foot or ankle due to significant pain. Right ankle X-ray report revealed an acute fracture of the distal fibula with minimal displacement. Resident will be transferred to [local emergency room] for further evaluation/treatment of distal right fibula fracture. [Physician] notified of X-ray findings. Nursing to contact family. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235369	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/11/2024
NAME OF PROVIDER OR SUPPLIER Marwood Manor Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 1300 Beard St Port Huron, MI 48060	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Actual harm Residents Affected - Few	5/23/2024 12:58 (PM) Health Status Note . [local x-ray company] right ankle result received via fax, conclusion: Acute fracture of the right distal fibula. results given to . NP immediately. NP assessed res (resident) and ordered [R42] to go to [local hospital] for evaluation and treatment. Res right ankle swollen and painful with slight discoloration. Pain rated a 9 (out of 10), tramadol as given this morning but was not effective . 5/23/2024 20:52 (8:52 AM) Health Status Note . Res returned from [local hospital] at 1800 via EMS (.) Transferred from ambulance stretcher to bed with the assist of 4. Pain level at a (nine) res yelling out Tramadol and Ativan (anxiety medication) given . Foot and ankle put in a temporary immobilizer . On 7/11/24 at 10:52 AM, the Director of Nursing (DON) was asked about the incident with R42. The DON explained that the resident was agitated and did not want the footrest after being asked by the Certified Nursing Assistant (CNA). The DON was asked if R42 had the understanding to make that decision. The DON stated, [R42] is pleasantly confused. The DON was asked what the facility's expectation is in a situation like this. The DON explained, that the CNA could have re-approached or asked R42 to self-propel to see the ducks instead of pushing the wheelchair without the footrest. On 7/11/24 at 1:04 PM, CNA K was interviewed via phone and was asked about the incident with R42. CNA K explained, that R42 was upset and that they wanted to take R42 away from the agitation to calm down. CNA K stated, I was going to take [R42] to see the ducks [on the other unit] and I offered put the foot pedals on [R42] said no. CNA K explained that R42 was agitated and demonstrated to CNA K that R42 could hold their feet up. After R42 demonstrated they could hold their feet up CNA K explained that she gently pushed R42 down hallway. CNA K continued and stated, they got a couple doors away and the wheelchair stopped, R42 had put their foot down. CNA K explained, that when she looked R42's foot was under the chair and out of the shoe. A review of R42's care plan revealed, Focus: The resident is able to get [their] wants across, although [their] words are not always sensible. [R42] has poor awareness of personal space. [R42] is very social. Date Initiated: 01/17/2022. Goal: The resident will maintain involvement in cognitive stimulation, social activities as desired through review date. Date Initiated: 01/17/2022. Interventions: The resident prefers activities which do not involve overly demanding cognitive tasks. Engage in simple, structured activities such as looking through the newspaper and listening to music. Simplify steps to more complex programs [R42] joins in. Date Initiated: 01/17/2022. A review of the facility's policy, Transporting Residents in Wheelchairs dated 7/3/2019 revealed, It's is the policy of this facility to promote safe wheelchair transport of residents. 1. Foot pedals will be used for the transport of residents in wheelchairs when traveling outside of their room unless the resident chooses to self-propel . During the onsite survey, past noncompliance (PNC) was cited after the facility implemented actions to correct the noncompliance which included: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235369	A. Building B. Wing	07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Marwood Manor Nursing Home	1300 Beard St Port Huron, MI 48060

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Actual harm Residents Affected - Few	[CNA K] was interviewed about the incident. [CNA K] is identified as one of the resident's primary consistent staff members. [CNA K] states she is very familiar with the resident's routine and behavior tendencies, as well as effective interventions used when the resident is agitated. On the evening of the incident the resident had become visibly agitated after a verbal interaction with another resident. [CNA K] knew that the resident could be distracted and calmed by visiting the courtyard to see the baby ducks and offered to take her there. [CNA K] also offered to put the foot pedals on the wheelchair, but the resident refused/decline them, and preceded to demonstrate her ability to hold her own feet up. To avoid further escalation of the resident's agitation, [CNA K] decided to push the wheelchair at a relaxed pace without the foot pedals to their destination. Resident [R42] was evaluated at the emergency department on 5/23 and had a temporary immobilizer issued for [R42]. She then followed with orthopedic services