

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235438	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/26/2025
NAME OF PROVIDER OR SUPPLIER  Autumnwood of McBain		STREET ADDRESS, CITY, STATE, ZIP CODE  220 Hughston St MC Bain, MI 49657	

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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41978</b></p> <p>This citation pertains to intake MI00150419.</p> <p>Based on observation, interview and record review, the facility failed to ensure residents were cared for in a dignified and respectful manner for five residents (#37, #51, #7, #38 and #2) of five residents reviewed for dignity, resulting in feelings of frustration, humiliation and low self-worth based on a reasonable person standard.</p> <p>Findings include:</p> <p>Resident #37 (R37)</p> <p>Review of the Minimum Data Set (MDS) assessment, dated 2/10/2025, revealed R37 was admitted to the facility on [DATE] and had diagnoses including diabetes, colocutaneous fistula (abnormal tract leading from the intestine to an opening in the abdomen), history of MRSA (Methicillin Resistant Staphylococcus Areus) infection, and major depressive disorder. Further review revealed R37 was dependent (helper does all of the effort, resident does none of the effort to complete the activity) for ADLs (activities of daily living), including toileting hygiene, bathing and all mobility. A review of the Brief Interview for Mental Status (BIMS), revealed a score of 13/15, indicating R37 was cognitively intact.</p> <p>On 3/24/2025 at 7:40 a.m., a strong, offensive odor was noted in the hallway outside of R37's room. Upon entering R37's room and approaching the Resident in bed, it was noted the odor was stronger and was coming from the area of R37's bed. An observation at that time revealed R37 seated in bed, wearing a short-sleeved shirt with a white sheet and blanket pulled up to her mid-torso. When asked when the last time staff had been in to administer care, R37 reported staff were last in during the night because her ostomy bag was leaking. R37 pulled down the blanket and sheet, which were observed sticking to R37's abdomen and covered with a light brown substance. R37's ostomy bag was observed attached to her mid-abdomen and was three-quarter full of light brown stool and taut due to gas collection. The outside of the bag was noted to be covered with light brown stool. R37's left side lower abdomen and left upper thigh were noted to have dried stool present and stool was observed leading from the Resident's left side soiling the sheet the resident was lying on. R37 reported the bag was not changed when it was found leaking overnight and indicated staff reported to R37, they had patched it.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:  Facility ID: 235438	If continuation sheet Page 1 of 52

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235438	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/26/2025
NAME OF PROVIDER OR SUPPLIER  Autumnwood of McBain		STREET ADDRESS, CITY, STATE, ZIP CODE  220 Hughston St MC Bain, MI 49657	
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 3/24/2025 at 8:40 a.m., R37 was observed seated in bed eating breakfast from an tray table positioned over R37 in bed. A strong odor of stool was noted to be present when standing next to R37's bed and light brown stool was observed to be on the exposed white sheet resting on R37's left hip. When asked if staff had been in to assist her with cleaning up and changing the leaking colostomy bag, R37 reported staff brought in her breakfast tray and when asked about getting cleaned up she was told, after breakfast. When asked if she would prefer to be cleaned up before eating, R37 shrugged and stated, what can I do?</p> <p>Review of R37's March 2025 Treatment Administration Record (TAR) revealed R37's colostomy appliance and bag were documented as changed on 3/24/2025 at 10:01 a.m. No changes were documented on 3/23/2025.</p> <p>During an interview on 3/25/2024 at 2:35 p.m., Certified Wound Care and Registered Nurse (RN) L reported she was asked to change R37's colostomy bag on the morning of 3/24/2025. RN L confirmed R37's colostomy bag was found leaking and the bed and clothing were soiled with stool. RN L reported she was not made aware R37's bag had begun leaking on the previous shift and was not changed. RN I was also not aware R37 was served breakfast and was told she would need to wait to be cleaned up until after the meal. RN L stated R37 was on the list for check and change incontinence care and colostomy care, which should be provided every two hours. RN L reported it was unacceptable for R37 to have to sit in stool while eating her meal and added that R37 refused care at times.</p> <p>A review of R37's point of care documentation for ADL Care Statement and Behavior Monitoring/Interventions, revealed no resident refusals of care for the period of 3/2/2025 through 3/25/2025.</p> <p>Resident #51 (R51)</p> <p>Review of the MDS assessment, dated 1/17/2025, revealed R51 was admitted to the facility on [DATE] and had diagnoses including orthostatic hypotension, gastroesophageal reflux disease (GERD), arthritis, anxiety, and chronic obstructive pulmonary disease (COPD). Further review revealed R51 required substantial/maximal assistance (helper does more than half the effort) with bed mobility. A review of the BIMS, revealed a score of 11/15, indicating R51 had mild cognitive impairment.</p> <p>Upon entering the Maple Unit on 3/25/2025 at 7:35 a.m. a call light activation indicator was observed illuminated above the door to R51's room. R51 was observed lying in bed with the head of the bed at approximately a 70-degree angle. R51 was slouched down in the bed with her head positioned near the bottom of the head of the bed with two pillows above and hanging over her head .R51's right foot was hanging off the right side of the bed and her left foot was touching the foot board. During an interview at the time of the observation, R51 reported she activated the call light for assistance for a boost to reposition her further up in the bed.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235438	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/26/2025
