

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235388	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/07/2025
NAME OF PROVIDER OR SUPPLIER  Bay Shores Senior Care and Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE  3254 E Midland Rd Bay City, MI 48706	

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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38471</b></p> <p>Based on observation, interview and record review the facility to accurately code the MDS (Minimum Data Set) for one resident (#24) and properly reflect one resident's (#61) pertinent care categories on the CMS (Centers for Medicare and Medicaid) 802 form of 22 residents reviewed for assessment accuracy, resulting in Resident #24 being miscoded as utilizing restraints on the MDS and Resident #61's infection not being designated on the CMS 802.</p> <p>Findings include:</p> <p>Resident #24:</p> <p>On 2/5/2025 at 11:30 AM, Resident #24 was observed resting in bed as we conversed about her time at the facility. The resident was asked if she required any usage of a restraint when in/out of bed and she stated she did not. The resident and motorized wheelchair was free was restraints. It can be noted in the survey system Resident #24 triggered for restraints.</p> <p>On 2/5/2025 at 12:44 PM, Nurse O was asked if Resident #24 utilized any type of restraint. The nurse stated, no, but said she did have enabler bars in the past.</p> <p>On 2/6/2025 at 11:10 AM, MDS (Minimum Data Set) Nurse Q was asked regarding Resident #24 MDS restraint coding. Nurse Q stated Resident #24 does not have any form of restraint and she was informed while that may be the case she is triggering for restraint usage. The nurse reviewed the MDS and found the resident was coded for Limb restraint-used less than daily, in the December 2024 quarterly MDS completed by Nurse P.</p> <p>On 2/5/2025 at approximately 1:30 PM, a review was completed of Resident #24's clinical record and it revealed the resident was readmitted to the facility on [DATE] with diagnoses that included, Chronic Obstructive Pulmonary Disease, Hypertension, Agoraphobia, Borderline Personality Disorder, Bipolar Disorder and Anxiety Disorder. Further review of the records yielded the following:</p> <p>12/19/2024 Quarterly MDS: Indicated she utilized a limb restraint less than daily.</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:  235388	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/07/2025
NAME OF PROVIDER OR SUPPLIER  Bay Shores Senior Care and Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE  3254 E Midland Rd Bay City, MI 48706	
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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 2/6/2025 at 11:23 AM, an interview was conducted with MDS Nurse P regarding Resident #24's inaccurate MDS coding. Nurse P completes the assessments offsite with a collection of the necessary data from the resident clinical record. If there is something he cannot confirm via the medical record, he will contact the facility for assistance. Nurse P reported after reviewing his notes Resident #24 does not utilize restraints and is miscoded.</p> <p>Resident #61:</p> <p>During the initial tour on 2/5/2025, it was found that Resident #61 was positive for Influenza A, with the appropriate transmission-based precautions adorned on his door and PPE (personal protective equipment) caddy. Upon entering his room, he appeared to be comfortable, but a conversation did not ensue.</p> <p>On 2/6/2025 at 11:49 AM, review was completed of the MDS (Minimum Data Set) Resident Matrix (provided upon entrance), and it indicated Resident #61 did not have any current infections.</p> <p>On 2/6/2025 at approximately, 11: 55 AM, a review was completed of Resident #61's medical records and it revealed the resident admitted to the facility on [DATE] with diagnosis of Chronic Obstructive Pulmonary Disease, Vascular Dementia, Diabetes, Hypertension and Atrial Fibrillation. Further review yielded the following:</p> <p>Care Plan: .Actual Infection r/t (related to) Influenza A .date initiated 2/2/2025.</p> <p>Progress Notes:</p> <p>2/2/2025 at 17:20: Resident has fever of 103.4, cough and stated he feels terrible. Rapid was collected and was negative, PCR sent out resident placed on precautions Tylenol administered. On call PCP notified will continue to monitor.</p> <p>2/3/2025 at 18:26: Resident was positive for Influenza A. is on transmission-based precautions. Still is having fevers was 101.9 administered Tylenol is now 101.1. Resident has to be fever free for 24 hours before he can be off of contact precautions resident was notified along with PCP.</p> <p>On 2/6/2025 at 1:20 PM, the DON (Director of Nursing) reported the resident's symptoms started on 2/2/2025 and he tested positive on 2/3/2025. Review was completed of MDS Resident Matrix, and the DON agreed his positive influenza status should have been indicated on the matrix.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235388	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/07/2025
NAME OF PROVIDER OR SUPPLIER  Bay Shores Senior Care and Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE  3254 E Midland Rd Bay City, MI 48706	

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 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted</p> <p>39059</p> <p>Based on observation, interview and record review, the facility failed to ensure timely assessment of transfer/mobility status for one resident (Resident #315) of four residents reviewed for care planning, resulting in unsupervised self-ambulation and transfer and an incomplete baseline care plan.</p> <p>Findings include:</p> <p>Resident #315:</p> <p>On 2/05/25, at 11:11 AM, Resident #315 was in their room in their bathroom with the door slightly ajar. While meeting with their roommate, Resident #315 hollered out, I got a problem in here. Resident #315 was observed standing on their pulled down pants with their socks half off all in a pile of bowel movement. There was a staff member walking by who was alerted who came quickly to assist the resident.</p> <p>On 2/06/25, at 12:12 PM, a record review of Resident #315's electronic medical record revealed an admission on 2/03/2025 at 2:00 PM with diagnoses that included Alzheimer's disease, Hypertension and Glaucoma.</p> <p>A review of the Care Plan I have a potential/actual ADL deficit R?T (related to) Chronic A-fib HTN UTI BPH Glaucoma OA late onset Alzheimer's dementia . Date Initiated: 02/03/2025 . Interventions I have been provided a copy of my baseline care plan within 48 hours of admission. Date Initiated: 02/03/2025 . Ambulation with specify (1, or 2 PA) specify device Date Initiated: 02/03/2025 . transfer (specify 1, 2 PA, full lift, sit to stand) Date Initiated: 02/03/2025 .</p> <p>A review of the Task Description list revealed no documentation as to how much assistance Resident #315 needed to transfer.</p> <p>On 2/06/25, at 12:17 PM, Resident #315 was sitting in their wheelchair leaning forward moving the foot pedals up and down. Resident #315 was able to move about their room in their wheelchair using their feet.</p> <p>On 2/06/25, at 12:38 PM, Rehab Director L was interviewed regarding Resident #315 admission therapy screen and Rehab Director L offered, to their understanding Resident #315 was signing on to hospice and that they wouldn't recommend a transfer status as the nurse on admission should have.</p> <p>On 2/06/25, at 1:04 PM, The Director of Nursing (DON) was asked how the staff assisted Resident #315 with their transfers and the DON offered, I believe he is a lift. The DON was alerted Resident #315 did not have a personalized transfer status on their care plan nor their Kardex. The DON offered, they would go check.</p> <p>On 2/06/25, at 2:04 PM, the DON followed up on Resident #315's transfer and ambulation status. The DON further offered that the care plan and Kardex are fixed and that the resident was planning to sign onto hospice soon.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235388	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/07/2025
NAME OF PROVIDER OR SUPPLIER  Bay Shores Senior Care and Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE  3254 E Midland Rd Bay City, MI 48706	

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 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 2/06/25, at 3:30 PM, CENA M was asked how Resident #315 was assisted to the bathroom and what their transfer needs were. CENA M stated, we get report and share each shift change how their doing. CENA M further explained, that Resident #315 was making it to the bathroom with just the one assist and that therapy usually assessed them.</p> <p>On 2/07/25, at 9:00 AM, a further record review of Resident #315's care plan revealed . Interventions . Ambulation with 1PA with FWW (front wheeled walker) Revision on: 02/06/2025 . transfer 1PA with FWW . Revision on: 02/06/2025 .</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235388	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/07/2025
NAME OF PROVIDER OR SUPPLIER  Bay Shores Senior Care and Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE  3254 E Midland Rd Bay City, MI 48706	
