

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235407	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/02/2026
NAME OF PROVIDER OR SUPPLIER Kalkaska Memorial Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0689 Level of Harm - Actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. (continued on next page)

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0689 Level of Harm - Actual harm Residents Affected - Few	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** This citation pertains to intake 2692547Based on observation, interview and record review the facility failed to monitor and assess three residents (R1, R2, and R3) for safety with hot liquid beverages. This deficient practice resulted incomplete assessments for safety of handling hot liquid beverages for R2 and R3, and resulted in harm when R1 sustained second degree burns from a hot coffee spill . Findings include:R1Review of R1's Electronic Medical Record (EMR) revealed admission to the facility on 9/12/25 with diagnosis including Alzheimer's disease, vascular dementia with behaviors, and weakness. R1's 10/1/25 Brief Interview for Mental Status (BIMS) score was a 4/15 indicating severe cognitive impairment.Review of the 'Facility Reported Incident' read, in part, On December 5th, 2025, at approximately 10:30 AM, (R1) was attending an activity in the activity room located on the Legacy unit. During the activity the residents were having coffee and using the Keurig located in the activities room for the brewing. The coffee was prepared and handed to (R1) across the table by the activities staff member. This was served in a regular cup, with no lid or ice added per (R1s) dietary instruction on his card. (R1) then knocked the cup over causing it to spill into his lap, left arm and left thigh area.An interview was conducted with the Activity Aide/Staff A on 1/2/26 at 12:30 PM. Staff A stated on 12/5/25 she had prepared R1 a cup of coffee from the Keurig, placed it on the table, and assisted R1 to the table using the wheelchair. Staff A confirmed that they had not placed a lid on R1's cup of coffee. Staff A then turned her back to R1 to continue making coffee for different residents but heard R1 say something. Staff A stated that she turned back and realized R1 had spilt coffee on himself.An interview was conducted with the Nursing Home Administrator (NHA) on 1/2/25 at approximately 10:30 a.m. The NHA confirmed staff do not take temperatures of hot liquid beverages that are dispensed through the Keurig machine in the activity room. The NHA stated that the activities director was asked to temperature check the Keurig and obtained temperatures of 178.7 and 177.6 just after brewing.On 1/2/25 at approximately 1:15 p.m. , an interview and observation was conducted with R1, who stated he couldn't remember exactly what happened, but knew that it hurt. R1 revealed his abdomen which showed a 10 centimeter (cm) by 3 cm burn. Review of the facility's Hot Liquid Safety in Long Term Care and Swing Beds. Effective 7/17/24 read in part, . Food Service Responsibilities: A) Serve hot beverages between 140 degrees Fahrenheit and 160 degrees Fahrenheit.LTC (long term care) Staff Responsibilities.Provide education to staff members to monitor the individual needs of residents who need extra assistance.General safety precautions when serving hot liquids include, but are not limited to:.All residents will be provided a hard plastic lid on their cup of choice that has a handle.R2Review of R2's EMR revealed admission to the facility on 3/24/18 with readmission on [DATE] and diagnoses including vascular dementia. R2's 11/4/25 BIMS score was 8/15 indicating mild cognitive impairment.R2 was noted by the NHA to use the Keurig machine located in the activity department during coffee hour activities.Review of R2 Hot Liquid Evaluation revealed a completed assessment on 7/29/25 with no further assessments since the survey exit date of 1/2/25R3Review of R3's EMR revealed admission to the facility on 9/28/23 and readmission on [DATE] with diagnosis including rheumatoid arthritis. R3's 12/2/25 BIMS score was 13/15 indicating they were cognitively intact.Review of R3's assessments revealed no completed hot liquid assessment since admission or readmission to the facility.Review of the facility's Hot Liquid Safety in Long Term Care and Swing Beds. Effective 7/17/24 read in part.All residents should be assessed for their ability to handle and consume containers of hot food and beverage on admission, quarterly, annually, and when there is a significant change in the resident's status.</p>		