STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235432	A. Building B. Wing	03/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Grayling Nursing & Rehabilitation Community	331 Meadows Drive Grayling, MI 49738

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 0814 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Dispose of garbage and refuse properly. Based on observation and record review the facility failed to properly dispose of waste and maintain dumpster area to mitigate the presence of pests, potentially affecting all residents in the facility. Findings include: On 03/10/2026 at 2:05 PM observed both dumpsters full of garbage and due to the volume of garbage in the dumpsters, the lids would not close. Fourteen bags of garbage and eight empty cardboard boxes were noted sitting on the ground behind one of the full dumpsters. Record review of facility email communications with the garbage disposal company notes that pick up wash scheduled for Friday March 6th, and the pick-up never occurred.

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235432	A. Building B. Wing	03/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Grayling Nursing & Rehabilitation Community	331 Meadows Drive Grayling, MI 49738

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 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. Based on observation and interview, the facility failed to maintain general repair of the premise. This resulted in an increased potential for contamination and a possible decrease in satisfaction of living affecting all residents in the facility. Findings include:On 03/10/2026 at 12:59 PM observed the drain line from the three-compartment sink indirectly connected to the floor drain by means of a rubber adapter. Dietary Manager (DM) B was asked if raw vegetables were used in the facility and if so, where they were washed. DM B stated, Vegetables come in fresh and were washed in the third compartment of the three-bin sink. DM B said the rubber adapter was in place to prevent splashing onto the floor. On 03/11/2026 at 8:40 AM observed the drain lines coming from the ice machine extending down below the lip of the floor bowl drain. On 03/10/2026 at 2:18 PM observed water damage to the ceiling and wall just above and to the left of the entrance to the maintenance hall that leads to the kitchen, restrooms and employee back door entrance. Maintenance Director (MD) C stated that they had a service line leak recently which has been repaired and he has not had time to repair the walls and repaint yet. On 03/10/2026 at 2:20 PM observed the men's restroom wall with peeling paint on both sides of the sink and a buildup of dust and debris on the wall around the plumbing under the sink. Peeling paint was also noted in the toilet stall beside the toilet in this restroom. On 03/11/2026 at 9:33 AM observed day light coming in from under the maintenance hall rear exit door. The door sweep was observed damaged and was missing across the bottom right half of the door.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235432	A. Building B. Wing	03/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Grayling Nursing & Rehabilitation Community	331 Meadows Drive Grayling, MI 49738

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 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure psychotropic medications were used to treat a specific, diagnosed, and documented condition for four residents (R8, R19, R46, and R49) of five residents reviewed for unnecessary medications. Findings include: Resident #46 (R46) Review of R46s EMR revealed physician orders for citalopram(antidepressant) 20mg (milligram) tablet, 1 tablet once a day upon rising and trazadone (atypical antidepressant) 50 mg tablet once a day upon retiring special instructions give 1/2 tab(tablet) equal to 25 mg PO (by mouth) QHS (every night at bedtime). Further review of the medical record, including physician orders, care plan, and diagnosis list, failed to identify a documented diagnosis or clinical indication to support the use of either medication. Resident #19 (R19) Review of R19's Electronic Medical Record (EMR) revealed physician orders for wellbutrin XL (antidepressant) 150 mg (milligram) tablet, 1 tablet once a day upon retiring (6:30 PM to 10:30 PM) and citalopram (antidepressant) 40 mg once a day upon rising (6:30 AM to 10:30 AM). Further review of R19's medical record failed to identify a documented diagnosis or clinical indication to support the use of either medication. Resident #8 (R8) Review of R8's EMR revealed initial admission to the facility on 8/2/19 with the following active psychotropic medication orders: Xanax (alprazolam) - Schedule IV [controlled substance] tablet; 0.25 mg; amt [amount]: 1 tab; oral, Three Times A Day, initiated 2/5/26. Zyprexa (olanzapine) tablet; 15 mg; amt: 1 tab; oral, At Bedtime, initiated 1/23/23. Further review of R8's medication orders did not indicate a specific, diagnosed condition the medications were being used to treat. The field labeled diagnosis on the medication order report was left blank. Resident #49 (R49) Review of R49's EMR revealed initial admission to the facility on [DATE] with the following active psychotropic medication orders: Quetiapine tablet; 25 mg; amt: 1 tablet; oral Once a Day, initiated 7/28/23. Venlafaxine capsule, extended release 24hr [hour]; 37.5 mg; amt: 1 cap [capsule]; oral, Special Instructions: Give with one 75mg cap Once a Day, initiated 1/10/25. Venlafaxine capsule, extended release 24hr; 75 mg; amt: 1 cap; oralSpecial Instructions: Give with one 37.5mg capsule, initiated 1/10/25. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235432	A. Building B. Wing	03/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Grayling Nursing & Rehabilitation Community	331 Meadows Drive Grayling, MI 49738