NAME OF PROVIDER OR SUPPLIER  Autumnwood of McBain		STREET ADDRESS, CITY, STATE, ZIP CODE  220 Hughston St MC Bain, MI 49657	
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A continuous observation which started at 3/25/25 at 7:35 a.m., revealed R51's call light remained unanswered at 7:50 a.m. During this time, four staff were observed in the Maple Unit dining room and two nurses were present at the nurse's station. Licensed Practical Nurse (LPN) O was observed standing at the medication cart inside the nurse's station, directly facing the control panel with R51's room number indicator on the panel lit up, indicating the call light was activated. RN L was seated at the desk at the nurse's station. It was noted there was an audible alert at the nurse's station, indicating a call light was activated. At 8:00 a.m. , Certified Nursing Assistant (CNA) U was observed delivering R51's breakfast tray to her room and positioning the Resident's meal tray on an tray table to the left of the R51 in bed. CNA U then exited with the call light still activated. During an interview at the time of the observation, R51 reported asking CNA U for assistance with repositioning in bed. R51 stated she told CNA U she could not eat slouched down in the bed. R51 was observed in the same position in the bed as previously observed at 7:35 a.m. It was noted R51's call light remained activated.</p> <p>At 8:04 a.m., CNA U was observed in the Maple Unit dining room assisting three other staff with delivering meal trays. RN L and LPN O were observed at the nurses station with the call light bell still audible and R51's room number lit up. During an interview at the time of the observation, CNA U was asked if she was aware R51's call light was activated and if CNA U was aware R51 requested to be repositioned. CNA U answered, she was aware. CNA U then left the dining room to seek another staff person to assist R51. R51's call light was observed being deactivated and R51 was observed receiving assistance at 8:05 a.m., 30 minutes after R51's light was first observed activated.</p> <p>Resident #7 (R7)</p> <p>Review of the MDS assessment, dated 2/6/2025, revealed R7 was admitted to the facility on [DATE] and had diagnoses including dementia and arthritis. R7 required supervision or touching assistance (helper provides verbal cues or touching/steadying assistance) with transfers and walking, and partial/moderate assistance (helper does less than half the effort) with toileting hygiene, including adjusting clothes before and after using the toilet. Review of the MDS Section H Bladder and Bowel revealed R7 was frequently incontinent of urine and occasionally incontinent of bowel. Review of the BIMS, revealed a score of 8/15, indicating R7 had moderate cognitive impairment.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235438	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/26/2025
NAME OF PROVIDER OR SUPPLIER  Autumnwood of McBain		STREET ADDRESS, CITY, STATE, ZIP CODE  220 Hughston St MC Bain, MI 49657	
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>An observation upon entering the [NAME] Unit on 3/25/2025 at 1:45 p.m., revealed a call light activation indicator was observed illuminated above the door to R7's room. Upon entering the room, R7 reported she activated her call light for assistance to go to the bathroom. R7's was observed with her right hand on her abdomen wincing stated, I have to move my bowels. At 1:53 p.m. CNA P was alerted to R7's call light by this Surveyor. CNA P entered R7's room, at which time the call light was deactivated. CNA P exited R7's room and reported she needed assistance from another staff person to transfer R7 to the bathroom. R7 immediately reactivated the call light. CNA P entered the Resident's room and was heard telling R7 I know you have to go to the bathroom, but I have to wait for someone to help. CNA P deactivated the call light and left R7's room. At 2:05 p.m., CNA V was observed approaching CNA P near the Maple Unit dining room asking for assistance. CNA P was observed walking down the hallway away from R7's room with CNA V. Immediately after CNA P left to assist CNA V, R7 was observed sitting in bed, as previously observed. When asked if she had received assistance, R7 held her right hand over her abdomen and stated she had not received assistance and I really need to go. At 2:10 p.m., CNA P was observed approaching the nurses station and stating she was leaving for lunch and immediately walked down the hall and off the unit, without alerting staff present at the nurse's station of R7's need for assistance to the bathroom. LPN O, RN L and CNA Q were present at the nurse's station at the time CNA P announced she was leaving the unit for lunch.</p> <p>On 3/25/2025 at 2:12 p.m., a query was made of LPN O, RN L and CNA Q as to whether CNA P had alerted them to R7's need for assistance to the bathroom to which they all reported no. RN L and CNA Q then left to enter R7's room and R7 was heard stating I really need to move my bowels. 27 minutes had elapsed between the time R7's call light was observed to be activated and the time R7 was assisted to the bathroom.</p> <p>Resident #38 (R38)</p> <p>Review of the MDS assessment, dated 3/5/2025, revealed R38 was admitted to the facility on [DATE] and had diagnoses including dementia and malnutrition. Review of the BIMS, revealed a score of 2/15, indicating R38 had severe cognitive impairment. R38 required supervision for eating.