

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 08/28/2024
NAME OF PROVIDER OR SUPPLIER Kalkaska Memorial Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE 419 S Coral St 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)
<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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49302</p> <p>Based on observation, interview, and record review, the facility failed to ensure an appropriate therapeutic diet was implemented for two Residents (#67 and #70) of 2 residents reviewed for nutrition and hydration. This deficient practice resulted in the potential for unmet nutritional needs.</p> <p>Findings include:</p> <p>Resident #67 (R67):</p> <p>Review of R67's electronic medical record (EMR) revealed initial admission to the facility on [DATE] with diagnoses including malignant neoplasm of the cerebellum (brain cancer), failure to thrive, and severe protein-calorie malnutrition. Review of clinical census data revealed R67 signed with hospice services on [DATE].</p> <p>On [DATE] at approximately 11:32 AM, R67 was observed laying in bed with an emaciated (abnormally thin looking) appearance including sunken cheeks, a visible ribcage, and little muscle bulk. R67 was not alert and was unresponsive to questioning.</p> <p>R67 expired on [DATE] at 11:35 AM.</p> <p>Review of R67's EMR revealed a physician order, initiated [DATE], which read: NPO [nothing by mouth, including food and liquid] diet, NPO texture, NPO consistency.</p> <p>Review of a Health Status Note, written by Physician Assistant (PA) F on [DATE], read, in part:</p> <p>Hospice RN [Registered Nurse] in today and feels [R67] is transitioning and now entering final hours to day or two of life . not safe to give anything PO [by mouth] outside of comfort meds . change diet to npo.</p> <p>On [DATE] at 12:12 PM, an interview was conducted with PA F who verified she changed R67's diet order to NPO on [DATE]. PA F stated she was notified by hospice staff R67 was no longer alert and unsafe to consume food or water. PA F stated, I later found out his level of consciousness was fluctuating significantly, so staff were comfort feeding him as he was awake and alert. When asked if R67 had an available source of nutrition from the time the NPO order was initiated on [DATE] until his death on [DATE], PA F confirmed the diet order should have been written in a way that better reflected R67's cognitive status and subsequent ability to safely consume food and beverage.</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
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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On [DATE] at 12:30 PM, an interview was conducted with Registered Dietitian (RD) A who stated she was involved in R67's care as a food service director. RD A stated as a standard of practice, R67's diet order should have been contingent on his level of consciousness in order to make decisions on nourishment intake more resident-centered in R67's last days of life.</p> <p>Review of R67's (State)-POST (Physician orders for Scope of Treatment), dated [DATE] read, in part:</p> <p>.Medical Interventions .Comfort-Focused Treatment . Primary goal of maximizing comfort. May include pain relief through use of medication, positioning, wound care, food and water by mouth .</p> <p>34568</p> <p>Resident #70 (R70):</p> <p>Review of R70's EMR revealed admission to the facility on [DATE] with diagnoses including dementia, malignant neoplasm of liver, bile duct, and colon. R70 was admitted on [Hospice Name] services on [DATE] on a regular diet.</p> <p>Review of R70's (State) POST signed on [DATE] read, in part, .DO NOT attempt Resuscitation/CPR (No CPR, allow Natural Death) .Comfort-Focused Treatment: Primary goal of maximizing comfort. May include pain relief through use of medication, positioning, wound care, food and water by mouth, and non-invasive respiratory assistance .</p> <p>Review of R70's progress notes from [DATE] - [DATE] read:</p> <p>[DATE] .patient having increased abdominal distention and discomfort. Family was worried he was constipated .Hospice feels the distention is related to tumor burden .</p> <p>[DATE] .Patient still requiring 1:1 care due to fall risk and risk of injury .Resident only able to eat soft foods and his intake is significantly decreased .</p> <p>[DATE] .Call lights and fluids [sic] within reach. Staff and this nurse providing 15-minute checks .</p> <p>[DATE] .RN from Hospice here, (R70) has been obtunded all day today .Plan: 1) D/C all oral meds (medications) except for palliative meds d/t (due to) unable to take PO any longer 2) change to NPO 3) continue oral hygiene Q2 hrs (every 2 hours)</p> <p>[DATE] .Resident's diet was also changed to NPO due to his decreased responsiveness. Staff will continue to monitor</p> <p>[DATE] .Resident pronounced at 02:54 a.m.