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 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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 22927</p> <p>Based on observation, interview and record review, the facility failed to update care plan interventions for 3 residents (R23, R24, R164) of 4 residents reviewed, resulting in the likelihood for missed interventions in treatment and unmet needs.</p> <p>Findings include:</p> <p>Record review of 'Facility Assessment Tool', dated ,d+[DATE], page 8 under staff education: Person-Centered Care- This should include but not be limited to person-centered care planning, education of resident and family/resident representative about treatments and medications, documentation of resident treatment preferences, end-of-life care, and advanced care planning.</p> <p>Record review of the facility 'Call Light' policy, dated [DATE], revealed call lights will receive consistent and adequate response in order to best meet the individuals' needs of each resident. Procedure: Call lights will be placed within reach of the resident.</p> <p>Resident #23 Hydration:</p> <p>Observation was made on [DATE] at 09:56 AM of Resident #23 laying in his bed, thin in appearance with no fluids/water within reach. Observed on table across room next to the entrance room wall away from the bed was a clear plastic mug with handle with a black lid with a straw. A clear thin liquid noted in the cup.</p> <p>Observation on [DATE] at 09:06 AM of Resident #23 lying in bed with fluid/water on bedside table across the room again next to the wall out of reach of the resident.</p> <p>Observation and interview conducted on [DATE] at 08:09 AM of Resident #23. Resident #23 was Observed with water in clear mug with handle with black top with a straw, across the room from resident's bed, out of reach. In an interview and observation, Certified Nurse Assistant (CNA) B stated that Resident #23 drinks too fast and she did not want him to choke. CNA B observed the call light on the floor under the bed. CNA B stated that Resident #23 had a pad style/soft touch call light, and they took it away last week before the state came. I don't know why they changed his call light.</p> <p>Record review of Resident #23's Care plan at risk for falls related to frequent falls at home,-knees buckle, cardiac diagnosis, dementia, difficulty walking, osteoarthritis with revision date of [DATE] intervention: Call light accessible dated [DATE] and soft touch call light in place dated [DATE].</p> <p>Record review of Resident #23's Care plans pages ,d+[DATE] revealed:</p> <p>Alteration in bowel elimination/constipation related to weakness and debility created [DATE] with interventions: Encourage fluids dated [DATE].</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235388	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/07/2025
NAME OF PROVIDER OR SUPPLIER  Bay Shores Senior Care and Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE  3254 E Midland Rd Bay City, MI 48706	
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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Alteration in my Mood state related to Major Depressive Disorder revision date [DATE] interventions: Offer me a snack/drink dated [DATE].</p> <p>Record review of Resident #23's Nutritional preferences/hydration care plan related to COVID-19: depression, acute kidney failure, hypothyroidism, chronic heart failure (CHF), dysphagia, dementia, hypertension, high cholesterol, Coronary Artery Bypass Graft (GABG) revision date [DATE] interventions: Regular diet, puree texture, thin liquids, supplements as ordered, total assist revision dated [DATE]. There were no interventions found in the care plans as to why the liquids were kept out of reach of the resident.</p> <p>Resident #164:</p> <p>Record review of Resident #164's electronic medical record revealed an admission to the facility date of [DATE] from the acute care setting.</p> <p>An interview on [DATE] at 10:12 AM with Resident #164's family member G revealed that the resident had been at the facility since the afternoon of [DATE]st, 2024, and had not had a shower yet. Family member G stated that they have asked every day for a shower, and they said today's the day. Family member G stated that they went to the social worker designee to inquire about showers and were told that Resident #164 would get a shower that day. Family member G stated why did she have to beg for a shower for the resident? We don't know what days his shower days are, he also goes to hemodialysis 3 days a week, so we need to know. It's been 6 days, and he's starting to smell.</p> <p>Record review on [DATE] at 11:29 AM of Resident #164's shower/bath task in the electronic medical record revealed an admission on [DATE] and no bath till [DATE] when family members complained. It was 6 days as documented with no shower.</p> <p>Record review of Resident #164's care plans, pages 1- 26, revealed an Activity of Daily Living deficit related to ESRD (End Stage Renal Disease), dependence on dialysis, hypertension, history of cardiovascular accident (CVA), Urinary Tract Infection (UTI), and aspiration pneumonia. created on [DATE]. Interventions included: Bed bathe/shower 2 x per week, no preference to days/times.</p> <p>In an interview on [DATE] at 12:11 PM with Social Work designee F about Resident #164's Showers, Social work designee F stated 'so that was brought to my attention by the (Family member) yesterday, I notified unit manager Register Nurse A, and she said that he would be getting a shower. It was discussed again during the care conference later that day. There should be showers 2 times a week, or more if requested.</p> <p>An interview and record review was conducted on [DATE] at 12:16 PM with Registered Nurse (RN) A CCC (Clinical Care Coordinator) regarding Resident #164 not having showers. Resident #164 had no shower until [DATE]. He was offered one on [DATE] and refused. The (Family member) brought it to our attention and I assigned it to second shift to give a shower on [DATE] and he refused. The CNA is to try 3 times and then notify the nurse of refusals so the nurse can go in and offer. A refusal should be charted by the nurse in progress notes. Record review of Resident #164's progress notes revealed there were no refusals documented in the progress notes by the nurse.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235388	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/07/2025
NAME OF PROVIDER OR SUPPLIER  Bay Shores Senior Care and Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE  3254 E Midland Rd Bay City, MI 48706	

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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of the facility shower schedule noted the Resident according to the resident room number would receive showers on Wednesday and Saturday. Resident #164 missed receiving a shower on Wednesday [DATE], causing the family to complain to the state surveyor.</p> <p>38471</p> <p>Resident #24:</p> <p>On [DATE] at 11:30 AM, Resident #24 was observed resting in bed as we conversed about her time at the facility and past traumas related to her marriage and upbringing.</p> <p>On [DATE] at approximately 1:00 PM, a review was conducted of the Level II OBRA (Omnibus Budget Reconciliation Act) evaluation completed by the local CMH ( Community Mental Health) on [DATE] and it stated the following, .(Resident #24's parents had issues with substance abuse and both parents died at the age of 58 .She reported she was kicked out of her parents home .her husband was abusive and controlling but she stayed with him for nine years .Resident #24 married her second husband in 2002 but he died of a heart attack after one to two months of marriage .</p> <p>On [DATE] at approximately 1:30 PM, a review was completed of Resident #24's clinical record and it revealed the resident was readmitted to the facility on [DATE] with diagnoses that included, Chronic Obstructive Pulmonary Disease, Hypertension, Agoraphobia, Borderline Personality Disorder, Bipolar Disorder and Anxiety Disorder. Further review of the records yielded the following:</p> <p>Care Plan:</p> <p>Behavior .At times, I will choose to stay in my room or in bed. Trauma assessment positive . MOOD/BEHAVIOR: (1 of 2) . Trauma Assessment - negative .</p> <p>Resident #24's care plan was contradictory regarding her trauma history.</p> <p>On [DATE] at 5:15 PM, an interview was conducted with Social Worker D regarding Resident #24's trauma. The social worker explained when completing their quarterly trauma assessments, they ask about new trauma and if there has been none they answer accordingly. Review was completed of the Level II evaluation, and it was asked why that was not added into her trauma care plan. It was explained because the resident did not share those specifics with her is why it was not included in the care plan. It was expressed that the information from the Level II per regulations are to be incorporated into care planning. We then reviewed where the care plan was contradictory regarding trauma. Social Worker D reported it should be one or the other, as they do cancel one another out.</p> <p>On [DATE] at 1:18 PM, the Administrator shared that the facility does not have a comprehensive, revision and/or updating care planning policy.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235388	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/07/2025
NAME OF PROVIDER OR SUPPLIER  Bay Shores Senior Care and Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE  3254 E Midland Rd Bay City, MI 48706	