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 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Further review of R49's medication orders did not indicate a specific, diagnosed condition the medications were being used to treat. The field labeled diagnosis on the medication order report was left blank. On 3/11/2026 at 10:05 AM, an interview was conducted with Nurse Practitioner (NP) F regarding protocol when writing a prescription for psychotropic medications. NP F stated she hand writes the script on a prescription pad, which includes an active diagnosis. NP F stated after that point, a different facility staff member enters the order into the EMR. When asked if prescribed medications were expected to treat specific, diagnosed conditions, NP F replied, Of course. On 3/11/26 at 10:58 AM, an interview was conducted with the Director of Nursing (DON) regarding the process of entering psychotropic medication orders into the EMR. The DON confirmed that an active diagnosis is not input into the EMR, but residents do have a care plan based on the psychotropic drug class. Review of the facility policy, Psychotropic Medication Use, reviewed 1/2025, read in, part: Residents are not given a psychotropic medication unless the medication is necessary to treat a specific condition, as diagnosed and documented in the clinical record. for psychotropic medications initiated after admission to the facility, documentation is to include the specific condition diagnosed by the physician.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235432	A. Building B. Wing	03/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Grayling Nursing & Rehabilitation Community	331 Meadows Drive Grayling, MI 49738

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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. Based on interview and record review, the facility failed to update or revise mobility and dietary care plan interventions in a timely manner for one Resident (#15) of fourteen residents reviewed for care plans resulting in the potential for unmet care needs.Findings include:Resident #15 (R15)Review of R15's electronic medical record (EMR) revealed initial admission to the facility on 8/12/11 with diagnoses including cerebral infarction (stroke), dysphagia (difficulty swallowing), dysarthria (difficulty speaking due to muscle weakness), traumatic brain injury, and cervicalgia (neck pain). Review of R15's most recent Minimum Data Set (MDS) assessment, dated 2/17/26, revealed a Brief Interview for Mental Status (BIMS) score of 10, indicative of moderate cognitive impairment.On 3/9/2026 at 10:46 AM, R15 was observed sitting in a manual wheelchair inside his room. An electric wheelchair was observed in the corner of R15's room.On 3/9/2026 at 12:02 PM, a telephone interview was conducted with R15's guardian, Family Member (FM) I, regarding his mobility needs. FM I stated R15 hadn't been able to utilize his electric wheelchair for a couple years due to safety concerns which is why a manual wheelchair had been introduced as a seating alternative.Review of R15's Plan of Care revealed the following intervention initiated 8/20/20: [R15] is currently able to transport himself independently via electric wheelchair but does need help adjusting his wheelchair to get positioned correctly at the table as needed. Staff will assist transporting [R15] to/from activities as needed.On 3/11/2026 at 8:34 AM, R15 was observed receiving total assistance from Certified Nursing Assistant (CNA) E at the breakfast meal in the dining room. CNA E was observed utilizing standard cutlery and cups without lids to feed R15.Review of R15's tray card laying on the dining room table read, Beverages/Equipment: BUILT-UP UTENSILS ANGLED LEF[T]. Cups with handles and lids.On 3/11/2026 at 8:40 AM, CNA E was asked why R15 did not have the adaptive equipment as indicated on his tray card. CNA E stated R15 hadn't been able to feed himself for a while, so he no longer required the adaptive utensils as he was totally reliant on staff for feeding assistance.Review of R15's Plan of Care revealed the following interventions: Status of eating ability: independent after set up, initiated 12/12/2020. Assist with meals as needed, initiated 07/21/2020. Adaptive Equipment: Bulit-up Utensils angled left, Handled Cup w/ [with] sip thru lid for hot beverages, Divided Plate, [non-slip mat], initiated 09/07/2023.On 3/11/26 at 10:58 AM, an interview was conducted with the Director of Nursing (DON) who agreed residents' care plans should be routinely updated to reflect their most current needs and functional status.Review of the facility policy titled, Resident Comprehensive Care Plans, updated 5/24/22, read, in part: .The facility must establish, document and implement the care and services to be provided to each resident to assist in attaining or maintaining his or her highest practicable quality of life. The comprehensive care plan must: . reflect changes in the residents' preferences and goals as they change throughout their stay. Updates will be made to the comprehensive care plan as needed.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235432	A. Building B. Wing	03/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Grayling Nursing & Rehabilitation Community	331 Meadows Drive Grayling, MI 49738