</p> <p>An observation on 3/23/2025 at 12:40 p.m., revealed R38 seated at the dining room table in the Maple dining room with her meal tray positioned on the table in front of her. Further observation revealed two soiled meal trays containing partially eaten foods and a tray of used, soiled water cups, coffee cups and juice cups half consumed, atop the end of the table at which R38 was seated for her meal. During an interview at the time of the observation, Activity Aide (AA) N reported the soiled trays and cups were removed from resident's rooms upon delivery of the noon meal and fresh water pass earlier that day.</p> <p>Resident #2 (R2)</p> <p>Review of the MDS assessment, dated 12/20/2024, revealed R2 was admitted to facility on 12/14/2024 and had diagnoses including malnutrition, anxiety, depression, and failure to thrive. Review of the BIMS, revealed a score of 7/15, indicating R2 had severe cognitive impairment.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235438	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/26/2025
NAME OF PROVIDER OR SUPPLIER  Autumnwood of McBain		STREET ADDRESS, CITY, STATE, ZIP CODE  220 Hughston St MC Bain, MI 49657	
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 3/23/2025 at 12:10 p.m., R2 was observed seated at the end of the long dining table in the Maple Unit dining room. Further observation revealed a tray of used water cups with straws, juice cups half consumed and used, soiled coffee cups atop the end of the dining table and within view of R2. At 12:15 p.m., an unidentified staff member placed R2's meal tray at the end of the table with R2 seated in a wheelchair approximately two feet away from the end of the table and out of reach of the meal. During an interview at the time of the observation, R2 was asked if he was hungry to which he replied, yeah, I'm hungry. R2 was then observed reaching toward the meal that was out of reach from R2's current position in the wheelchair. R2 was observed making several attempts to move toward the table, grasping the edge of the table and pulling himself toward his meal, only to roll backward again in the wheelchair out of reach of the food. R2 attempted to reach a fork on his meal tray and proceeded to drop the fork on the floor with no attempt by staff to replace the soiled fork. CNA H was present in the dining room at the time of the observation. At 12:36 p.m. R2 stretched out his right hand to retrieve a bowl of mashed potatoes from the table and proceeded to hold the bowl in his lap. At 12:58 p.m., CNA H approached R2 and asked him do you want to try some of these? R2 was observed nodding his head and CNA H then took the bowl from R2. As CNA H began to pick up a spoon from the table to assist R2 with the potatoes, another resident in the dining room attempted to self-transfer and CNA H ceased assisting R2 to aid the other resident and never returned to assist R2. At 1:02 p.m., R2 was observed reaching from approximately two feet away from the table to grasp a cup of pudding. R2 then dipped his right index finger into the cup and into his mouth. Further observation revealed R2 attempting to pour the pudding from the cup into his mouth, at which time the pudding spilled and landed on R2's shirt and lap. CNA H was observed in the dining room at the time of the observation and offered no further assistance to R2.</p> <p>During an interview on 3/26/2025 at 8:51 a.m., the Director of Nursing (DON) was alerted to the referenced observations. The DON reported staff were not acting as usual due to surveyors being in the building. The DON reported it was the responsibility of all staff to answer call lights, and if unable to assist the resident they were expected to alert a staff member who could meet the resident's need. When asked about the soiled items taken from resident rooms and housed on the dining room table during meal service, the DON stated housing soiled items on the table during dining was unacceptable and staff had been educated on the topic prior to the survey.</p> <p>Review of the facility policy titled, Resident Dignity &amp; Personal Privacy, last revised 3/28/2024, revealed the following:</p> <p>The facility provides care for residents in a manner that respects and enhances each resident's dignity, individuality, and right to personal privacy . Dignity mean that when interacting with residents, staff carries out activities that assist the resident in maintaining and enhancing his or her self-esteem and self-worth.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235438	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/26/2025
NAME OF PROVIDER OR SUPPLIER  Autumnwood of McBain		STREET ADDRESS, CITY, STATE, ZIP CODE  220 Hughston St MC Bain, MI 49657	
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 0622</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Not transfer or discharge a resident without an adequate reason; and must provide documentation and convey specific information when a resident is transferred or discharged.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 49302</p> <p>This citation pertains to Intake MI00151063.</p> <p>Based on interview and record review, the facility failed to ensure a safe community discharge for one Resident (#76) of three residents reviewed for transfer and/or discharge. This deficient practice resulted in fear, distress, and feelings of helplessness regarding a safe discharge location.</p> <p>Findings include:</p> <p>Resident #76 (R76)</p> <p>Review of R76's electronic medical record (EMR) revealed initial admission to the facility on [DATE] with diagnoses including a below knee amputation of the right lower extremity and cerebral palsy (a neurological disorder that affects movement, posture, and balance). Review of R76's most recent Minimum Data Set (MDS) assessment, dated 2/7/25, revealed a Brief Interview for Mental Status (BIMS) score of 15, indicative of intact cognition.