STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235407	A. Building B. Wing	11/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Kalkaska Memorial Health Center	419 South Coral Street Kalkaska, MI 49646

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to notify a resident's Power of Attorney (POA; a legal document that authorizes a trusted person, called an agent, to make legal, financial, and/or medical decisions on their behalf) of a change in condition in a timely manner for one Resident (#3) of three residents reviewed for notification of changes. This deficient practice resulted in an 8-hour delay in notifying the POA of the resident's significant change in condition and the potential for delays in treatment.Resident #3 (R3)A review of the Electronic Medical Record (EMR) revealed R3 was admitted to the facility on [DATE] with diagnoses including dementia with unspecified severity and other behavioral disturbance. On 5/9/25, R3 was given a BIMS (Brief Interview for Mental Status) score of 5 out of 15 indicating severe cognitive impairment. R3 also had a POA for medical care and financial decisions appointed to their daughter.The progress notes on 10/5/25 at 1:21AM indicated R3 was found by staff sitting on floor next to bed. Resident (R3) stated he went to sit up at edge of bed and slipped off.resident (R3) while sitting at bedside stated his left hip hurt.received order for x-ray for bilateral hips and pelvis . R3 was taken for x-rays at the hospital and diagnosed with displaced fractures of the left superior and inferior pubic rami (a break in two of the bones that form the front part of the pelvis).On 10/16/25 at 12:50PM, a phone interview was conducted with the POA for R3, who stated they had not been called the night R3 fell. The POA stated they would have liked to have been there for their father stating they believed R3 must have been confused, and scared. The POA felt that her presence would have calmed R3 and alleviated any fears. The POA stated the facility called on the morning of 10/5/25 after the day shift nurse came on.Certified Nursing Assistant (CNA) D stated they were working the night R3 fell. During a phone interview on 10/16/25 at 1:54PM, CNA D stated nursing staff were supposed to notify families when there is a change in condition.A phone interview was conducted on 10/16/25 at 2:27 PM with LPN F who was working the night R3 fell, stated they did not call R3's POA.A review of the facility's Post Fall Documentation indicated R3 fell on [DATE] at 10:45PM. The section labeled Document family member notified along with time/date indicated R3's POA was notified on 10/5/25 at 7:05AM. This documentation lacked any family/POA notifications at time of R3's fall. This resulted in the guardian not being informed of the resident's significant change in condition for over 8 hours, potentially delaying decision-making and necessary interventions.The NHA stated, during an interview at 2:40 PM on 10/5/25, the facility does not have a specific policy about notifications for change in condition.

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