

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

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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235385	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/22/2026
NAME OF PROVIDER OR SUPPLIER The Laurels of Mt. Pleasant		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** This citation pertains to intake 3008033. Based on observation, interview, and record review, the facility failed to follow up with grievances for one resident (R93) out of three residents reviewed. Findings include: Review of an admission Record revealed R93 admitted to the facility on [DATE] with pertinent diagnoses which included malignant (cancerous) neoplasm (growth) of the lung and the brain, depressive disorder, and chronic respiratory failure. In an interview on 7/21/26 at 3:13 PM, Family Member (FM) T reported that R93 had passed away in the facility on 6/12/26. FM T reported that R93 had missing clothing including two shirts that were unique to the family and a blanket that a family member had given R93 that FM T would like back. FM T reported that she had made several attempts to notify management of the missing items and filled out a Guest Assistance Form. FM T reported she had not heard back whether the missing items were found. Review of R93's Guest Assistance Form dated 6/12/26, revealed that a worker had initiated the form with a complaint related to a missing blanket, grey and white in color, along with missing clothing. The complaint stated, Wife is asking about the blanket because their daughter got it for her father to have something soft to hold. Guest Assistance Form revealed that a staff member had looked for the blanket and could not locate it. Facility Response revealed that there was no inventory sheet filled out and R93's clothing was not labeled at the facility and that the facility would continue to look for R93's blanket. The form was signed with an unrecognized signature, and the date was left blank. A section of the form that states Complainant's Response to the Facility was left blank with no notification to the wife if the blanket or clothing was found. The last section of the form stated Facility Follow-Up was left blank with no follow up documented. In an interview on 7/22/26 at 9:17 AM, the Nursing Home Administrator (NHA) reported R93 was homeless when he admitted to the facility and an inventory form was not completed. The NHA reported that when a guest assistance form is initiated the facility reviews each one in the morning stand up meeting and the appropriate department manager receives the guest assistance form. The facility then provides feedback for each specific concern. The NHA reported there was no follow-up documentation that could be located related to R93's missing blanket and clothing or documentation that R93's wife had received follow-up regarding the missing items. Review of facility policy/procedure Care Program, revised 7/8/25, revealed staff receiving the grievance should acknowledge receipt of concern and immediately address the concern if possible and document the resolution. that department manager/designee will have 5-7 business days following receipt of the concern to complete the investigation and document his/her conclusions. the Administrator and/or Department manager will contact the resident or person filing the concern as soon as possible but no longer than within 72 hours of receipt of the concern to inform them of the status of the concern.		

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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(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** This citation pertains to intake 3008033. Based on interview and record review, the facility failed to maintain a clear and concise Electronic Medical Record (EMR) for one resident (R93) of 82 residents reviewed for accuracy of medical records. Findings include: Review of an admission Record revealed R93 admitted to the facility on [DATE] with pertinent diagnoses which included malignant (cancerous) neoplasm (growth) of the lung and the brain, depressive disorder, and chronic respiratory failure. In an interview on 7/21/26 at 3:13 PM, Family Member (FM) T reported that R93 had passed away in the facility on 6/12/26. FM T reported that on 4/9/2026 R93 was being transferred by one nursing assistant in which R93 stumbled, almost fell, and scraped his left arm on the grab bar beside the toilet. Review of R93's Hospice Visit Note Report dated 4/17/26, revealed .left forearm skin tear.onset date 4/13/26.wound assessed by facility staff. Review of R93's Physician's Orders on 7/22/26, revealed a discontinued order that was initiated on 4/9/26 which directed nursing staff to .cleanse abrasions to left arm with soap and water, apply zinc paste (a thick, medicated topical skin protectant) and wrap with a 4x4 kerlix (protective dressing) daily for 3 days. Further review of R93's Physician's Orders revealed a treatment initiated on 4/11/26 that directed nursing staff to cleanse left forearm with wound wash, pat dry, and apply visco paste (medicated open-weave cotton bandage impregnated with a 10% [NAME] oxide paste) and cover with kerlex and coban (stretchy bandage) every 3 days. Interview on 7/22/26 at 1:00 PM, the Director of Nursing (DON) reported she was not aware of an occurrence where R93 stumbled during a transfer and obtained a skin tear. Interview on 7/22/26 at 1:53 PM, Registered Nurse Unit Manager (RN/UM) N reported that the order was initiated by her related to a skin tear obtained when R93 was in the shower and stumbled during the transfer and R93's left arm made contact with the assist bar on the shower wall. RN/UM N reported she did not document the incident or complete an incident report. RN/UM N reported she should have. Review of the facility policy/procedure Skin Management, revised 1/28/2026, revealed .all skin tears will be evaluated, documented, and treated based on physician's orders.an incident accident report is to be completed.the licensed nurse is responsible for documenting skin tears upon occurrence and monitoring on a weekly basis until healed.notify the practitioner and responsible party of the occurrence, document the notification in the medical record and initiate an order, as needed.		