

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 07/24/2024
NAME OF PROVIDER OR SUPPLIER Laurels of Mt. Pleasant (the)		STREET ADDRESS, CITY, STATE, ZIP CODE 400 South Crapo St Mount 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)
<p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45410</p> <p>Based on observation, interview, and record review, the facility failed to ensure call lights were left within reach for 3 residents (Resident #5, #8, and #68) of 3 residents reviewed for availability of call lights, resulting in the potential for unmet care needs and the potential for residents to not meet their highest practicable physical, mental, and psychosocial well being.</p> <p>Finding include:</p> <p>Resident #5</p> <p>Review of an Admission Record revealed Resident #5 admitted to the facility on [DATE] with pertinent diagnoses which included memory deficit and dementia.</p> <p>Review of a current fall Care Plan intervention for Resident #5, initiated 5/2/2019, directed staff to place the resident's call light in reach and encourage her to use it for assistance as needed.</p> <p>In an observation and interview on 7/23/2024 at 8:51 AM in Resident #5's room, Resident #5's call light was clipped to the bed sheet under the edge of her pillow and not visible to the resident. When asked where her call light was located, Resident #5 looked around and reported she could not find it.</p> <p>In an interview on 7/23/2024 at 8:55 AM, Certified Nursing Assistant (CNA) F reported Resident #5 was able to use her call light to request assistance.</p> <p>In an observation and interview on 7/24/2023 at 9:44 AM in Resident #5's room, Resident #5's call light was clipped next to her pillow on the right side, out of sight and reach of the resident. When asked where her call light was, Resident #5 stated Oh, I don't know, down here somewhere. Resident #5 reached down beside her left hand and was unable to find the call light.</p> <p>Resident #8</p> <p>Review of an Admission Record revealed Resident #8 admitted to the facility on [DATE] with pertinent diagnoses which included mild cognitive impairment and dementia.</p> <p>Review of a current fall Care Plan intervention for Resident #8, initiated 12/11/2023, directed staff to place the resident's call light in reach and encourage her to use it for assistance as needed.</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
---	-------	-----------

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 07/24/2024
NAME OF PROVIDER OR SUPPLIER Laurels of Mt. Pleasant (the)		STREET ADDRESS, CITY, STATE, ZIP CODE 400 South Crapo St Mount 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)		
<p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>In an observation and interview on 7/23/2024 at 9:06 AM in Resident #8's room, Resident #8's call light was coiled up on a small organizer next to her bed and against the wall, out of reach of Resident #8. Resident #8 was in her wheelchair and her bedside table was between her and the call light. When asked where her call light was located, Resident #8 reported she did not know and was unable to find the call light.</p> <p>In an observation and interview on 7/23/2024 at 12:47 PM in Resident #8's room, Resident #8's call light was coiled up on a small organizer next to her bed and against the wall, out of reach of Resident #8. Resident #8 was in her wheelchair and her bedside table was between her and the call light. When asked where her call light was located, Resident #8 stated, I don't know where it is.</p> <p>Resident #68</p> <p>Review of an Admission Record revealed Resident #68 admitted to the facility on [DATE] with pertinent diagnoses which included cerebral infarction (stroke) and depression.</p> <p>Review of a current fall Care Plan intervention for Resident #68, initiated 7/20/2023, directed staff to place the resident's call light in reach and encourage her to use it for assistance as needed.</p> <p>In an observation and interview on 7/23/2024 at 10:13 AM in Resident #68's room, Resident #68 was in her geriatric chair and her call light was in the middle of her bed and out of reach of the resident. Resident #68 reported staff often left her call light out of reach. Resident #68 reported she had to yell to get the attention of staff when her call light was not in reach.</p> <p>In an observation on 7/24/2024 at 9:19 AM in Resident #68's room, Resident #68 was resting in bed and her call light was below her feet in the bed and out of reach of the resident.</p> <p>In an observation and interview on 7/24/2024 at 9:27 AM, CNA G reported Resident #68 was unable to use her call light because of her contractures. CNA G entered Resident #68's room and observed Resident #68's call light lying at the foot of her bed. CNA G asked Resident #68 if she was able to press the call light if it were near her hands and Resident #68 stated Yes. CNA G placed the call light near Resident #68's right hand and she was able to immediately activate the call light purposefully by moving her hand over the pressure activated call light.</p> <p>In an interview on 7/24/2024 at 9:27 AM, CNA G reported Resident #8 and Resident #5 were also able to use their call lights to request staff assistance.</p>		