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>22927</p> <p>Based on observation, interview and record review, the facility failed to provide Activities of Daily Living (ADL) for one resident (R164) of 18 residents reviewed for ADL care, resulting in residents feeling frustrated, anger, embarrassment from poor hygiene, unmet needs and complaints to the state surveyor.</p> <p>Findings include:</p> <p>Record review of the facility 'Activity of Daily Living (ADL) (Daily Life Functions) policy, dated 7/1/2008, revealed the purpose was to assist residents in achieving maximum functional ability with dignity and self-esteem. To provide assistance to residents as necessary. To supervise and assess resident function in order to plan care to maintain optimum ADL function as long as possible. To re-educate resident in techniques of daily life functions. To teach resident use of assistive devices to maintain optimum ADL function as long as possible. To improve the quality of life.</p> <p>Record review of facility shower M1 and M2 shower room schedules undated revealed that there were set days for residents to get two showers every 7 days. Bed baths only if care planned, see your nurse if the resident is requesting. If no shower aid on duty it is the Certified Nurse Assistant assigned by the nurse is responsible for that shower. The schedule is to be split between the two shifts . If a resident refuses a shower report to nurse on duty. Must attempt more than once and chart. Do not chart NA</p> <p>Resident #164:</p> <p>Record review of Resident #164's electronic medical record revealed an admission to the facility date of 1/31/2025 from the acute care setting.</p> <p>An interview on 02/05/25 at 10:12 AM with Resident #164's family member G revealed that the resident had been at the facility since the afternoon of December 31st, 2024, and had not had a shower yet. Family member G stated that they have asked every day for a shower, and they said today's the day. Family member G stated that they went to the social worker designee to inquire about showers and were told that Resident #164 would get a shower that day. Family member G stated why did she have to beg for a shower for the resident? We don't know what days his shower days are, he also goes to hemodialysis 3 days a week, so we need to know. It's been 6 days, and he's starting to smell.</p> <p>Record review on 02/06/25 at 11:29 AM of Resident #164's shower/bath task in the electronic medical record revealed an admission on 1/31/2025 and no bath till 2/5/25 when family members complained. It was 6 days as documented with no shower.</p> <p>In an interview on 02/06/25 at 12:11 PM with Social Work designee F about Resident #164's Showers, Social work designee F stated 'so that was brought to my attention by the (Family member) yesterday, I notified unit manager Register Nurse A, and she said that he would be getting a shower. It was discussed again during the care conference later that day. There should be showers 2 times a week, or more if requested.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235388	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/07/2025
NAME OF PROVIDER OR SUPPLIER  Bay Shores Senior Care and Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE  3254 E Midland Rd Bay City, MI 48706	
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An interview was conducted on 02/06/25 at 12:16 PM with Registered Nurse (RN) A CCC (Clinical Care Coordinator) regarding Resident #164 not having showers. Resident #164 had no shower until 2/5/2025, he was offered one on 2/4/25 and refused. The (Family member) brought it to our attention and I assigned it to second shift to give a shower on 2/4/25 and he refused. the CNA is to try 3 times and then notify the nurse of refusals so the nurse can go in and offer. A refusal should be charted by the nurse in progress notes. Record review of Resident #164's progress notes revealed there were no refusals documented in the progress notes by the nurse.</p> <p>Record review of the facility shower schedule noted that the resident according to the resident room number would receive showers on Wednesday and Saturday. Resident #164 missed receiving a shower on Wednesday 2/1/2025, causing the family to complain to the state surveyor on 2/5/2025.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235388	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/07/2025
NAME OF PROVIDER OR SUPPLIER  Bay Shores Senior Care and Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE  3254 E Midland Rd Bay City, MI 48706	
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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 37668</p> <p>Based on observation, interview and record review, the facility failed to implement and operationalize policies and procedures to prevent pressure ulcer (wounds caused by pressure) development and worsening for two residents (#4 and #217) of two residents reviewed resulting in Resident #4's Stage II (partial thickness loss of first and second layer of skin) pressure ulcer progressing to a Stage IV (full thickness tissue loss with exposed bone, tendon or muscle), and Resident #217 developing an unstageable Deep Tissue Injury (DTI- pressure ulcer with unknown depth), unnecessary pain and the potential for decline in overall health.</p> <p>Findings include:</p> <p>Resident #4:</p> <p>On 2/6/25 at 9:55 AM, an interview was completed with Registered Nurse (RN) N on 2/6/25 at 9:55 AM. When queried regarding the etiology of Resident #4's pressure ulcers, RN N revealed they believed the pressure ulcer worsened at the facility.</p> <p>Review of the facility-provided CMS-802 Resident Matrix form detailed Resident #4 did not have a facility-acquired pressure ulcer.</p> <p>On 2/6/25 at 1:38 PM, Resident #4 was observed in their room. The Resident was sitting in a motorized wheelchair next to the bed. The Resident was wearing socks, and their feet were positioned directly on the built-in footrest of the motorized chair. When asked if they had any wounds and/or open areas, Resident #4 stated they have a sore on their bottom. Resident #4 was asked when the sore had developed but was unable to recall specific information. When queried if they are able to move and reposition themselves to alleviate and redistribute pressure on their bottom, Resident #4 replied, Not really. The Resident indicated they were able to move their upper body but were unable to shift and maintain themselves in a different position to redistribute pressure. When asked if staff reposition them when they are sitting in their chair, Resident #4 replied, No. When queried, Resident #4 verbalized they required staff assistance to transfer from their bed to the electric wheelchair. Resident #4 was asked what time they got up in their chair and replied, About noon. When asked if they get up in the chair every day, Resident #4 confirmed they do. Resident #4 was then asked how long they usually sit up and stated they go back to bed after supper. The Resident revealed they get into the chair at different times every day. When queried if facility staff turn and reposition them in bed, Resident #4 responded that they are only repositioned when they receive incontinence care for a bowel movement. When asked about continence, Resident #4 indicated they know when they have a bowel movement and wear incontinence briefs. The Resident revealed they inform staff when they need to be changed. When queried how long it typically takes for staff to respond to their call light on average, Resident #4 replied, 45 minutes on average.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235388	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/07/2025
NAME OF PROVIDER OR SUPPLIER  Bay Shores Senior Care and Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE  3254 E Midland Rd Bay City, MI 48706	
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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review revealed Resident #4 was originally admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses which included Congestive Heart Failure (CHF), kidney disease, pain, and chronic respiratory failure. Review of the Minimum Data Set (MDS) assessment dated [DATE] revealed the Resident was cognitively intact and required maximum to substantial assistance for transferring, mobility, and hygiene care. The MDS further detailed Resident #4 had one Stage IV (full thickness tissue loss with exposed bone, tendon or muscle) and one unstageable suspected Deep Tissue Injury (sDTI- pressure ulcer with unknown depth) pressure ulcers.</p> <p>Review of Resident #4's Admission MDS assessment, dated 8/13/24, revealed that the Resident had one Stage II (partial thickness loss of first and second layer of skin often presenting as a shallow open area with a pink/red wound bed) pressure ulcer.</p> <p>Review of Resident #4's Discharge- Return Anticipated MDS assessment, dated 10/24/24, detailed the Resident had an unstageable pressure ulcer.</p> <p>Review of Resident #4's Electronic Medical Record (EMR) revealed a care plan entitled, Skin Management: Resident with DX (diagnosis) of . CHF, Chronic Pain . resident will refuse showers, declines dressing changes at times, prefers to lay on back . prefers to sit at the side of the bed for ease of breathing. Resident will sit up for multiple hours declining to lay down to offload pressure. Sacrum Stage 4 pressure injury . Unable to apply a Roho cushion in powerchair r/t (related to) safety (Initiated: 8/7/24; Revised: 1/29/25). The care plan included the interventions:</p> <ul style="list-style-type: none"> <li>- Air mattress, alternating pressure, set per resident preference (Initiated: 08/22/24; Revised: 1/6/25)</li> <li>- Assist me with floating my heels (Initiated: 11/26/24)</li> <li>- Educated resident on importance of turning and repositioning to off load pressure and promote wound healing . (Initiated: 9/19/24)</li> <li>- Encourage me to make small, frequent shifts in my position (Initiated: 8/7/24)</li> <li>- Please help me get turned and repositioned while in bed or in my wheelchair (individualize as needed) (Initiated: 8/7/24)</li> </ul> <p>A review Resident #4's Skin Management care plan history revealed the Stage 4 sacral pressure ulcer was added to the care plan on 11/5/24.</p> <p>Review of wound documentation in Resident #4's EMR revealed the pressure ulcer worsened while at the facility. The documentation detailed:</p> <ul style="list-style-type: none"> <li>- 8/7/24 at 11:46 AM: Wound Evaluation . #1 - Pressure - Stage 2 . Location: Sacrum - Middle . New - 4 hours old . Present on Admission . Length 5.18 cm (centimeters) . Width 10.49 cm . Wound Bed . Granulation (type of tissue that forms in wound bed during healing process) . 100 % . Exudate: Light . Sanguineous/Bloody . Notes: Resident admitted to facility with Stage 2 pressure injury to sacrum . The attached wound image showed a large wound on the Resident's sacrum/coccyx area which spread across both buttocks with skin bridges. The wound beds appeared pink/red in color and a white colored cream was present.</li> </ul> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235388	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/07/2025