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure functional positioning to carry out activities of daily living for one Resident (#15) of one resident reviewed for positioning.Findings include:Resident #15 (R15)Review of R15's electronic medical record (EMR) revealed initial admission to the facility on 8/12/11 with diagnoses including cerebral infarction (stroke), dysphagia (difficulty swallowing), dysarthria (difficulty speaking due to muscle weakness), traumatic brain injury, and cervicalgia (neck pain). Review of R15's most recent Minimum Data Set (MDS) assessment, dated 2/17/26, revealed a score of 10, indicative of moderate cognitive impairment.On 3/09/2026 at 10:46 AM, R15 was observed sitting in a wheelchair inside his room. R15 demonstrated a significant left lateral neck lean resulting in his left ear contacting his left shoulder and his chin positioned toward his left collarbone. A power wheelchair was observed in the corner of R15's room.On 3/09/2026 at 12:02 PM, a telephone interview was conducted with R15's guardian, Family Member (FM) I, regarding his positioning needs. FM I stated R15 could no longer utilize his power wheelchair due to safety concerns which is why a manual wheelchair had been introduced as a seating alternative. When asked about R15's neck positioning, FM ?I stated, They've [facility] been looking at [better] positioning for his head. They started looking last year and haven't seemed to make any progress.On 3/09/2026 at 12:47 PM, R15 was observed eating lunch in the dining room with a feeding assistant. R15 continued to demonstrate an excessive left lateral neck lean. Throughout the meal, R15 exhibited many episodes of wet coughing after taking a bite of food. On two different occasions, R15's face visibly turned a shade of red during a coughing episode.On 3/10/2026 at 12:16 PM, R15 was observed at the lunch time meal in the dining room and was assisted by Social Services Worker/Licensed Practical Nurse (LPN) J. R15 continued to be positioned with an excessive left lateral neck lean throughout the meal. R15 was observed clearing his throat, coughing, and producing a gurgled/wet vocal quality between bites of food. LPN J made no attempts to improve R15's posture or provide cues for compensatory swallowing techniques.On 3/10/26 at 1:33 PM, an interview was conducted with R15 regarding his positioning. When asked if it was difficult to eat in his current position, R15 was able to say, It's a problem. R15 was asked if his positioning in the wheelchair was painful and he replied, Sometimes. R15 demonstrated the ability to voluntarily bring his head to midline but was unable to maintain the positioning due to fatigue and muscle weakness.On 3/10/2026 at 1:45 PM, an interview was conducted with LPN J regarding R15's feeding assistance needs. LPN J stated R15 has been dependent on eating for a while and she usually helped assist him one-to-two times per week. LPN J indicated it is normal for R15 to cough and clear his throat while eating. When asked if this was a concern, LPN J stated, No. When asked about R15's positioning, LPN J stated, I don't like it. I'm not worried about the eating aspect, just worried about whether it would be uncomfortable or painful. To me, it looks uncomfortable. LPN J was asked if R15's positioning put him at increased risk of aspiration [choking] to which she replied, I don't know. Review of R15's Speech Evaluation and Plan of Treatment with a certification period of 1/7/25 - 2/25/25 read, in part: .Caregiver goals: to determine safest diet level and reduce overall aspiration risk. Position during eval [evaluation] = Posture impacts function, is modifiable with intervention. Recommendations: Compensatory Strategies/Positions: To facilitate safety and efficiency, it is recommended the patient use the following strategies during oral intake: bolus size modifications and rate modification, along with the following maneuvers: upright posture during meals. Review of R15's Speech Therapy Discharge summary, dated [DATE], read, in part: .Discharge Recommendations and Status: To facilitate safety and efficiency, it is recommended the patient use the following strategies during oral intake: alternation of liquid/solids, bolus size modifications and rate modification, along with the following maneuvers: upright posture during meals. Prognosis to maintain CLOF [current level of function]: .good with consistent staff follow-through. Review of R15's plan of care, physician orders, and tray (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235432	A. Building B. Wing	03/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Grayling Nursing & Rehabilitation Community	331 Meadows Drive Grayling, MI 49738