</p> <p>Review of R70's Food Intake from [DATE] - [DATE] revealed the following:</p> <p>.d+[DATE]% of food acceptance - 6 times</p> <p>(continued on next page)</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>.d+[DATE]% of food acceptance - 8 times</p> <p>.d+[DATE]% of food acceptance - 24 times</p> <p>.d+[DATE]% of food acceptance - 65 times</p> <p>Resident refused - 1 time</p> <p>Review of R70's Fluid Intake from [DATE] - [DATE] revealed the following:</p> <p>.d+[DATE] mLs (milliliters) - 22 times</p> <p>.d+[DATE] mLs - 32 times</p> <p>.d+[DATE] mLs - 46 times</p> <p>>800 mLs - 26 times</p> <p>Resident refused - 0 times</p> <p>On [DATE] at 10:46 AM, an interview was conducted with the Nursing Home Administrator (NHA), the Director of Nursing (DON), and the Director of Compliance and Quality Assurance G who verified R70 and R67 lived for 2 and 13 days after an NPO diet order was initiated, respectively. All parties confirmed R70's and R67's diet orders should have reflected their level of consciousness to ensure they could safely consume food and beverage per their request while simultaneously following physician orders.</p> <p>Review of facility policy titled, Caring for Patients at End of Life, revised [DATE], read, in part:</p> <p>.Decisions to prolong life with the support of advanced medical interventions and technologies or to allow the natural dying process can create ethical challenges for physicians and decisional burdens for patients and/or their loved ones. These challenges can be minimized through the application of ethical principles: Respect for patient autonomy: protect the patient's rights to self-determination per their end-of-life care goals and medical standards .</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>13791</p> <p>Based on observation, interview and record review, the facility failed to store, prepare, distribute, and serve food in accordance with professional standards for food service safety. This deficient practice has the potential to result in food borne illness among any and all 81 residents. Findings include:</p> <p>On 8/26/24 at approximately 9:45 AM, a Lexan container was observed in the walk in cooler (WIC) with a label identifying the contents as beef tenderloin, with a production date of 7/14 and use by date of 7/16. An interview with Kitchen Manager (KM) A was conducted at this time and was learned the container had been pulled from the freezer. KM A could not identify the date the product had been removed from the freezer and therefore did not know when the product was to be discarded if not used. KM A reviewed slacking logs which were explained to be documentation of the dates food was removed from the freezer to be thawed (slacked) to be used at a later date. KM A stated there was no documentation as to the date when the product had been removed, and stated it would be discarded.</p> <p>On 8/26/24 at approximately 9:55 AM, the walk in freezer (WIF) was observed to have a two gallon Lexan container labeled fajita meat with a prep date of 5/04 and another labeled meat loaf with a prep date of 4/30. KM A was requested to review documentation to demonstrate the products had been properly cooled. KM A reviewed the kitchen documentation for the dates identified and reported the documentation did not include the two products.</p> <p>The FDA Food Code 2017 states: 3-501.17 Ready-to-Eat, Time/Temperature Control for Safety Food, Date Marking.</p> <p>(B) Except as specified in (E) -(G) of this section, refrigerated, READY-TO-EAT TIME/TEMPERATURE CONTROL FOR SAFETY FOOD prepared and PACKAGED by a FOOD PROCESSING PLANT shall be clearly marked, at the time the original container is opened in a FOOD ESTABLISHMENT and if the FOOD is held for more than 24 hours, to indicate the date or day by which the FOOD shall be consumed on the PREMISES, sold, or discarded, based on the temperature and time combinations specified in (A) of this section and: Pf</p> <p>(1) The day the original container is opened in the FOOD ESTABLISHMENT shall be counted as Day 1; Pf and</p> <p>(2) The day or date marked by the FOOD ESTABLISHMENT may not exceed a manufacturer's use-by date if the manufacturer determined the use-by date based on FOOD safety. Pf</p> <p>(C) A refrigerated, READY-TO-EAT TIME/TEMPERATURE CONTROL FOR SAFETY FOOD ingredient or a portion of a refrigerated, READY-TO-EAT, TIME/TEMPERATURE CONTROL FOR SAFETY FOOD that is subsequently combined with additional ingredients or portions of FOOD shall retain the date marking of the earliest-prepared or first-prepared ingredient.