NAME OF PROVIDER OR SUPPLIER  Bay Shores Senior Care and Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE  3254 E Midland Rd Bay City, MI 48706	
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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- 8/22/24 at 12:48 AM: Wound Evaluation . #1 - Pressure - Stage 2 . Sacrum . Improving . Length: 0.95 cm . Width 1.1 cm . Wound Bed . Epithelial (new tissue during the final stage of wound healing) . 100 % . Exudate: None . Notes Treatment in place. Area has improved . The attached wound image showed the wound bed to be decreased in size overall with six open areas. The largest open area was near the coccyx.</p> <p>- 9/6/24 at 9:45 AM: Wound Evaluation . #1 - Pressure - Stage 2 . Sacrum . Length: 7.95 cm . Width 2.78 cm . Wound bed . Slough (buildup of dead cells and tissue which can delay healing): Yes . Periwound . Surrounding Tissue: Denuded (exposed, raw tissue with the outermost layer of skin gone) . Erythema (red, discolored, inflamed) . Fragile . Deteriorating . The attached wound image showed an open area over the Resident's coccyx with an off-white/yellow colored wound bed. The Resident's left buttock was deep red in color with an irregularly shaped open wound and a second area covered with black colored tissue. The right buttock was also discolored with three visible open areas.</p> <p>- 9/18/24 at 4:49 PM: Wound Evaluation . #1 - Pressure- Unstageable (Slough and/or eschar) . Sacrum . Length 6.95 cm . Width 1.83 cm . Wound bed . Slough . 80 % . Exudate: Light . Serosanguineous . Deteriorating . Notes Treatment adjusted to autolytically debride wound .</p> <p>- 10/4/24 at 4:35 PM: Wound Evaluation . #1 - Pressure- Unstageable . Sacrum . Length: 5.44 cm . Width 1.87 cm . Wound bed . Slough . 100 % . Exudate: Light . Serosanguineous . In the attached image, visible wound depth was present. The edges of the open wound appeared rolled with slough present. The wound measurements on the assessment did not include depth.</p> <p>- 10/10/24 at 1:10 PM: Wound Evaluation . #1 - Pressure- Unstageable . Sacrum . Length: 2.71 cm . Width: 2.6 cm . Notes Treatment adjusted at wound clinic appointment today. Wound appears to have been debrided at wound clinic. Wound clinic has wound staged as a stage 3; however, slough is approximately 90% of wound bed. Base of wound bed unable to be visualized. Denuded tissue to periwound.</p> <p>- 10/31/24 at 3:55 PM: Wound Evaluation . #1 - Pressure- Stage 4 . Sacrum . Length 12.33 cm . Width 14.87 cm . Deepest Point 4.5 cm . Max Undermining 5.5 cm . Undermining 3.0 cm from 12 to 2 o'clock, 5.5 cm from 2 to 4 o'clock . Exudate: Moderate . Serosanguineous . Notes Treatment in place. Resident went to the hospital and wound was surgically debrided. Bone is now exposed . has a Foley catheter .</p> <p>- 11/6/24 at 3:55 PM: Wound Evaluation . #1 - Pressure- Stage 4 . Sacrum . Length: 13.25 cm . Width: 16.57 cm . Max Undermining 6 cm . Undermining 6.0 cm from 1 to 3 o'clock . Longest Tunnel 6 cm . Tunneling 6.0 cm at 4 o'clock . Exudate: Moderate . Serosanguineous . Deteriorating . Notes Treatment in place. Bone exposed. Periwound is red .</p> <p>- 12/11/24 at 12:04 PM: Wound Evaluation . #1 - Pressure- Stage 4 . Sacrum . Length: 8.16 cm . Width: 9.24 cm . Deepest Point 3 cm . Max Undermining 4 cm . Undermining 4.0 cm from 2 to 4 o'clock . Exudate: Moderate . Serosanguineous .</p> <p>- 1/7/24 at 1:41 PM: Wound Evaluation . #1 - Pressure- Stage 4 . Sacrum . Length: 6.7 cm . Width: 6.53 cm . Deepest Point 2 cm . Max Undermining 3.5 cm . Undermining 3.5 cm from 2 to 5 o'clock . Exudate: Moderate . Serosanguineous .</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235388	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/07/2025
NAME OF PROVIDER OR SUPPLIER  Bay Shores Senior Care and Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE  3254 E Midland Rd Bay City, MI 48706	
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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- 2/4/25 at 11:07 AM: Wound Evaluation . #1 - Pressure- Stage 4 . Length: 6.45 cm . Width 5.65 cm . Deepest Point 205 cm . Max Undermining 2.5 cm . Undermining 2.5 cm from 2 to 4 o'clock .</p> <p>Review of Resident #4's Health Care Provider Orders and Treatment Administration Record (TAR) revealed the Resident had a treatment order in place for their sacral wound as well as:</p> <ul style="list-style-type: none"> <li>- Skin prep to bilateral heels Q (every) shift . for boggy, pink, blanchable heels (Start Date: 8/7/24)</li> <li>- Left heel: cleanse with wound cleanse, apply skin prep to periwound, cover with an aquacel foam as needed (Start Date: 12/11/24)</li> <li>- Offer offloading interventions and repositioning every 2 hours. Document refusals every shift (Start Date: 12/2/24).</li> <li>- Resident to be side to side turning and repositioning only; document refusals every shift (Start Date: 10/31/24)</li> </ul> <p>No documentation of refusals were noted in recent documentation.</p> <p>On 2/6/25 at 4:21 PM, an interview was completed with Certified Nursing Assistant (CNA) T. When queried how frequently residents with or at risk for pressure ulcers are supposed to be turned and repositioned in bed and when sitting up in a chair, CNA T replied, We try to do every two hours. When asked what they meant when they said they try to turn and reposition residents every two hours, CNA T revealed that it can variable based upon staffing and other resident needs. CNA T then stated that if a resident is sleeping/resting and looks comfortable, they will not turn and/or reposition them.</p> <p>On 2/6/25 at 4:34 PM, an interview was completed with RN N. When queried if Resident #4's heels were intact and the reason the treatment orders, RN N revealed they were not aware of the Resident having a skin alteration on their heels. An observation of Resident #4's feet and heels was completed with RN N at this time. A black colored, circular shaped area was observed on the back of Resident #4's left heel directly over the bony prominence. The tissue surrounding the black colored area was discolored and purplish in color. When queried regarding the area and surrounding tissue, RN N applied pressure and stated, non-blanchable. A dark colored area was observed on Resident #4's lateral right heel. The area was in the shape of a line.</p> <p>On 2/7/25 at 7:47 AM, Resident #4 was observed sitting on the edge of their bed. The Resident did not have socks or shoes on, and their feet were directly on the floor. There were no pillows on the bed and/or devices to elevate their lower extremities while in bed. When asked if elevate their heels when in bed, Resident #4 stated, No. When queried if staff offered to assist them to elevate their legs/heels when in bed, Resident #4 responded they did not.</p> <p>At 8:00 AM on 2/7/25, a request to observe Resident #4's wounds was made to the Director of Nursing (DON).</p> <p>On 2/7/25 at 8:57 AM, an interview was completed with Licensed Practical Nurse (LPN) R. LPN R responded, (RN S) is in there changing the dressing now. Upon knocking and entering the room, the dressing change was completed, and Resident #4 was sitting in the motorized chair.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235388	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/07/2025
NAME OF PROVIDER OR SUPPLIER  Bay Shores Senior Care and Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE  3254 E Midland Rd Bay City, MI 48706	
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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An interview was completed with the DON on 2/7/25 at 12:38 PM. When queried if Resident #4's pressure ulcer worsened from a Stage II to a Stage IV while at the facility, the DON confirmed. The DON was asked if the Resident was at risk for pressure ulcer worsening when they were admitted to the facility and confirmed they were. When asked what interventions were implemented and in place to prevent pressure ulcer development and/or worsening, the DON reviewed Resident #4's care plan and stated, On 8/7- help me get repositioned when in bed or wheelchair, an alternating air mattress was added on 8/22/24, education regarding turning and repositioning and importance of incontinence care on 9/19/24 and sent to the wound clinic on 10/7/24. The DON stated, (Resident #4) still sees them (wound clinic). When asked how often Resident #4 should be turned and repositioned, the DON revealed every two hours. When queried if Resident #4's heels are supposed to be elevated when in bed, the DON replied, Yes. The DON was informed of observation of Resident #4's room/bed, Resident #4 stating they are not assisted to turn/reposition, and/or elevate their heels, and CNA T stating they do not reposition Residents who are sleeping and/or appear comfortable. The DON stated, That is not what they (staff) are trained to do. When queried regarding pressure ulcer worsening and lack of planned interventions, the DON verbalized understanding of concern.</p> <p>Resident #217:</p> <p>On 2/6/25 at 8:52 AM, an interview was conducted with RN N. When asked if Resident #217 had any wounds, RN N responded they had a new heel pressure ulcer.</p> <p>Review of the facility-provided CMS-802 Resident Matrix form detailed Resident #217 did not have a facility acquired pressure ulcer.</p> <p>On 2/6/25 at 9:03 AM, Resident #217 was observed in their room in bed. A walking boot (removable brace designed to protect and stabilize the foot and ankle while allowing walking) was in place on the Resident's Right Lower Extremity (RLE- leg). Their Left Lower Extremity (LLE) and heel were positioned directly against the mattress. Resident #217 was pleasantly confused and unable to provide meaningful responses to questions.</p> <p>At 9:10 AM on 2/6/25, RN N was observed in the hallway of the facility near Resident #217's room. RN N was asked if the Resident's heel was supposed to be elevated and indicated it was. RN N was then asked to come into Resident #217's room. When queried, RN N confirmed Resident #217's LLE and heel were positioned directly against the mattress.</p> <p>Review of the facility-provided CMS-802 Resident Matrix form detailed Resident #217 did not have a facility-acquired pressure ulcer.</p> <p>Record review revealed Resident #217 was admitted to the facility on [DATE] with diagnoses which included right femur fracture, falls, anxiety, Alzheimer's disease and dementia. Review of the MDS assessment, dated 1/20/25, revealed the Resident was severely cognitively impaired and was dependent upon staff for transferring. The MDS further detailed the Resident was at risk for pressure ulcer development but had no pressure ulcers.</p> <p>Review of Resident #217's EMR revealed a care plan entitled, Skin Management: Right femur fracture, Incontinence, right ankle fx (fracture), DTI left heel (Initiated: 1/14/25; Revised: 2/6/25). The care plan included the interventions:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235388	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/07/2025