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	card revealed no speech therapy recommendations.On 3/10/26 at 3:06 PM, a telephone interview was conducted with Speech Language Pathologist (SLP) L regarding optimal positioning during meals. SLP L stated an upright position where the head is in midline is ideal for protecting the airway and mitigating the risk of aspiration. When asked for common signs of aspiration, SLP L stated, coughing, throating clearing, nose or eye running, or change in vocal quality during or after eating. SLP L stated any of these signs and symptoms would warrant a speech therapy evaluation.On 3/10/2026 at 2:43 PM, an interview was conducted with the Director of Rehabilitation (DOR) regarding therapy referrals. The DOR confirmed R15 had not been re-evaluated by speech therapy since his discharge on [DATE] as the therapy department had not received any reports of R15 choking or coughing during meals. The DOR stated, It's not really swallowing that's an issue, it's his positioning. So, we were working on things in OT [occupational therapy] like stretching or things like that.Review of an OT Discharge summary dated [DATE] read, in part: Patient was recently provided with a new wheelchair that was customized for him, however, [R15] presents with significant lateral lean to left impacting ability to perform self-feeding. Review of an OT Discharge Summary with dates of service between 11/13/25 - 1/16/26 and a PT [Physical Therapy] Discharge Summary with dates of service between 9/20/25 - 11/24/25 revealed no short or long-term goals addressing wheelchair positioning. On 3/11/2026 at 8:34 AM, R15 was observed eating breakfast with assistance from Certified Nurse Assistant (CNA) E with a continued left lateral neck lean. Several instances of throat clearing, wet cough, and gurgling sounds after taking a bite of food were heard with no intervention made by CNA E. On 3/11/26 at 10:58 AM, an interview was conducted with the Director of Nursing (DON) who understood the quality of life and aspiration concerns related to R15's positioning.Review of the facility policy titled, Dignity, reviewed 1/2022, read, in part: It is the policy of this facility to care for residents in a manner and in an environment that promotes maintenance or enhancement to each resident' [sic] quality of life, dignity, and respect in full recognition of his or her individuality. Social Service will monitor and observe for the following practices: . promoting residents' independence and dignity in dining.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235432	A. Building B. Wing	03/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Grayling Nursing & Rehabilitation Community	331 Meadows Drive Grayling, MI 49738

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 - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to implement fall interventions per the resident care plans for two residents (R19 and R49) of five residents reviewed for falls. Findings include: Resident #19 (R19) Review of R19's Electronic Medical Record (EMR) revealed admission to the facility on 1/29/25 with diagnoses including muscle weakness and history of falls. R19's 2/13/26 Minimum Data Set (MDS) assessment revealed a Brief Interview for Mental Status (BIMS) score of 10/15, indicative of mild cognitive impairment. In Section J of R19's 2/13/26 MDS assessment, it was noted R19 had a fall with no injury in the look back period. On 3/9/26 at 11:05 AM, R19's room was observed to have a fall mat on the floor, with R19's bed against the wall and the bed at a hip height elevated position. R19 was not in her room at the time of the observation. On 3/10/26 at 10:51 AM, R19's room was observed to have a fall mat on the floor, with R19's bed against the wall. R19's bed was at a low-level position. R19 was not in her room at the time of the observation. On 3/11/26 at 9: 25 AM, R19's room was observed to have a fall mat on the floor, with R19's bed against the wall. R19's was not in her room at the time of the observation. On 3/11/26 at 9:30 AM, an interview was conducted with Registered Nurse (RN) D regarding R19's fall mat. RN D stated, The fall mat stays on the floor unless they are cleaning, I believe they keep it there all the time because she likes to self-transfer to her bed. On 3/11/26 at 9:45 AM, an interview was conducted with Certified Nurse Aide (CNA) E regarding R19's fall mat. CNA E stated, We keep it on the floor at all times because she tries to self-transfer. Review of R19's Care Plans, read, in part, Problem Start Date: 01/29/2025 Alteration in ADLs (Activities of Daily Living.Care Plan Approach Start Date: 01/29/2025.floor mat next to bed when in use (when resident is in their bed). Resident #49 (R49) Review of R49's EMR revealed initial admission to the facility on [DATE] with diagnoses including dementia, cerebral infarction (stroke), abnormalities of gait and mobility, muscle weakness, need for assistance for personal care, and hemiplegia of the left side (total or partial paralysis of one side of the body). Review of R49's MDS assessment, dated 10/10/25, revealed a BIMS score of 3, indicative of severe cognitive impairment. Further review of MDS Section J, Health Conditions revealed R49 experienced a fall in the look-back period (7/19/25 – 10/10/25). On 3/09/2026 at 10:56 AM, a gray fall mat was observed on the floor to the right of R49's bed. R49 was observed sitting in a wheelchair next to the fall mat. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235432	A. Building B. Wing	03/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Grayling Nursing & Rehabilitation Community	331 Meadows Drive Grayling, MI 49738