</p> <p>Review of a complaint received by the State Agency (SA) on 3/7/25 read, in part:</p> <p>[R76] has a right leg below the knee amputation and cerebral palsy on his whole left side. He is in a wheelchair . [R76] lives at [Facility Name] . [R76's] insurance is supposed to cover his stay .through October 2025 . [Facility Name] stated [R76] can live on his own . They are having him leave at 5:00 p.m. on 03/07/25. They [facility] arranged transportation, and a hotel stay in [City Name] for two to five days. He [R76] does not have anywhere else to go after the hotel .</p> <p>On 3/24/25 at 11:35 AM, a telephone interview was conducted with the Family Member [(FM) S] for R76, regarding the discharge process. FM S confirmed R76 was discharged to a local hotel on 3/7/25 and did not have a place to reside after the 3-night stay. FM S stated she allowed R76 to stay in her fifth wheel travel trailer, but R76 fell two times trying to ascend the stairs. FM S explained the travel trailer was not large enough to accommodate a wheelchair, so R76 could not access the bathroom. FM S stated R76 eventually moved to a vacant home without electricity, running water, and a leaking roof. FM S said she delivered buckets of water to the vacant home to enable R76 to flush the toilet and bathe. FM S stated she had to purchase a riser as R76 was unable to independently stand up from the low toilet height at the vacant home.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235438	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/26/2025
NAME OF PROVIDER OR SUPPLIER  Autumnwood of McBain		STREET ADDRESS, CITY, STATE, ZIP CODE  220 Hughston St MC Bain, MI 49657	
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 0622</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 3/24/25 at 12:21 PM, a telephone interview was conducted with R76 who confirmed he was admitted to the facility following a right below knee amputation. R76 confirmed his stay was complicated by septic shock, cellulitis, and surgical site dehiscence (the re-opening or splitting of a wound). R76 stated the facility paid for a discharge to a local area hotel after they stated he no longer met the criteria for an insured stay. R76 stated, after 3 days the hotel forced him to leave because he could no longer afford the room. R76 confirmed he attempted to live with a family member in a fifth wheel travel trailer but was not able to safely negotiate the steps to enter. R76 stated he fell two times trying to enter the travel trailer, resulting in a bruises and scrapes, and crawled to a sitting area because the trailer would not accommodate his wheelchair. R76 revealed because he could not access the bathroom, he was forced to utilize a urinal and hold a bowel movement for three days. R76 subsequently moved to a vacant home with no electricity or running water. R76 confirmed he was provided buckets of water to bathe and flush the toilets and he utilized a space heater to stay warm. R76 stated he sustained a fall when attempting to use the bathroom at the vacant home resulting in further bruising. R76 stated, They [facility] just wanted me out of there, they didn't care where I went . I had no idea where I was going to live.</p> <p>On 3/24/25 at 1:18 PM, an interview was conducted with the Nursing Home Administrator (NHA) regarding R76's discharge process. The NHA confirmed facility petty-cash funds were utilized to pay for a 3-night stay at a nearby hotel for R76. The NHA stated R76 requested funds to cover a 30-day stay at the hotel, but the facility was unable to afford that amount. When the NHA was asked the long-term discharge plan after the hotel stay, he responded, If he [R76] needed longer at the hotel, he was supposed to call me. He never called back. The NHA was unsure where R76 lived after the hotel stay.</p> <p>On 3/25/25 at 12:07 PM, an interview was conducted with Director of Rehabilitation (DOR) T regarding the functional progress of R76. DOR T stated R76's rehabilitation course was affected by rehospitalization s related to post-surgical complications including infections and poor wound healing, as well as R76's pre-existing condition of cerebral palsy which largely affected his non-surgical (left) side. DOR T stated R76 was largely functionally independent at a wheelchair level as he was waiting for fabrication of a right leg prosthetic to continue rehabilitation. DOR T stated R76 resided in the fifth wheel travel trailer prior to undergoing the right below knee amputation but was not able to discharge to that location due to his inability to safely negotiate stairs to enter/exit the home or mobilize within the trailer with a wheelchair due to space limitations. DOR T stated R76 discharged to a hotel but was unaware of his discharge plans following termination at that location.</p> <p>Review of R76's EMR revealed the following physician's wound care order, initiated 1/3/25:</p> <p>Cleanse R [right] BKA [below-knee amputation] wound with Saline or Wound Cleanser and dry gently. Apply moist to dry dressing with [antiseptic] solution .every shift.</p> <p>On 3/25/25 at 2:42 PM, an interview was conducted with Staff X regarding R76's skilled nursing care needs. Staff X verified R76 was receiving wet-to-dry wound dressing with an antiseptic solution on his right residual limb two times per day. Staff X stated no formal wound care training was provided to R76 prior to discharge. When asked the reason for R76's sudden discharge, Staff X responded, Management forced him to leave . I don't know why he got targeted.</p> <p>On 3/25/25 at 2:50 PM, an interview was conducted with Licensed Practical Nurse (LPN) O who verified they were on duty when R76 discharged on [DATE]. LPN O stated R76 was not discharged from the facility with wound care supplies.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235438	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/26/2025