on 5/28 and a fracture boot was issued for the resident's right foot/lower leg. She is non weight bearing on her right leg for 6 weeks. The resident already had foot pedals issued for her use, but refused/declined to used them at the time of the transport. Education with the resident would not have been appropriate at the time of the event due to the resident's agitation. The care plan for the resident was reviewed and updated to include approaches for staff to use in response to any reluctance to use the foot pedals. A building wide audit was completed to identify all other residents without foot pedals. Foot pedals were issued and will be used for all residents when being transported in a wheelchair outside their room. Care plans for residents were reviewed and revised to reflect use of foot pedals and wheelchair locomotion. The policy Transporting Residents in Wheelchairs was reviewed and which identifies that any resident being transported in a wheelchair outside their room will require the use of foot supports/pedals. Education done with all staff regarding the policy, transportation expectations and response to refusals. This facility acknowledges a resident's right to refuse. If a refusal occurs, staff should make the resident aware of the safety concern if foot pedals are not used and offer the resident the alternative option of propelling themselves. Education was conducted from 5/23 thru 6/3/2024. Ongoing monitoring of compliance will be completed through audits, scheduled to be completed weekly x 3, monthly x3 and then quarterly thereafter if needed to assure compliance. These audits will be the responsibility of the Quality Manager. Compliance date: 6/4/2024 The facility was able to demonstrate monitoring of the corrective action and maintained compliance.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235369	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/11/2024
NAME OF PROVIDER OR SUPPLIER: Marwood Manor Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE: 1300 Beard St Port Huron, MI 48060	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32220 Based on observation, inteview and record review, the facilty failed to ensure medications were dated and labeled with a resident identifier when opened in four of seven medication carts and three of 14 medications carts were locked when unattended. Findings include: On [DATE] at 11:06 AM, the [NAME] hall medication cart was observed with Licensed Practical Nurse (LPN) C. A latanoprost eye dropper vial was not dated when opened. The nurse reported that eye drop was administered in the evening. At 11:22 AM, LPN C reported the facility pharmacy reported the latanoprost expired 28 days after opening. On [DATE] at 11:28 AM, the Drapers Lane medication cart was observed with LPN E. A dorzolamide eye dropper vial not dated was not dated when opened. The nurse noted it was received [DATE]. On [DATE] at 11:37 AM, the Indepedence Pointe North medication cart was reviewed with Registered Nurse (RN) G. A Trelegy inhaler was not dated on the inhaler and did not have a resident identifier on the inhaler. On [DATE] at 11:56 AM, the Dove Lane medication cart was observed with RN H. A Trelegy inhaler received [DATE] was not dated when opened on the box nor the inhaler. 50223 On [DATE] at 11:48 AM, the medication cart which was outside room [ROOM NUMBER] was observed to be unlocked and unattended. On [DATE] at 08:12 AM, the medication cart outside room [ROOM NUMBER] was observed unlocked and unattended. On [DATE] at 08:29 AM, during an interview, LPN A was asked how they make sure no one accesses the medications in the cart if they walk away. LPN A stated we lock it and LPN A demonstrated pushing the lock in. On [DATE] at 10:40 AM, during an interview the Director of Nursing (DON) was asked what their expectation for securing medication carts. The DON explained her expectation is the medication carts are kept locked when unattanded. A review of the facility policy titled, Medication Storage dated [DATE] revealed, It is the policy of this facility to ensure all medications housed on our premises will be stored properly according to the manufacturer's recommendations and sufficient to ensure proper sanitation, temperature, light, ventilation, moisture control, segregation, and security.Medication Expiration dates and Requirements: 1. The date of expiration should be documented on the container/vial. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235369	A. Building B. Wing	07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Marwood Manor Nursing Home	1300 Beard St Port Huron, MI 48060

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	2. If the date of expiration is not documented or cannot be determined, the date dispensed may be considered the date of opening for stability purposes .10. Multi-dose vials should be labeled and used for single patient only . A review of the manufacturer's web page at: https://gskpro.com/content/dam/global/hcpportal/en_US/Prescribing_Information/Trelegy_Ellipta/pdf/TRELEGY-ELLIPTA-PI-PIL-IFU.PDF, revealed, .Write the Tray opened and Discard dates on the inhaler label. The Discard date is 6 weeks from the date you open the tray .