</p> <p>(D) A date marking system that meets the criteria stated in (A) and (B) of this section may include:</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>(1) Using a method APPROVED by the REGULATORY AUTHORITY for refrigerated, READY-TO-EAT TIME/TEMPERATURE CONTROL FOR SAFETY FOOD that is frequently rewrapped, such as lunch meat or a roast, or for which date marking is impractical, such as soft serve mix or milk in a dispensing machine;</p> <p>(2) Marking the date or day of preparation, with a procedure to discard the FOOD on or before the last date or day by which the FOOD must be consumed on the premises, sold, or discarded as specified under (A) of this section;</p> <p>On 08/26/24 at approximately 10:10 AM, staff were observed making ham salad sandwiches in the kitchen. The task was identified as placing a ground ham meat mixed with mayonnaise from a large container (approximately 1 gallon in volume) onto bread. At approximately 11:36 AM ham sandwiches were observed in a stainless steel hotel pan waiting to be served at the noon meal. An interview with Food Service Worker (FSW) B was conducted at this time and learned the sandwiches observed were those which were being made about an hour and half earlier. The temperature of the meat filling (ham salad) was measured with a metal probe Super Pen thermometer and found to be 54 F to 56 F. At approximately 12:10 PM the sandwiches were again measured with the same thermometer and found to be between 54 F and 58 F. An interview with FSW B was conducted at this time who was asked what the plan was for the sandwiches not served at the meal. FSW B stated they would be placed in a refrigerator and used at a later time/meal. At 12:30 PM an interview with KM A was conducted with the sandwich temperature observation and interview information from FSW B shared. KM A stated the sandwiches, due to the temperature deficiency, should not be stored following the noon meal.</p> <p>The FDA Food Code 2017 states: 3-501.16 Time/Temperature Control for Safety Food, Hot and Cold Holding.</p> <p>(A) Except during preparation, cooking, or cooling, or when time is used as the public health control as specified under S3-501.19, and except as specified under (B) and in (C) of this section, TIME/TEMPERATURE CONTROL FOR SAFETY FOOD shall be maintained:</p> <p>(1) At 57 C (135 F) or above, except that roasts cooked to a temperature and for a time specified in 3-401.11(B) or reheated as specified in 3-403.11(E) may be held at a temperature of 54 C (130 F) or above;P or</p> <p>(2) At 5 C (41 F) or less.</p> <p>On 8/27/24 at approximately 1:45 PM, staff were observed in the dish room conducting dish washing activities with the high temperature mechanical dish machine. When the dish machine was opened, following a completed cycle of washing, rinsing and sanitizing, steam was released which quickly rolled out from under the capture hood. Some of this steam was observed to contact a ceiling mounted air deflector from the cooling system. The steam was observed being condensing then dripping onto the floor, near the clean end of the three compartment sink. It was confirmed the exhaust hood motor was in the ON position. An interview with KM A at this time revealed the dish machine was just about a year old, and she did not know if any modifications to the exhaust had been made. KM A agreed the steam should be captured by the hood to prevent the condensation and dripping into the clean area.</p> <p>The FDA Food Code states: 4-204.11 Ventilation Hood Systems, Drip Prevention.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Exhaust ventilation hood systems in FOOD preparation and WAREWASHING areas including components such as hoods, fans, guards, and ducting shall be designed to prevent grease or condensation from draining or dripping onto FOOD, EQUIPMENT, UTENSILS, LINENS, and SINGLE-SERVICE and SINGLE-USE ARTICLES.</p> <p>On all days of the survey, it was observed that the marble type counter top to the right of the steam table (standing behind looking into the dining room) had two large cracks running the entire depth and thickness of the surface. This area could no longer be properly cleaned and sanitized. On 8/27/24 at approximately 2:40 PM an interview with KM A was conducted who agreed the counter needed to be replaced.</p> <p>The FDA Food Code 2017 states: 4-501.11 Good Repair and Proper Adjustment.</p> <p>(A) EQUIPMENT shall be maintained in a state of repair and condition that meets the requirements specified under Parts 4-1 and 4-2</p> <p>and</p> <p>4-501.12 Cutting Surfaces.</p> <p>Surfaces such as cutting blocks and boards that are subject to scratching and scoring shall be resurfaced if they can no longer be effectively cleaned and SANITIZED, or discarded if they are not capable of being resurfaced.</p>