NAME OF PROVIDER OR SUPPLIER  Autumnwood of McBain		STREET ADDRESS, CITY, STATE, ZIP CODE  220 Hughston St MC Bain, MI 49657	
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 0622</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 3/26/25 at 9:41 AM, an interview was conducted with the Director of Nursing (DON) regarding the appropriateness of R76's discharge. The DON verified R76 discharged to a local hotel for three nights at the expense of the facility. When asked the long-term discharge plan, the DON responded, We told him we [the facility] would pay for the hotel stay .after that it was up to him. The DON was unaware if R76 received any formal wound care training or if R76 was discharged with wound care supplies. The DON stated R76 was independent and, could do everything himself.</p> <p>Review of R76's, Post Discharge Plan and Summary, dated 3/7/25, read, in part:</p> <p>Functional Status . Transfer ability upon discharge: 1 person assistance . Toileting ability upon discharge: 1 person assistance . Bathing ability upon discharge: 1 person assist . Skin condition at time of discharge: continue right BKA surgical site care .</p> <p>Review of R76's Occupational Therapy Discharge Summary, dated 12/20/24, read, in part:</p> <p>.discharge recommendations: 24/7 1-person assistance. w/c [wheelchair] .</p> <p>Review of R76's Physical Therapy Discharge Summary, dated 12/20/24, read, in part:</p> <p>.discharge recommendations: 1-person assistance as able, w/c for mobility .</p> <p>Review of the facility policy titled, Transfer and Discharge, revised 3/26/24, read, in part:</p> <p>The transfer and discharge process must provide sufficient preparation and orientation of residents to ensure a safe and orderly transfer or discharge from the facility . the notice of transfer or discharge required under this section must be made by the facility in writing at least 30 days before the resident is transferred or discharged in a manner they understand . education needed to facilitate a safe discharge and maintenance in the community will be provided and documented by the interdisciplinary team .</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235438	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/26/2025
NAME OF PROVIDER OR SUPPLIER  Autumnwood of McBain		STREET ADDRESS, CITY, STATE, ZIP CODE  220 Hughston St MC Bain, MI 49657	

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 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 49302</p> <p>Based on interview and record review, the facility failed to notify the resident and/or resident representative in writing with the reason for a transfer out of the facility for two Residents (#6 and #51) of three residents reviewed for transfer and/or discharge.</p> <p>Findings include:</p> <p>Resident #6 (R6)</p> <p>Review of R6's electronic medical record (EMR) revealed initial admission to the facility on [DATE] with diagnoses including vascular dementia and acute kidney failure.</p> <p>Review of the facility census report revealed R6 was hospitalized from 11/19/24 - 11/26/24.</p> <p>Review of a progress note dated 11/19/24 at 13:13 [1:13 PM]: read, in part:</p> <p>.B/p [blood pressure] now 59/42, On call notified. Will send to ER [emergency room ] for evaluation .</p> <p>Review of a facility document titled, Facility-Initiated Transfer for Nursing Homes, dated 11/19/24, did not indicate a date the resident and/or guardian was notified, and the document had no signature.</p> <p>On 3/26/25 at 9:41 AM, an interview was conducted with the Director of Nursing (DON) regarding the transfer notification process. The DON stated the floor nursing staff complete the form and it is then uploaded to the residents' EMR. The DON stated it is not mailed to a resident's representative, rather, the representative is notified by telephone.</p> <p>41978</p> <p>Resident #51 (R51)</p> <p>Review of the Minimum Data Set (MDS) assessment, dated 1/17/2025, revealed R51 was admitted to the facility on [DATE] and had diagnoses including coronary artery disease, heart failure and chronic obstructive pulmonary disease (COPD).</p> <p>Review of R51's hospital History and Physical, dated 1/9/2025, revealed the following:</p> <p>[R51] was sent to the emergency room today from the skilled nursing facility after a several day decline in her alertness . Assessment/Plan: septic shock with encephalopathy . acute hypoxic respiratory failure .</p> <p>Review of the census information gleaned from R51's EMR revealed the Resident returned to the facility on [DATE].</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235438	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/26/2025
NAME OF PROVIDER OR SUPPLIER  Autumnwood of McBain		STREET ADDRESS, CITY, STATE, ZIP CODE  220 Hughston St MC Bain, MI 49657	

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 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the facility notice of transfer document titled, Facility-Initiated Transfer for Nursing Homes, dated 1/9/2024, revealed the reason for R51's transfer as Medical needs cannot be met in the nursing home . abnormal [versus] mental status change. The document also contained information related to the resident's right to appeal the transfer and options available related to bed hold.</p> <p>Further review revealed no resident or resident representative signature indicating receipt of the notice of transfer document.</p> <p>During an interview on 3/26/2025 at 8:10 a.m., the DON reported the facility does not provide the written notice of transfer document unless the resident or resident representative involved requests to appeal the transfer. The DON stated staff document conveyance of the reason for the transfer and the right to appeal the transfer in the medical record.</p> <p>Review of the facility policy titled, Transfer and Discharge, last revised 3/26/2025, revealed the following:</p> <p>The notice of transfer or discharge required under this section must be made by the facility in writing at least 30 days before the resident is transferred or discharged and in a manner they understand. Exceptions to the 30-day requirement notice must be made as soon as practicable before transfer or discharge when . The resident's welfare is at risk, and his or her needs cannot be met in the facility (i.e., emergency transfer to an acute care facility) . Procedure: Emergency Transfer to Acute Care . when a resident is transferred on an emergency basis to an acute care facility, notice of the transfer is provided to the resident or the resident representative as soon as practicable.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235438	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/26/2025