NAME OF PROVIDER OR SUPPLIER  Bay Shores Senior Care and Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3254 E Midland Rd Bay City, MI 48706	
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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<ul style="list-style-type: none"> <li>- Air mattress, set per resident preference (Initiated: 2/5/25)</li> <li>- Attempt to keep heels off bed as resident allows (Initiated: 1/28/25; Revised: 2/6/25)</li> <li>- Cam boot on at all times RLE (Initiated: 1/30/25)</li> <li>- CNA's will check my skin daily with care and report anything unusual they notice to the nurse (Initiated: 1/14/25)</li> <li>- Float heels while abed (Initiated: 2/5/25)</li> <li>- Please help me get turned and repositioned while in bed or in my wheelchair (individualize as needed) (Initiated: 1/14/25)</li> <li>- Treatments/medication as ordered (Initiated: 1/14/25; Revised: 2/6/25)</li> </ul> <p>On 2/6/25 at 1:37 PM, Resident #217 was observed sitting alone at a table in the central dining area. The Resident had an uneaten food tray in front of them. Their feet were positioned directly against the footrests on the wheelchair.</p> <p>On 2/6/25 at 4:01 PM, Resident #217 was observed sitting in their wheelchair in their room. The Resident's right foot was bare and positioned directly against the floor.</p> <p>At 4:05 PM on 2/6/25, an observation of Resident #217 was completed with RN N. RN N confirmed the Resident did not have a sock and/or foot covering in place on their right foot and their foot was positioned directly against the floor. RN N stated, I have found (Resident #5) with no socks on before. When queried regarding interventions to prevent and offload pressure, RN N revealed the Resident's RLE was supposed to be elevated when in bed. When asked if the Resident had heel boots in place as an intervention, RN N stated, That would be good. An observation of Resident #217's right heel was completed with completed with RN N at this time. A dark colored wound with unattached edges, slightly larger than a dime and circular in shape was observed on the Resident's heel. On the lateral side of the right heel a dark purple colored area, approximately a half dollar in size was present. When asked, RN N stated the areas were non-blanchable.</p> <p>On 2/6/25 at 4:14 PM, an interview was completed with the DON. When queried regarding Resident #217, the DON confirmed the Resident had a facility-acquired pressure ulcer. When asked about interventions to prevent pressure when in bed and sitting in their chair such as heel boots, the DON verbalized heel boots were not implemented due to concerns that the Resident might self-transfer. The DON indicated the Resident's heels are supposed to be elevated when in bed. When asked about other options and products for pressure reduction, the DON verbalized they would research products. When informed of observation of the Resident's heel being positioned directly against the mattress, the DON did not provide an explanation.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235388	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/07/2025
NAME OF PROVIDER OR SUPPLIER  Bay Shores Senior Care and Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE  3254 E Midland Rd Bay City, MI 48706	
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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 2/6/25 at 4:21 PM, an interview was completed with Certified Nursing Assistant (CNA) T. When queried Resident #217 transfers, CNA T replied, Hoyer (mechanical lift). CNA T continued, (Resident #217) is non-weight bearing on the right side. When asked if the Resident is able to turn and/or reposition themselves, CNA T stated, We turn them. When queried regarding interventions for Resident #217's heel pressure ulcer, CNA T indicated they were unaware the Resident had a pressure ulcer on their heel but stated the Resident's heel has been very tender for several days.</p> <p>Review of documentation in Resident #217's EMR revealed the following:</p> <ul style="list-style-type: none"> <li>- 2/2/25 at 3:06 PM: eINTERACT Change in Condition Evaluation . Skin wound or ulcer . new wound on left heel 1 cm (by) 0.6 cm .</li> <li>- 2/2/25 at 3:22 PM: Nurses Note . While performing care a wound was noted to resident's left heel. The open area measures 1 cm X 0.6 cm and is dark in color, peri wound is pink and blanchable . Area cleansed with wound cleaner, skin prep applied to periwound and Aquacel foam was placed. Care plan has been updated for resident's heel to be floated while laying in bed .</li> <li>- 2/3/25 at 2:20 PM: Wound Evaluation . Pressure - Deep Tissue Injury . New - Minutes old . In-House Acquired . Length 1.06 cm . Width 1.01 cm .</li> </ul> <p>2/3/25 at 8:22 PM: Incident Note . IDT review: Resident has open area on left heel, open area measures 1 cm X 0.6 cm, wound bed is dark, no drainage noted . Resident has right ankle fracture and uses left foot to propel self in wheelchair and bumps the back of heel on the wheelchair pedal. Treatment applied.</p> <p>Review of Resident #217's Health Care Provider Orders and TAR revealed the following:</p> <ul style="list-style-type: none"> <li>- Skin prep to left heel BID (twice daily) . for skin integrity (Start: 2/3/25; Discontinued: 2/6/25)</li> <li>- Left heel wound: cleanse with wound cleanse, apply skin prep and cover with an Aquacel foam one time only for 1 Day (Start Date: 2/6/25). The treatment was documented as completed on 2/7/25 at 5:17 AM.</li> <li>- Left heel wound: cleanse with wound cleanse, apply skin prep and cover with an Aquacel foam as needed (Start Date: 2/6/25). There was no documentation of treatment completion.</li> </ul> <p>On 2/7/25 at 7:46 AM, Resident #217 was observed in their room. The Resident was in bed, positioned on their back with their eyes closes. The Resident's LLE was positioned directly against the mattress and walking boot was in place on their RLE and also positioned directly against the mattress.</p> <p>A follow up interview was completed with the DON on 2/7/25 at 8:18 AM. When asked if Resident #217 was at risk to develop pressure ulcers upon admission to the facility, the DON confirmed they were. When queried regarding the lack of meaningful interventions in place upon admission to prevent pressure ulcer development, with known risk, the DON reviewed the Resident's care plan and stated, I agree.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235388	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/07/2025
NAME OF PROVIDER OR SUPPLIER  Bay Shores Senior Care and Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE  3254 E Midland Rd Bay City, MI 48706	
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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of facility provided policy/procedure entitled, Wound Management Program (Revised: 8/17/17) revealed, To eliminate, modify or minimize factors that place residents at risk for skin breakdown . To assure that residents who are admitted with, or acquire, wounds receive treatment and services to promote healing, prevent complications and prevent new skin conditions from developing . Process . 3. Place initial interventions for residents at risk for development of skin breakdown in Care Plan/Kardex .</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235388	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/07/2025
NAME OF PROVIDER OR SUPPLIER  Bay Shores Senior Care and Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE  3254 E Midland Rd Bay City, MI 48706	