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 - Minimal harm or potential for actual harm Residents Affected - Few	On 3/10/2026 at 10:50 AM, a gray fall mat was again observed on the floor next to R49's bed. R49 was not in the room. On 03/11/2026 at 9:06 AM, R49 was observed attempting to mobilize his wheelchair onto the fall mat which was laying on the floor. R49 experienced difficultly navigating the lip of the fall mat. On 3/11/2026 at 9:17 AM, an interview was conducted with CNA G regarding R49's fall interventions. When asked if R49's fall mat was supposed to remain on the floor throughout the day, CNA G replied, I'm still new [a new employee], but I think it stays down all day. On 3/11/2026 at 9:24 AM an interview was conducted with CNA H regarding R49's fall interventions. When asked if the R49's fall mat was supposed to remain on the floor through the day, CNA H replied, I don't work this hall, I would have to check his care plan. CNA H subsequently left the hall without checking R49's care plan and the fall mat remained on the floor. Review of R49's Plan of Care revealed a Problem initiated 1/5/21 that read, in part: At risk for falls and subsequent injury. with an approach that read, floor mat next to bed when in use, initiated 2/22/25. Further review of R49's EMR revealed the following physician's order, initiated 10/21/25: Floor mat next to bed while bed is in use. Check Q [every] shift for proper use and placement. On 3/11/26 at 10:58 AM, an interview was conducted with the Director of Nursing (DON) regarding fall interventions. The DON stated facility staff probably considered the fall mats low-profile and therefore not a fall risk or tripping hazard. The DON confirmed that all orders and care planned interventions should be followed as written including removing fall mats from the floor when R19 and R49 were not in bed. Review of the facility policy titled, Fall Prevention and Management Policy, reviewed 1/2025, read, in part: .Purpose: to assess resident risk for falls and implement interventions to reduce the incidence of falls and/to mitigate the risk of injury related to falls. When a fall event occurs, a license[d] nurse will: . implement an appropriate intervention/preventive measure.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235432	A. Building B. Wing	03/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Grayling Nursing & Rehabilitation Community	331 Meadows Drive Grayling, MI 49738

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observation, interview, and record review, the facility failed to ensure staff followed infection prevention and control practices when a nurse failed to properly don required Personal Protective Equipment(PPE), prior to providing treatment for one Resident (#32) of 5 residents reviewed for Enhanced Barrier Precautions(EBP). This deficient practice had the potential to increase the risk for spreading infection within the facility.Resident #32 (R32)Review of R32's Electronic Medical Record (EMR) indicated R32's latest admission was on 3/1/25. R32's orders indicated Enhanced Barrier Precautions (targeted gown and gloves use) during high contact resident care activities due to a PEG (Percutaneous Endoscopic Gastrostomy) tube (a medical device inserted through the abdomen directly into the stomach to deliver nutrition, fluids, and medications, often called feeding tube.)During observation on 3/11/2026 at approximately 9:52 AM, Licensed Practical Nurse(LPN) A was observed entering R32's room, which had posted signage indicating EBP requiring the use of gown and gloves prior to providing care. LPN A lifted up R32's PEG tube without gloves on to place towel under it prior to flushing. LPN A trouble shot the blocked PEG tube and flushed 350ml(milliliters) of water through R32's PEG tube without donning a gown as required by posted signage. During an interview immediately post R32's treatment, LPN A stated until taking the ADON (Assistant Director of Nursing) position on 3/10/26 she was the primary day shift nurse who performed PEG tube flushes on R32. When asked if she typically wore EBP prior to flushing R32's PEG tube, LPN A stated EBP? This surveyor clarified donning gown and gloves prior to providing care, to which LPN A stated she normally forgets when it comes to R32's PEG tube. Review of the facility's policy Enhanced Barrier Precautions read in part .3. Implementation of Enhanced Barrier Precautions-.b. PPE for enhanced barrier precautions is only necessary when performing high-contact care activities and may not need to be donned prior to entering the resident's room .4. High-contact resident care activities include: .g. Device care or use: central lines, urinary catheters, feeding tubes, tracheostomy/ventilator tubes etc.