

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235381	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/31/2025
NAME OF PROVIDER OR SUPPLIER Mymichigan Medical Center-Sault		STREET ADDRESS, CITY, STATE, ZIP CODE 500 Osborn Blvd Sault Sainte Marie, MI 49783	

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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49735</p> <p>This citation pertains to MI00149861</p> <p>Based on interview and record review, the facility failed to notify the state agency of a resident-to-resident sexual abuse allegation to the state agency for two Residents (#1 and #3) of four Residents reviewed for abuse. This deficient practice resulted in the potential for sexual abuse abuse.</p> <p>Findings include:</p> <p>Resident #1 (R1)</p> <p>Review of R1's Minimum Data Set (MDS) assessment dated [DATE], revealed admission to the facility on [DATE], with active diagnoses that included: dementia and depression. R1 scored a 9 of 15 on the Brief Interview of Mental Status (BIMS) assessment reflective of moderate cognitive impairment.</p> <p>Resident #3 (R3)</p> <p>Review of R3's MDS assessment dated [DATE], revealed admission to the facility on [DATE], with active diagnoses that included: dementia, anxiety disorder, and depression. R3 scored a 3 of 15 on the BIMS assessment reflective of severe cognitive impairment.</p> <p>Review of R1's behavior note dated 1/18/25 at 15:45 revealed R1 was sitting next to R3 in the dining room, and R3 was holding onto R1's exposed penis.</p> <p>During an interview on 1/30/25 at 3:27 p.m., Registered Nurse (RN) C confirmed that Certified Nurse Aide (CNA) D reported that R1 was holding R3's penis in the dining room and that the incident was documented by RN C and reported to the Director of Nursing (DON).</p> <p>During a phone interview on 1/30/25 at 3:45 p.m., CNA D stated, I saw R1 and R3 sitting close to one another in the dining room and when I walked by I saw R3 holding onto R1's penis .R1 asked R3 to grip onto it harder .I took R3 away from the dining room and reported it to RN C right away and she called the DON .</p> <p>During an interview on 1/30/25 at 12:19 p.m., the Nursing Home Administrator (NHA) acknowledged the incident was not reported to the State Agency (SA).</p> <p>(continued on next page)</p>

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 1/31/25 at 7:37 a.m., the DON stated the incident on the 18th was not investigated and the incident was not reported to the SA.</p> <p>Review of Facility policy titled LTC (Long Term Care) Resident Abuse, Neglect or Mistreatment last reviewed 1/25, read in part .The Administrator or designee will report to the state officials, as designate by law and investigate all allegations .the Administrator or designee ill contact state and law enforcement within .24 hours of all allegations and will complete the investigation within 5 days .The results of the investigation shall be reported to official (State and Federal agencies) in accordance with State and Federal law and within five working days .</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49735</p> <p>This citation pertains to MI00149861</p> <p>Based on interview and record review, the facility failed to ensure care plans were updated promptly and revised appropriately for two Residents (#1 and #3) of four residents reviewed for care plans. This deficient practice resulted in care plans which did not reflect resident needs.</p> <p>Findings include:</p> <p>Resident #1 (R1)</p> <p>Review of R1's Minimum Data Set (MDS) assessment dated [DATE], revealed admission to the facility on [DATE], with active diagnoses that included: dementia and depression. R1 scored a 9 of 15 on the Brief Interview of Mental Status (BIMS) assessment reflective of moderate cognitive impairment.</p> <p>Resident #3 (R3)</p> <p>Review of R3's MDS assessment dated [DATE], revealed admission to the facility on [DATE], with active diagnoses that included: dementia, anxiety disorder, and depression. R3 scored a 3 of 15 on the BIMS assessment reflective of severe cognitive impairment.</p> <p>Review of R1's behavior note dated 1/18/25 at 15:45 revealed R1 was sitting next to R3 in the dining room, and R3 was holding onto R1's exposed penis.</p> <p>Review of the care plan's for R1 and R3 did not reveal an updated revision or intervention to mitigate the resident-to-resident altercation in the dining room.</p> <p>During an interview on 1/31/25 at 9:11 a.m., The Director of Nursing (DON) was asked about updating the residents care plan to mitigate the resident-to-resident altercation and the DON said the care plans were not updated, reviewed, or revised after the incident and indicated the facility normally revises the care plan after each incident.</p> <p>Review of facility policy titled LTC (Long Term Care) Resident Care Planning last revised 9/23, read in part, . The care plan shall be implements with documentation in the resident's clinical record. Evaluation of the results of the planned care or intervention shall be documents in the residents clinical record. The care plan shall be reviewed and elements of care evaluated periodically as necessary to reflect the resident's condition .a resident care conference shall be held periodically .to evaluate the residents needs and to provide for the appropriate revision of the resident care plan .</p>		