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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 22927</p> <p>Based on observation, interview and record review, the facility failed to provide feeding assistance for Resident #43 and to prevent weight loss for Resident #23, resulting in Resident #43 to be observed with no dining assist at bedside and Resident #23 experiencing a 10 pound weight loss.</p> <p>Findings include:</p> <p>Record review of the facility 'Weight Policy' dated 11/21/2024 revealed each individual's weight will be determined and documented upon admission to the facility . Subsequent weights will be obtained monthly, unless physician's orders or an individual's condition warrants more frequent determinations. Re-Weights will be done for a weight change of +/- 3# (pounds) for anyone under 100 pounds and for +/- 5 pounds for anyone 100 pounds or over.</p> <p>Record review of the facility 'Diet Types' dated 9/26/2019 revealed each resident and guest admitted to the facility will be assessed by a Registered Dietitian and/or Clinical Certified Dietary Manager. Assessment will take place to evaluate the need for medical nutrition therapy according to each person's individual medical condition, needs, desires, and rights.</p> <p>Record review of the facility 'Nutrition at Risk' dated 5/20/2019 stated that residents with altered nutrition status or with potential for nutritional risk will receive appropriate interventions to make sure nutritional needs are met to maintain/improve their quality of life. Criteria- risk criteria will be identified through admission assessment, quarterly review, weight monitoring, and/or food intake record/observation. Risk criteria may include the following: significant weight loss/gain, insidious weight loss, dysphagia, significant decline in activities of daily living, pressure ulcers, dehydration risk, significant change in food intake as well as any other diagnoses/clinical condition placing the resident at nutrition risk.</p> <p>Resident #23 Hydration:</p> <p>Observation on 02/05/25 at 09:56 AM of Resident #23 showed the resident to be thin in appearance, laying in his bed with no water within reach. Observed on a table across room next to the entrance room wall away from the bed was a clear plastic mug with handle with a black lid with a straw. A clear thin liquid noted in the cup.</p> <p>Observation on 02/06/25 at 09:06 AM of Resident #23 lying in bed with water on bedside table across the room again next to the wall out of reach of the resident.</p> <p>Observation and interview on 02/07/25 at 08:09 AM, Resident #23 was observed with water in clear mug with handle with black top with a straw, across the room from residents' bed, out of reach. In an interview and observation with Certified Nurse Assistant (CNA) B stated that Resident #23 drinks too fast and she did not want him to choke.</p> <p>Record review of Resident #23's Care plans pages 1-51 revealed:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235388	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/07/2025
NAME OF PROVIDER OR SUPPLIER  Bay Shores Senior Care and Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3254 E Midland Rd Bay City, MI 48706	
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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Alteration in bowel elimination/constipation related to weakness and debility created 12/15/2022 with interventions: Encourage fluids dated 12/15/2022.</p> <p>Alteration in my Mood state related to Major Depressive Disorder revision date 8/20/2024 interventions: Offer me a snack/drink dated 12/8/2022.</p> <p>Nutritional preferences/hydration related to COVID-19, depression, acute kidney failure, hypothyroidism, chronic heart failure (CHF), dysphagia, dementia, hypertension, high cholesterol, Coronary Artery Bypass Graft (GABG) revision date 1/28/2025 interventions: Regular diet, puree texture, thin liquids, supplements as ordered, total assist revision dated 1/28/2025.</p> <p>Resident #23 Nutrition:</p> <p>Record review of Resident's #23's electronic weight log revealed:</p> <p>12/11/2024 at 22:03 PM a weight of 129.6 pounds.</p> <p>12/20/2024 at 5:21 PM a weight of 119.6 pounds.</p> <p>12/20/2024 at 5:22 PM a weight of 119.6 pounds. A 10-pound weight change noted with no re-weight for 14 days.</p> <p>1/3/2025 at 2:59 PM a weight of 111.4 pounds. An 8.2-pound weight change with no re-weight for 18 days.</p> <p>1/21/2025 at 2:26 PM a weight of 110.0 pounds.</p> <p>Record review on 02/06/25 at 03:31 PM of Resident #23's weights:</p> <p>Six months look back: On 8/7/2024 weight of 132.2 pounds and on 1/21/2025 110.0 pounds = 16.79% weight loss.</p> <p>One month look back: On 12/11/2024 weight of 129.6 pounds and on 1/21/2025 110.0 pounds = 15.12% weight loss.</p> <p>Record review of Resident #23's electronic medical record weight change notes dated 1/4/2025 (almost a month after weight loss) at 2:26 PM weight warning: 119.6 pounds 5.0% change over 30 days, 9.1% of 12.0 (pounds). Note regular diet, mechanical soft texture, thin liquid. Appetite 0-50% oral intake per food acceptance record (FAR) (0-1000 kcals, 0-40g protein). Mighty shake three times daily. Weight 119.6 pounds re-entry admission (-10% in 1 month, -14% in 6 months) Goal: gradual weight gain as medically feasible).</p> <p>Record review of Resident #23's Nutritional preferences/Hydration care plan revision date 1/28/2025 noted interventions:</p> <p>Honor food preferences date 1/5/2025.</p> <p>Will remove dentures at times and place in shirt pocket date 4/4/2023.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235388	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/07/2025
NAME OF PROVIDER OR SUPPLIER  Bay Shores Senior Care and Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE  3254 E Midland Rd Bay City, MI 48706	

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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>No weight or labs due to hospice services/comfort care date 1/11/2025.</p> <p>Not appropriate for diet education related to low Brief Interview of Mental status (BIMS) dated 8/2/2023.</p> <p>Offer HS (bedtime) snack dated 1/15/2024.</p> <p>RD to coordinate with hospice as needed date 1/28/2025.</p> <p>Regular diet, puree texture, thin liquids, supplements as ordered, total assist dated 1/28/2025.</p> <p>Supplement as ordered date 1/5/2025.</p> <p>There were no interventions implemented in December 2024 at the time of the 10-pound weight loss.</p> <p>An interview and record review on 02/07/25 at 09:32 AM with Registered Dietitian (RD) C of Resident #23's weight log revealed that the resident would be weighed by standing, wheelchair, mechanical lift or seated scale, not in a consistent format. Nutritional notes revealed weight loss from 12/11/24 of 129.6 pounds and on 12/20/24 119.6 pounds, of a 10 pound loss with no re-weight for 14 days. Why? no answer was given. RD C stated that the facility did have a seated scale, flat wheelchair/standing scale, and a mechanical lift scale. The aides seem to be using any of those. I can see where it is not consistent.</p> <p>38471</p> <p>Resident #43:</p> <p>On 2/6/25 at approximately 9:00 AM, a review was conducted of Resident #43's medical record and it revealed she admitted to the facility on [DATE] with diagnoses that included, Chronic Obstructive Pulmonary Disease, Dementia, Protein-Calorie Malnutrition and Major Depression. Further review yielded the following:</p> <p>Care Plan:</p> <p>.Regular Diet, Mechanical soft textures, thin liquids, Total assist .</p> <p>On 2/7/2025 at 12:50 PM, Resident #43 was observed with lunch tray alone in her room while watching television. She stated this is the first time she had been up in weeks. Resident #43's lunch was as follows: hamburger , milk-no opened, cola can- not opened, [NAME] Dunes, fries and [NAME] slaw. Review was completed of her meal ticket which stated, Feeding Assistance, Soda-Cola (Large Glass).</p> <p>On 2/7/2025 at 1:05 PM, the Administrator and Culinary Specialist V were in Resident #43's room. Resident #43 was still alone with her lunch tray. They were both shown her meal ticket and asked what feeding assistance and Cola (Large Glass) meant. They stated that someone should be with the resident assisting them with their meal and the Cola should be in a glass.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235388	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/07/2025
NAME OF PROVIDER OR SUPPLIER  Bay Shores Senior Care and Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE  3254 E Midland Rd Bay City, MI 48706	
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 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p>22927</p> <p>This Citation pertains to Intake Numbers MI00149163 and MI00149254.</p> <p>Based on interview and record review the facility failed to ensure appropriate indication of a psychotropic drug dosage increase for one resident (Resident #47) and failed to ensure informed consent was obtained prior to administration of psychotropic medications for one resident (Resident #46) of four residents reviewed for unnecessary medications, resulting in Residents #46 and #47 bring administered antipsychotic medications without appropriate consent and risk versus benefit analysis of the medications explained to the resident/responsible party and the increased potential for serious side effects and adverse reactions . Assessment and Documentation: (c.) (ii.) Informed consent forms the resident and/or responsible party along with education regarding potential side-effects .</p> <p>Findings include:</p> <p>Record review of the facility 'Use of Psychotherapeutic Medications' policy, dated 6/23/2019, revealed a resident will not receive psychotherapeutic medications unless such a medication is needed to treat a specific condition as diagnosed and documented in the clinical record with clearly defined target behaviors and non-pharmacological interventions are not effective. Psychotherapeutic medication includes Antianxiety, Antidepressant, Antipsychotics and Hypnotics . Assessment and Documentation: (c.) (ii.) Informed consent from the resident and/or responsible party along with education regarding potential side-effects .</p> <p>Resident #46:</p> <p>Record review on 02/06/25 at 11:07 AM of Resident #46's physician orders noted the resident was prescribed:</p> <p>Alprazolam (Xanax) 0.5mg take 3xs daily anxiety</p> <p>Lamictal 100mg 1 tablet daily Bipolar</p> <p>Quetiapine Fumarate (Seroquel) 100mg tablet daily Bipolar</p> <p>Record review of Resident #46's December 2024 Medication Administration Record (MAR) noted:</p> <p>Lamictal (Lamotrigine) oral 100mg tablet, give 1 tablet by mouth in the morning related to unspecified mood (affective) disorder start date of 10/24/2024.</p> <p>Seroquel (Quetiapine Fumarate) oral tablet 50mg, give 1 tablet by mouth at bedtime related to unspecified mood (affective) disorder start date of 10/22/2024.</p> <p>Xanax (alprazolam) oral tablet 0.5mg, give 1 tablet by mouth three times a day related to anxiety disorder start date 11/22/2024.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235388	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/07/2025