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 07/24/2024
NAME OF PROVIDER OR SUPPLIER Laurels of Mt. Pleasant (the)		STREET ADDRESS, CITY, STATE, ZIP CODE 400 South Crapo St Mount 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)
<p>F 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45410</p> <p>Based on interview and record review, the facility failed to ensure a Mental Illness/Intellectual Disability/Related Condition Exemption Criteria Certification Level II Screening (DCH-3878) was completed for 1 resident (Resident #43) of 1 resident reviewed for PASARR assessments, resulting in the potential for unmet mental health needs.</p> <p>Findings include:</p> <p>Resident #43</p> <p>Review of an Admission Record revealed Resident #43 admitted to the facility on [DATE] with pertinent diagnoses which included dementia, bipolar disorder, depression, and anxiety.</p> <p>Review of Resident #43's Annual Resident Review (ARR), form (DCH-3877), dated 2/20/2024, revealed section II was checked yes for lines 1, 2, 3, and 4 related to diagnoses of anxiety disorder, mood disorder, bipolar disorder, depression, and dementia and prescriptions for Depakote and Zyprexa. Further review of DCH-3877 revealed .If any answer to items 1-6 in SECTION II is Yes, send ONE copy to the local Community Mental Health Services Program . with a copy of form DCH-3878 if an exemption is requested . Further review reviewed no documentation that the Level II Screening (DCH-3878) was completed.</p> <p>In an interview on 7/24/2024 at 2:00 PM, Social Services Supervisor B reported Resident #43's Level II Screening (DCH-3878) was not completed as it should have been when the last ARR was completed 2/20/2024 and they were past due for a Level II Screening. Social Services Supervisor B was not sure why this was missed but was working on a plan of correction.</p> <p>In an interview on 7/23/2024 at 1:19 PM, the Director of Nursing (DON) reviewed Resident #43's PASARR history and reported the Level II Screening had not been completed since their admission to the facility in October of 2020. The DON reported Resident #43 required a Level II Screening. The DON reported the Social Services Director was working on a plan of correction for this oversight.</p>

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 07/24/2024
NAME OF PROVIDER OR SUPPLIER Laurels of Mt. Pleasant (the)		STREET ADDRESS, CITY, STATE, ZIP CODE 400 South Crapo St Mount 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)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45410</p> <p>Based on observation, interview, and record review, the facility failed to: 1) ensure proper use of Enhanced Barrier Precautions (EBP), 2) ensure proper use of Personal Protective Equipment (PPE), and 3) ensure proper sanitizing of shared medical equipment for 2 residents (Resident #12 and #5) of 3 residents reviewed for Transmission Based Precautions (TBP), resulting in the increased potential for cross-contamination, bacterial harborage and spread of infection to the entire 400 hallway.</p> <p>Findings include:</p> <p>Resident #12</p> <p>Review of an Admission Record revealed Resident #12 admitted to the facility on [DATE] with pertinent diagnoses which included paralysis following a stroke, tracheostomy, and neuromuscular dysfunction of the bladder.</p> <p>Review of a current respiratory Care Plan need for Resident #12, revised 4/2/2024, revealed .Enhanced barrier precautions dcd d/t (discontinued due to) psychosocial detriment resident expressed .</p> <p>Review of Resident #12's Physician's Orders, active 7/22/2024, revealed no order for EBP's or any other type of TBP's.</p> <p>In an observation on 7/22/2024 at 10:33 AM, Resident #12 was resting in their room in bed with a tracheostomy and a urinary catheter. There was no signage visible entering the room regarding PPE requirements or EBP's.</p> <p>In an interview on 7/22/2024 at 11:03 AM, Licensed Practical Nurse C reported Resident #12 required EBP's but the signage embarrassed Resident #12, so the facility took the signage down.</p> <p>In an observation on 7/22/2024 at 11:10 AM, Certified Nursing Assistant (CNA) E performed hand hygiene and entered Resident #12's room with a vitals cart without donning (putting on) PPE and without sanitizing the vitals cart prior to entrance. CNA E took Resident #12's vital signs and left the room. CNA E left the vitals cart next to the nursing station and did not sanitize the cart after performing vital signs on Resident #12.</p> <p>In an interview on 7/22/2024 at 11:21 AM, CNA D reported Resident #12 went to the unit manager because she was embarrassed by the PPE signage for EBP's, and the facility removed the signage.</p> <p>In an interview on 7/22/2024 at 11:24 AM, CNA E reported the vitals tower should be sanitized with sanitizing wipes in between every resident use. CNA E reported she forgot to sanitize the vitals tower before or after taking Resident #12's vital signs.</p> <p>(continued on next page)</p>		