NAME OF PROVIDER OR SUPPLIER  Autumnwood of McBain		STREET ADDRESS, CITY, STATE, ZIP CODE  220 Hughston St MC Bain, MI 49657	
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 0625</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Notify the resident or the resident's representative in writing how long the nursing home will hold the resident's bed in cases of transfer to a hospital or therapeutic leave.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 49302</p> <p>Based on interview and record review, the facility failed to ensure written information was provided to two Residents/Representatives (#6 and #51) of three residents reviewed for written notification of bed hold.</p> <p>Findings include:</p> <p>Resident #6 (R6)</p> <p>Review of R6's electronic medical record (EMR) revealed initial admission to the facility on [DATE] with diagnoses including vascular dementia and acute kidney failure.</p> <p>Review of the facility census report revealed R6 was hospitalized from 11/19/24 - 11/26/24.</p> <p>Review of a progress note dated 11/19/24 at [1:13 PM]: read, in part:</p> <p>.B/p [blood pressure] now 59/42, On call notified. Will send to ER [emergency room ] for evaluation .</p> <p>Review of a facility document titled, Bed Hold Authorization, uploaded in R6's EMR was left blank.</p> <p>On 3/25/25 at 2:21 PM, an interview was conducted with Business Office Manager (BOM) R who confirmed they were responsible for bed hold notifications. BOM R stated they were unsure why the blank Bed Hold Authorization form was uploaded to R6's EMR. BOM R indicated they verbally informed the resident and/or representative of the bed hold policy, but it was not facility practice to receive a signature of receipt or to provide a bed hold notification in writing.</p> <p>41978</p> <p>Resident #51 (R51)</p> <p>Review of the Minimum Data Set (MDS) assessment, dated 1/17/2025, revealed R51 was admitted to the facility on [DATE] and had diagnoses including coronary artery disease, heart failure and chronic obstructive pulmonary disease (COPD).</p> <p>Review of R51's hospital History and Physical, dated 1/9/2025, revealed the following:</p> <p>[R51] was sent to the emergency room today from the skilled nursing facility after a several day decline in her alertness . Assessment/Plan: septic shock with encephalopathy . acute hypoxic respiratory failure .</p> <p>Review of the census information from R51's EMR revealed the Resident returned to the facility on [DATE].</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235438	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/26/2025
NAME OF PROVIDER OR SUPPLIER  Autumnwood of McBain		STREET ADDRESS, CITY, STATE, ZIP CODE  220 Hughston St MC Bain, MI 49657	
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 0625</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the facility notice of transfer document titled, Facility-Initiated Transfer for Nursing Homes, dated 1/9/2024, revealed document contained Bed Hold Options. Further review of the document revealed a boxed checked next to the text, A copy of the nursing home's bed hold policy has been included with this notice. The document did not include signatures or any information indicating the resident's or resident representative's receipt of the facility options and/or policy on bed holds.</p> <p>During an interview on 3/26/2025 at 8:15 a.m., BOM R reported she documents the discussion with residents related to the facility bed hold policy, but the documents are only provided in writing if the resident requests a bed hold.</p> <p>Review of the facility policy titled, Bed Holds, last revised 2/14/2022, revealed the following:</p> <p>Residents and/or their responsible party must be informed in writing during the admission process of the facility bed hold policy. Resident may request to hold a bed during hospitalization or therapeutic leave . Procedure . Within 24 hours of a hospital transfer the admission director or designee will contact the resident and/or responsible party regarding the possible length of transfer and offer a bed hold . It was noted in review the policy did not include a procedure to provide the facility bed hold policy to residents or resident's representatives at the time of transfer or within 24-hours of transfer, even if the resident or representative does not request a bed hold.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235438	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/26/2025
NAME OF PROVIDER OR SUPPLIER  Autumnwood of McBain		STREET ADDRESS, CITY, STATE, ZIP CODE  220 Hughston St MC Bain, MI 49657	