NAME OF PROVIDER OR SUPPLIER  Bay Shores Senior Care and Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE  3254 E Midland Rd Bay City, MI 48706	
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 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of Resident #46's t January 2025 Medication Administration Record (MAR) noted: Lamictal (Lamotrigine) oral 100mg tablet, give 1 tablet by mouth in the morning related to bipolar disorder, current episode manic without psychotic features unspecified start date of 1/9/2025.</p> <p>Seroquel (Quetiapine Fumarate) oral tablet 100mg, give 1 tablet by mouth one time a day for bipolar start date of 1/10/2025 (dose increase).</p> <p>Xanax (alprazolam) oral tablet 0.5mg, give 1 tablet by mouth three times a day related for anxiety start date 1/8/2025.</p> <p>Record review and interview on 02/06/25 at 12:26 PM with Registered Nurse (RN) Clinical Care Coordinator (CCC) A of Resident #46's physician orders revealed medications to treat psychological disorders. Record review of Resident #46's anti-psychotropic medication only revealed a consent for Xanax. RN A stated that psychotropic medication consents are on the anti-psychotic information sheets or anti-psychotic monitoring form. Record review of medications Lamictal and Quetiapine Fumarate (Seroquel) both to treat Bipolar with delusions had no psychotropic medication information sheet or anti-psychotic monitoring form and no signed consents found.</p> <p>An interview and record review on 02/06/25 at 12:29 PM with Social Worker D revealed that the process was that the unit managers get the consents for psychotropic medication usage prior administration. Record review of Resident #46's psych forms found only Xanax medication information and monitoring forms were found. Social worker D stated that the medication Lamictal was being used for bipolar with moods/behaviors with psychotic features. No consent, no medication information sheet, no medication monitoring sheet were found. Record review of Resident #46's Seroquel (quetiapine Fumarate) for bipolar with delusions. No consent, no medication information sheet, no medication monitoring sheet were found.</p> <p>An interview on 02/06/25 at 12:36 PM with the Director of Nursing (DON) regarding psychotropic medications, revealed that a behavior care services come in to see residents and make recommendations, may try different medications and make recommendations. Record review of Resident #46's electronic forms file revealed only Xanax medication information and monitoring sheet. There was no Seroquel or Lamictal to information or monitoring forms to treat Bipolar.</p> <p>39059</p> <p>Resident #47:</p> <p>On 2/06/25, at 3:49 PM, a record review of Resident #47's electronic medical record revealed an admission on 6/20/2022 with diagnoses that included Anxiety Disorder, Alzheimer's Disease and Dementia. Resident #47 required assistance with Activities of Daily Living and had severely impaired cognition.</p> <p>A review of the psychological treatment (BCS) notes revealed the last visit was on 12/26/2024 and revealed . Based on the data obtained and discussions with patient and staff, this provider concludes: a change in medication was considered, but will not be implemented at this time as the current plan of care is most effective at this time . Recommend to monitor serum sodium level every 6 months due to SSRI therapy. Recommend to monitor Depakote levels, liver function tests, and CBC with diff every 3-6 months . Follow-Up per the request of: patient, family, PCP or facility staff .</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235388	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/07/2025
NAME OF PROVIDER OR SUPPLIER  Bay Shores Senior Care and Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE  3254 E Midland Rd Bay City, MI 48706	

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 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the PSYCHOACTIVE MEDICATION MONITORING Date: 1/8/2025 . Medication Dosage Depakote increased from 125 mg BID to 250 mg BID Order Date: 1/8/2025 . Increase recommended by PCP due to Valproic acid level</p> <p>A review of the physician progress notes revealed 1/8/2025 . Summary: Patent seen and evaluated today for acute visit. Discussed patients seizure med's with her, lab levels were low so her Depakote is being increased. Patient is agreeable to plan . PLAN: . Depakote increased .</p> <p>On 2/06/25, at 4:01 PM, a further record review revealed Resident #47 did not have a diagnosis of Seizures.</p> <p>On 2/07/25, at 9:05 AM, an interview with the Director of Nursing (DON) was conducted regarding Resident #47's increase in their Depakote dosage on 1/8/25. The DON offered, BCS did recommend lab levels for valproic acid. The Nurse Practitioner did do a clarified progress note and that BCS is ok with the increase to the 250 MG BID. The DON was questioned why BCS would be OK with the dosage increase when they documented on their last visit on 12/6/244 to keep medication the same at that time. Again, the DON offered that the NP did put in a new progress note for the increased dose.</p> <p>A further record review of Physician progress notes revealed PHYSICIAN PROGRESS NOTE Date: 2/6/2026 17:12 . Patient has no history of seizures, no further Valproic acid labs required. Patient is on Depakote for adjustment disorder There was no Physician order to decrease the 250 mg BID Depakote back down to the BCS recommended 125 mg BID dose.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235388	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/07/2025
NAME OF PROVIDER OR SUPPLIER  Bay Shores Senior Care and Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE  3254 E Midland Rd Bay City, MI 48706	
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 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are free from significant medication errors.</p> <p>22927</p> <p>Based on observation, interview and record review, the facility failed to ensure proper insulin administration and provide the proper medication dosage for two residents (Resident #57, Resident #164) of five residents reviewed for medication administration, resulting in unsafe injection practices, the uncertainty of an accurate insulin dose administered and improper medication reconciliation after hospitalization .</p> <p>Findings include:</p> <p>Resident #57:</p> <p>On 2/06/25, at 7:30 AM observation of Nurse H prepare am medications for Resident #57. Nurse H had the insulin pen resting on top of the medication cart. Nurse H picked up the insulin pen, screwed a needle onto the pen and dialed the pen to 5 units. Nurse H did not prime the needle with the required 2 units prior to administration into Resident #57's abdomen.</p> <p>On 2/06/25, at 9:44 AM, the Director of Nursing (DON) was alerted that Nurse H failed to prime the insulin pen needle with the required 2 units of insulin prior to administration. The DON was asked to provide the policy for medication administration and how to clean the blood glucose meter machines.</p> <p>On 2/06/25, at 9:55 AM, a record review along with the DON of the Medication Administration Subcutaneous Insulin 05/16 policy revealed . always perform the safety test before each injection. Performing the safety test ensures that you get an accurate dose by ensuring that pen and needle work properly. Removing air bubbles. A. Select the dose of units by turning the dosage selector . The diagram shows the dial turned to 2 units for the safety test and to prime the needle.</p> <p>Resident #164:</p> <p>In an interview on 02/05/25 at 10:15 AM, Resident #164 family member G stated that Resident #164 was suppose to get 2 tablets of Renvela (sevelamer carbonate) 800 mg oral three times a day, but the facility only ordered 1 tablet Renvela 800 mg oral three times a day. Family member G stated that the dose was on the hospital discharge paperwork and that the family member became upset at the wrong dose and went to speak with the nurse.</p> <p>Record review of Resident #164's hospital history &amp; physical dated 1/24/2025 medication list noted sevelamar carbonate (Renvela) 800 mg tablet, take 1600 mg by mouth three times daily with meal.</p> <p>Record review of Resident #164's January 2025 Medication Administration Record (MAR) noted Renvela oral 800 mg, give 1 tablet by mouth with meals related to end stage renal disease. Record review noted that Resident #164 received the dose 800 mg 1 tablet oral on 1/31/2024 at 12:00 PM and again at 5:00 PM.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235388	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/07/2025
NAME OF PROVIDER OR SUPPLIER  Bay Shores Senior Care and Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE  3254 E Midland Rd Bay City, MI 48706	

