STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235385	A. Building B. Wing	05/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Laurels of Mt. Pleasant	400 South Crapo Street Mt. Pleasant, MI 48858

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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** This citation pertains to intake #2680498. Based on interview and record review, the facility failed to manage catheters according to physician's orders for two residents (R102 and R103) of 3 residents reviewed for catheter care. Findings include:R102 Review of an admission Record revealed R102 admitted to the facility on [DATE] with pertinent diagnoses which included traumatic brain injury and neuromuscular dysfunction of the bladder. Review of a current suprapubic catheter Care Plan need for R102, created 8/8/2023, directed facility staff to change R102's suprapubic catheter every 30 days. Review of R102's hospice care plan, dated 6/26/2025, revealed .replace the catheter and drainage system (every) 30 days and upon evidence of disconnection, leakage, or (signs/symptoms) infection . In a telephone interview on 5/4/2026 at 11:10 AM, Family Member of R102 I reported R102 discharged from the facility to a hospice facility on 11/13/2025. Family Member I reported the hospice facility was having a hard time changing 102's suprapubic catheter on 11/14/2025 and she contacted the facility by telephone. Facility Registered Nurse (RN) E informed Family Member I that it had been over two months since R102's catheter had been changed at the facility. Family Member I reported R102's catheter was supposed to be changed every 30 days. In a telephone interview on 5/4/2026 at 1:44 PM, RN E reported she was contacted by R102's family after his discharge and after reviewing his Electronic Medical Record (EMR) she found his suprapubic catheter had not been changed in over two months from the date of his discharge from the facility. In an interview on 5/5/2026 at 11:58 AM, the Director of Nursing (DON) reported she had performed an extensive review of R102's chart and confirmed the last time his suprapubic catheter was changed prior to his discharge was on 9/12/2025, over two months from his date of discharge. The DON reported she was unable to find documentation to justify why the facility stopped changing R102's suprapubic catheter every 30 days. The DON reported nursing staff changed R102's order on 7/22/2025 but could find no supporting documentation to explain why this change occurred. Review of R102's urology note, dated 4/19/2024, revealed urology directed the facility to change R102's suprapubic catheter every 4 weeks. R103 Review of an admission Record revealed R103 admitted to the facility on [DATE] with pertinent diagnoses which included malnutrition and obstructive uropathy. Review of a current urinary catheter Care Plan need for R103, created 5/28/2025, revealed R103 had a urinary catheter related to obstructive uropathy. In an interview on 5/4/2026 at 10:26 AM, R103 reported he would like his urinary catheter to be removed. R103 reported he was not sure why the catheter was still in. Review of R103's urology Report of Consultation, dated 6/2/2025, revealed the urology physician ordered an MRI of R103's prostate. Further review of the document showed no evidence that the facility physician reviewed this consultation report. In an interview on 5/5/2026 at 1:50 PM, RN Unit Manager C reported she had reviewed R102's EMR and the facility failed to follow up with his urology order for an MRI of his prostate from June of 2025.

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
	235385	A. Building B. Wing	05/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Laurels of Mt. Pleasant	400 South Crapo Street Mt. Pleasant, MI 48858

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to maintain an accurate Electronic Medical Record (EMR) for 2 residents (R100 and R102) of 7 residents reviewed for accuracy of medical records. Findings include:R100 Review of an admission Record revealed R100 admitted to the facility on [DATE] with pertinent diagnoses which included cellulitis (bacterial skin infection) of the back, sepsis (a body's extreme response to an infection), chronic kidney disease, and adult failure to thrive. Review of R100's Progress Notes, dated 3/18/2026 at 12:47 PM revealed .resident (with) significant weight loss.resident declining in health and refusing meals at times and wanting to stay in bed most of the time.NP (Nurse Practitioner) aware and so is dietician to initiate interventions. During an interview on 5/5/2026 at 9:36 AM, Unit Manager (UM) G reported that she had written the progress note on 3/18/2026 at 12:47 PM and had notified R100's family member about the change in condition but did not document the notification in the EMR. UM G stated I missed that. During a telephone interview on 5/5/2026 at 11:39 AM, Family Member (FM) H reported that the facility notified him of R100's care sporadically but could not remember all of occurrences he had been notified of. FM H reported that R100 had required a new guardian and that the facility had initiated that process. During an interview on 5/6/2026 at 11:50 AM, Social Services Director (SSD) D reported that he had begun the process of guardianship for R100 and had communicated with outside resources but did not document in R100's EMR. SSD D reported he should have documented his actions and processes he put into place for R100 in the EMR. R102 Review of an admission Record revealed R102 admitted to the facility on [DATE] with pertinent diagnoses which included traumatic brain injury and neuromuscular dysfunction of the bladder. Review of a current pain Care Plan intervention for R102, created 8/9/2023, directed staff to administer medication for pain and observe for effectiveness. Further reviewed revealed staff were to evaluate characteristics of pain using a scale. Review of R102's November 2025 Medication Administration Record on 5/5/2026 at 9:50 AM revealed he was receiving morphine every 2 hours for pain and no documentation of R102's pain or response to pain medication was documented. Further review of the Electronic Medical Record (EMR) revealed no further documentation that staff were using a pain scale to monitor R102's pain or the effectiveness of his pain medication. In an interview on 5/5/2026 at 9:55 AM, the DON reported staff should have been using a pain scale to document R102's pain and to verify the effectiveness of his pain medication. The DON reported the order was not placed correctly for this to occur. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235385	A. Building B. Wing	05/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Laurels of Mt. Pleasant	400 South Crapo Street Mt. Pleasant, MI 48858

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of a facility policy/procedure Medical Records Management, revised 1/31/2022, revealed .A complete medical record contains an accurate and functional representation of the guest's/resident's actual experience in the facility.The medical record must contain enough information to show that the facility knows the status of the guest/resident, has adequate plans of care, and provides sufficient evidence of the effects of care provided. Review of a facility policy/procedure Notification of Change, revised 2/14/2024, revealed .The licensed nurse will document in the resident electronic medical record the notification and the information that was provided, including any additional orders from the practitioner.