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41978</b></p> <p>Based on observation, interview and record review, the facility failed to develop and implement a comprehensive, person-centered care plan related to ostomy care for two Residents (#37 and #12) of two residents reviewed for comprehensive care planning, resulting in the potential for untimely, and unmet care needs.</p> <p>Findings include:</p> <p>Resident #37 (R37)</p> <p>Review of the Minimum Data Set (MDS) assessment, dated 2/10/2025, revealed R37 was admitted to the facility on [DATE] and had diagnoses including colcutaneous fistula (abnormal tract leading from the intestine to an opening in the abdomen). Further review revealed R37 was dependent (helper does all of the effort, resident does none of the effort to complete the activity) for ADLs (activities of daily living), including toileting hygiene, bathing and all mobility. A review of the Brief Interview for Mental Status (BIMS) assessment revealed a score of 13/15, indicating the Resident was cognitively intact.</p> <p>On 3/24/2025 at 7:40 a.m., R37 was observed seated in bed, wearing a short-sleeved shirt with a white sheet and blanket pulled up to her mid-torso. When asked when the last time staff had been in to administer care, R37 reported staff were last in during the night because her ostomy bag was leaking. R37 was observed pulling down the blanket and sheet, which were sticking to R37's abdomen and covered with a light brown stool. R37 stated, . it's leaking again. R37's ostomy bag was observed attached to her mid-abdomen and was three-quarter full of light brown stool and the collection bag was taut due to gas collection. The outside of the bag was also covered with light brown stool.</p> <p>During an interview on 3/25/2024 at 2:35 p.m., Certified Wound Care and Registered Nurse (RN) L reported she was asked to change R37's ostomy bag on the morning of 3/24/2025. RN L confirmed R37's ostomy bag was found full and leaking, and R37's bed and clothing were soiled with stool. RN L was asked how often staff should be checking and emptying the ostomy bag. RN L stated R37 was on the list for check and change. When asked to clarify, RN L stated R37's ostomy bag should be checked every two hours when the Resident is checked for urinary incontinence. RN L reported difficulty in keeping R37's ostomy bag sealed and the bag frequently leaked. When asked how staff know how often to check the ostomy bag, RN L reported staff should refer to the Resident's care plan for care directives specific to each resident.</p> <p>Review of R37's comprehensive care plan revealed the following focal areas:</p> <p>[R37] is incontinent of bladder [related to] decreased mobility. Date initiated: 5/03/2022; [R37] is at risk for potential complications [related to] colostomy, altered elimination pattern, altered body image, fluid imbalance, skin breakdown and pain. Has a colostomy [related to] fistula interventions. Date initiated: 6/12/2023; [R37] has a functional ability deficit and requires assistance with self-care/mobility [related to] morbid obesity and decreased mobility. Date initiated: 1/23/2024.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235438	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/26/2025
NAME OF PROVIDER OR SUPPLIER  Autumnwood of McBain		STREET ADDRESS, CITY, STATE, ZIP CODE  220 Hughston St MC Bain, MI 49657	
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R37's comprehensive care plan revealed no interventions listed related to how often the ostomy bag should be checked for fullness and when the bag should be emptied. There was also nothing in the care plan to address the propensity of R37's ostomy bag leaking.</p> <p>Resident #12 (R12)</p> <p>Review of the MDS assessment, dated 1/20/2025, revealed R12 was admitted to the facility on [DATE] and had diagnoses including spinal bifida (birth defect in which the spinal cord does not form or close properly), glaucoma and an ileostomy (surgical diversion of the small intestine through an opening in the abdomen to all for elimination of stool). Further review of the MDS revealed R12 was dependent on staff for toileting hygiene and personal hygiene. A review of the BIMS assessment revealed a score of 12/15, indicating R12 had moderate cognitive impairment.</p> <p>During an interview on 3/23/2025 at 10:23 a.m. R12 reported his ileostomy bag leaks quite often. R12 reported the facility uses different supplies than he used at home and if the bag is not burped or emptied of stool regularly, the bag begins to leak. When asked who checked and emptied the bag for him R12 reported he used to care for the bag on his own but recently facility staff have instructed him they would be conducting all care for his ileostomy, including maintaining the bag.</p> <p>During an interview on 3/25/2025 at 11:30 a.m. RN L reported R12 was no longer able to care for the ileostomy bag on his own and staff were now responsible for maintaining the ostomy equipment, including burping and emptying the bag.</p> <p>Review of R12's comprehensive care plan revealed the following:</p> <p>[R12] is at risk for potential complications [related to] colostomy, altered elimination pattern, altered body image, fluid imbalance, skin breakdown and pain. Has a colostomy [related to] spinal bifida. Date initiated: 7/21/2023. Interventions: Ostomy care as ordered and PRN [as needed] . prefers to empty his own colostomy bag, staff to monitor. Date initiated: 7/21/2024. It was noted the care plan included no interventions to inform staff R12 was no longer able to care for the ileostomy, or when staff should be checking for fullness. There was also nothing in the care plan to direct staff on how often the collection bag should be emptied or what to do to address the propensity of R12's ostomy bag to leak.</p> <p>Review of the facility policy titled, Activities of Daily Living (ADL) Program, last revised 4/5/2024, revealed the following:</p> <p>ADL may include, but are not limited to bathing, grooming, and dressing . Communicate individualized interventions to the direct care providers . Provide specific directions and training as needed. Update care plan and Kardex.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235438	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/26/2025
NAME OF PROVIDER OR SUPPLIER  Autumnwood of McBain		STREET ADDRESS, CITY, STATE, ZIP CODE  220 Hughston St MC Bain, MI 49657	