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 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of Resident #164's February 2025 Medication Administration Record (MAR) noted Renvela oral 800 mg, give 1 tablet by mouth with meals related to end stage renal disease. Record review noted that Resident #164 received the dose 800 mg 1 tablet oral on 2/1/2024 at 8:00 AM and at 12:00 PM and again at 5:00 PM. On 2/2/2025 at 5:00 AM Resident #164's Renvela oral 800 mg order was changed to: Renvela oral 800 mg, give 2 tablets by mouth three times a day related to end stage renal disease.</p> <p>Record review of the 'Nursing 2017 Drug Handbook' page 1311 revealed medication Renvela was used control phosphorous level in chronic kidney disease patients on dialysis.</p> <p>Record review on 02/06/25 at 11:47 AM of Resident #164's Progress notes: On 1/31/2024 at 5:54 PM noted order entered: Renvela oral tablet 800 mg, give 1 tablet by mouth with meals related to end stage renal disease. On 2/1/2025 at 12:06 PM Resident #164 was on a leave of absence for dialysis. On 2/1/2025 at 2:49 PM nurse noted that resident and family member stated that resident doesn't take medications when he returns from dialysis but at 5 AM with hot oatmeal, milk and brown sugar. Kitchen manager aware of dietary request and resident refused medications at this time. Resident and family request all medications be given at 5 AM on dialysis mornings.</p> <p>In an interview on 02/06/25 at 12:16 PM, Registered Nurse (RN) A CCC (Clinical Care Coordinator) (in regard to Resident #164 medications Reval 800 mg 1 tablet was ordered for 3 times daily) stated that it should have been 2 tablets 3 times daily. Again the family member brought it to my attention today, but stated it was corrected. Staff do double check admission- orders one nurse enters the order into the computer and a second nurse double checks the orders.</p> <p>39059</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235388	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/07/2025
NAME OF PROVIDER OR SUPPLIER  Bay Shores Senior Care and Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE  3254 E Midland Rd Bay City, MI 48706	
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>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.</p> <p>39059</p> <p>Based on observation, interview and record review, the facility failed to ensure safe medication storage for one medication cart of four medication carts reviewed during the medication storage task, resulting in medications stored unlabeled in a clear plastic medication cup.</p> <p>Findings include:</p> <p>On 2/07/25, at 1:00 PM, During medication storage task, an observation of Center hall medication cart along with Clinical Care Coordinator (CCC) J was conducted. CCC J opened up the second medication drawer. There was a clear plastic unlabeled medication cup filled with numerous medications sitting in the container labeled 227-1. CCC J removed the medication cup that housed Resident #710's am oral medications and began to look for the Nurse assigned to the medication cart.</p> <p>On 2/07/25, at 1:05 PM, Nurse I approached the medication cart and CCC J offered, you can't store med's in a cup in your drawer. Nurse I offered, they put them in there because the resident was unavailable.</p> <p>A record review of Medication Administration Record for Resident #710 along with Nurse I and CCC J revealed the am medications ordered were not signed out as given by Nurse I.</p> <p>On 2/07/25, at 2:15 PM, a record review along with the Director of Nursing (DON) was conducted regarding Nurse I's competency for medication administration. The DON was asked what the initials SS meant, and the DON offered, that is the Nurse on the hall that did that. The DON further offered that they usually do not do a medication pass with new nurses.</p> <p>A review of the facility provided PREPARATION AND GENERAL GUIDELINES September 1,2023 revealed . When medications are administered by mobile cart taken to the resident's location (room, dining area, etc.) medications are administered at the time they are prepared .</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235388	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/07/2025
NAME OF PROVIDER OR SUPPLIER  Bay Shores Senior Care and Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE  3254 E Midland Rd Bay City, MI 48706	
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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 37668</p> <p>Based on observation, interview and record review, the facility failed to 1) Provide antiviral medication timely for one resident (Resident #61), 2) Ensure barrier use, and 3) Ensure reusable medical equipment was sanitized prior to clean storage, resulting in influenza symptoms going untreated, contamination of medication cart with the likelihood of continued contamination.</p> <p>Findings include:</p> <p>Resident #7:</p> <p>02/06/25 8:10 AM, observation of Nurse I prepare AM medications for Resident #7. Nurse I prepared blood glucose machine which was housed inside the alcohol swab cardboard box along with the following supplies: glucose strips, alcohol swabs and lancets. Nurse I entered Resident #7's room placed the cardboard box on the over bed table with no barrier. Once Nurse I completed the task, she placed the items inside the cardboard box and left out to the medication cart. Nurse I took the blood glucose machine and wiped down the front and the back with an alcohol swab, placed the machine back inside the alcohol swab box and placed inside the medication cart.</p> <p>On 2/06/25, at 9:55 AM, a record review of the facility policy provided pertaining to blood glucose meter instructions along with the DON was conducted. The policy did not mention as to what the expectations are of the facility staff on cleaning/disinfection between residents. The DON was asked what the facility used to disinfect the meters between residents and the DON stated, bleach wipes. The DON offered that Nurse I did use a bleach wipe once the surveyor walked away. The DON was alerted that Nurse I did not use the bleach wipe prior to placing the meter inside the box with the other supplies and then inside the top drawer of the medication cart. The DON was also alerted that Nurse I carried the entire box of supplies inside the residents room and placed it directly on their over bed table and the DON offered, ok without a barrier.</p> <p>38471</p> <p>Resident #61:</p> <p>During initial tour on 2/5/2025, it was found Resident #61 was positive for Influenza A, with the appropriate transmission-based precautions adorned on his door and PPE (personal protective equipment) caddy. Upon entering his room, he appeared to be comfortable, but a conversation did not ensue.</p> <p>On 2/6/2025 at 9:30 AM, Nurse O reported there is one resident positive for influenza A and the unit has been offered Tamiflu (antiviral medicine that treats or prevents flu symptoms causes by influenza virus).</p> <p>On 2/6/2025 at approximately, 11: 55 AM, a review was completed of Resident #61's medical records and it revealed the resident admitted to the facility on [DATE] with diagnosis of Chronic Obstructive Pulmonary Disease, Vascular Dementia, Diabetes, Hypertension and Atrial Fibrillation. Further review yielded the following:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235388	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/07/2025
NAME OF PROVIDER OR SUPPLIER  Bay Shores Senior Care and Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE  3254 E Midland Rd Bay City, MI 48706	
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>Physician Orders:</p> <p>Resident #61 was not being administered Tamiflu nor was there a declination located.</p> <p>Molecular Diagnostic Report:</p> <p>Collected 2/2/2025 at 16:50 and reported 2/3/2025 at 15:46.</p> <p>Influenza A Virus- Detected</p> <p>Care Plan: .Actual Infection r/t (related to) Influenza A .date initiated 2/2/2025.</p> <p>Progress Notes:</p> <p>2/2/2025 at 17:20: Resident has fever of 103.4, cough and stated he feels terrible. Rapid was collected and was negative, PCR sent out resident placed on precautions Tylenol administered. On call PCP notified will continue to monitor.</p> <p>2/3/2025 at 18:26: Resident was positive for Influenza A. is on transmission-based precautions. Still is having fevers was 101.9 administered Tylenol is now 101.1. Resident has to be fever free for 24 hours before he can be off of contact precautions resident was notified along with PCP.</p> <p>2/4/2025 at 14:27: Attempted to call son . to get consent or declination for Tamiflu. Left VM, awaiting return call.</p> <p>2/4/2025 at 17:42: Resident continues on droplet precautions r/t influenza A, current temp 100.0. Occasional non-productive cough noted, denies SOB or CP. Fluids encouraged. Currently resting in bed with call light in reach.</p> <p>2/4/2025 at 20:30: Continues with transmission based precautions related to positive for influenza A. Oxygen at 2L per nasal cannula. Occasional non productive cough. No complaints of pain.</p> <p>2/5/2025 at 10:3: Resident continues on TBP precautions r/t influenza A, current temp 99.0. Occasional non-productive cough noted, denies SOB or CP. Fluids encouraged. Currently resting in bed with call light in reach.</p> <p>It can be noted there was only one attempt documented to contact the Resident's responsible party.</p> <p>On 2/6/2025 at 1:05 PM, an interview was conducted with Infection Preventionist U regarding Resident #61. Preventionist U explained upon him testing positive they contacted his son/DPOA (durable power of attorney) about prescribing Tamiflu on 2/3/2024. His son said he would like to discuss it with family and contact the facility back. They attempted to contact him again on 2/4/2025 but received no response. There was no contact attempted with him on 2/5/2025 and given that Tamiflu is most effective within 48 hours, the resident would be outside of the efficacy parameters.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235388	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/07/2025
NAME OF PROVIDER OR SUPPLIER  Bay Shores Senior Care and Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE  3254 E Midland Rd Bay City, MI 48706	

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>Review was completed of Resident #61's notes and there was only one progress not related to communication with the resident's son. Preventionist U stated she sat next to the nurse as she contacted his son on 2/3/2025 and requested a progress note was put in to detail the conversation but that was not completed.</p> <p>39059</p>