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 07/24/2024
NAME OF PROVIDER OR SUPPLIER Laurels of Mt. Pleasant (the)		STREET ADDRESS, CITY, STATE, ZIP CODE 400 South Crapo St Mount 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)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>In an interview on 7/23/2024 at 1:20 PM, the Director of Nursing (DON) reported Resident #12 allowed nursing staff to use PPE when performing tracheostomy care but refused to allow CNA's to wear PPE when entering the room for care, including care of the urinary catheter. The DON reported there was not a physician's order directing staff to use EBP's or PPE. The DON reported Resident #12 spoke to the unit manager demanding the signage be removed from her door when EBP's were put into place and the facility was respecting the resident's decision as a resident right and dignity issue. The DON reported shared medical equipment, such as vitals equipment, should be sanitized in between every resident use.</p> <p>Review of facility policy/procedure Enhanced Barrier Precautions, revised 3/26/2024, revealed .Enhanced Barrier Precautions are indicated for residents with any of the following: 1) infection or colonization with a CDC (Centers for Disease Control)-targeted MDRO (Multi-drug Resistant Organism) when contact precautions do not otherwise apply or 2) a wound or indwelling medical device, even if the resident is not known to be infected or colonized with a MDRO and should remain in place for the duration of the resident's stay . Indwelling medical devices include central lines, urinary catheters, feeding tubes, and tracheostomies . Implementation . Post signage for precautions on the door or wall outside of the residents room indicating the type of precautions and required PPE . Health care personnel caring for residents on Enhance Barrier Precautions should wear gloves and gowns during high-contact resident care . Examples of high contact resident care activities requiring gown and glove use: Dressing . Bathing/showering . Transferring .</p> <p>Review of the Centers for Disease Control Long-term Care Facilities Frequently Asked Questions (FAQs) about Enhanced Barrier Precautions in Nursing Homes, dated 6/28/2024, revealed .28 . Does posting signs specifying the type of precautions and recommended PPE outside the resident room violate Health Insurance Portability and Accountability Act (HIPAA) and resident dignity? . No. Signs are intended to signal to individuals entering the room the specific actions they should take to protect themselves and the resident. To do this effectively, the sign must contain information about the type of precautions and the recommended PPE to be worn when caring for the resident .</p> <p>Review of facility policy/procedure Infection Prevention Program, revised 10/11/2023, revealed .Routine cleaning and disinfection of resident care equipment including equipment shared among resident (e.g., blood pressure cuffs) .</p> <p>Review of facility policy/procedure Cleaning and Disinfecting Multi-Use Resident Equipment, revised 10/11/2023, revealed .Cleaning and disinfection are essential for ensuring that multi-use medical equipment does not transmit infectious pathogens to residents .</p> <p>Resident #5</p> <p>Review of an Admission Record revealed Resident #5 admitted to the facility on [DATE] with pertinent diagnoses which included memory deficit and dementia.</p> <p>Review of a current shingles Care Plan intervention for Resident #5, revised 7/22/2024, directed staff to observe isolation precautions as ordered.</p> <p>In an observation on 7/23/2024 at 8:51 AM, while donning PPE CNA F dropped an unwrapped disposable plastic gown on the hallway floor and proceeded to pick the same gown up off the floor, donned the gown, and entered Resident #5's room to provide care.</p> <p>(continued on next page)</p>		

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 07/24/2024
NAME OF PROVIDER OR SUPPLIER Laurels of Mt. Pleasant (the)		STREET ADDRESS, CITY, STATE, ZIP CODE 400 South Crapo St Mount 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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	In an interview on 7/23/2024 at 1:20 PM, the DON reported dropped PPE should be disposed of and not used for patient care.		