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 0675</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor each resident's preferences, choices, values and beliefs.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 49302</p> <p>Based on observation, interview, and record review, the facility failed to ensure functional positioning during mealtimes for one Resident (#25) of two residents reviewed for positioning.</p> <p>Findings include:</p> <p>Resident #25 (R25)</p> <p>Review of R25's electronic medical record (EMR) revealed initial admission to the facility on [DATE] with diagnoses including chronic obstructive pulmonary disease (COPD), Parkinson's disease, and above knee amputation of the left lower extremity. Review of R25's most recent Minimum Data Set (MDS) assessment, dated 2/14/25, revealed a score of 15, indicative of intact cognition.</p> <p>On 3/23/25 at 11:59 AM, R25 was observed in the main dining room during the lunch time meal, sitting in a wheelchair angled away from the dining table with a plate resting between his chest and abdomen, eating a sandwich. R25 stated he was forced to eat off his abdomen because he was unable to reach his plate when placed on the table due to the positioning of his wheelchair.</p> <p>On 3/23/25 at 1:26 PM, R25 was interviewed regarding his wheelchair positioning. R25 stated his wheelchair was purposely dumped (the back of the seat was lower than the front) by the facility and it added a significant amount of pressure to his low back and sacrum. R25 verbalized he was uncomfortable in his wheelchair as it doesn't allow him to sit straight up, subsequently making it difficult to eat and swallow. R25 stated the facility had refused to make adjustments to the wheelchair because the dumped seat served as a fall intervention.</p> <p>On 3/24/25 at 11:51 PM, R25 was observed sitting in his wheelchair waiting for the lunch time meal. R25 was observed looking toward the ceiling grimacing on three different occasions. When asked the cause of the grimacing, R25 stated, This wheelchair is killing my back.</p> <p>On 3/24/25 at 12:03 PM, R25 was again observed sitting in a wheelchair angled away from the dining table with a plate resting between his chest and abdomen, eating pot roast. R25 was attempting to cut the pot roast into bite-sized pieces utilizing a knife in his left hand, a fork in his right hand, while balancing the plate on his abdomen. No assistance was offered to R25 to cut his pot roast into manageable pieces for ease of consumption.</p> <p>On 3/25/25 at 12:07 PM, an interview was conducted with the Director of Rehabilitation (DOR) T regarding R25's positioning. DOR T stated nursing staff made the decision to dump R25's seat as a fall intervention. DOR T stated R25 prefers to mobilize throughout the facility most of the day in his wheelchair, and as a result, fatigues, and is unable to maintain upright posture to facilitate appropriate eating posture at mealtimes. DOR T validated the concerns of R25 having a less than ideal eating position which contributed to the inability to reach the dining table and difficulty swallowing, and acknowledged there was also increased pressure exerted on the sacral area.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235438	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/26/2025
NAME OF PROVIDER OR SUPPLIER  Autumnwood of McBain		STREET ADDRESS, CITY, STATE, ZIP CODE  220 Hughston St MC Bain, MI 49657	

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 0675</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 3/26/25 at 8:18 AM, R25 was observed in the dining room for the breakfast meal eating a bowl of oatmeal. R25 stationed the bowl of oatmeal on his lap and was observed looking toward the ceiling and tucking his chin with every swallow.</p> <p>On 3/26/25 at 8:20 AM, R25 was observed eating his breakfast meal with Speech Language Pathologist (SLP) DD who agreed R25 was not in an optimal position for eating. SLP DD stated a reclined position during eating could contribute to aspiration (choking) risk.</p> <p>Review of R25's EMR revealed the following progress notes:</p> <ol style="list-style-type: none"> <li>2/26/25: C/O [complains of] his wheelchair being too wide and difficult to maneuver.</li> <li>11/21/24: [R25] reapproached this nurse to request that the front of his wheelchair be lowered. [R25] was re-educated .to reposition himself when needed .</li> </ol> <p>On 3/26/25 at 9:41 AM, an interview was conducted with the Director of Nursing (DON) regarding R25's positioning needs. The DON verified R25's back portion of the wheelchair seat was lowered as a fall intervention. When asked about improving R25's seating system for ease of comfort and to optimize eating posture, the DON stated, We tried everything . he chooses to sit the way he does.</p> <p>Review of the facility policy titled, Resident Rights, reviewed 5/14/25, read, in part:</p> <p>.The resident has a right to a dignified existence, self-determination . Residents have freedom of choice, to the maximum extent possible, about how they wish to live their everyday lives and receive care .</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235438	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/26/2025
NAME OF PROVIDER OR SUPPLIER  Autumnwood of McBain		STREET ADDRESS, CITY, STATE, ZIP CODE  220 Hughston St MC Bain, MI 49657	
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 - Some</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 45123</p> <p>This deficient practice pertains to intake MI00151063.</p> <p>Based on observation, interview, and record review, the facility failed to provide activities of daily living (ADL) care for six dependent Residents (#35, #36, #42, #48, #65, and #81) out of 19 residents reviewed for personal hygiene and incontinence care. Findings include:</p> <p>Resident #35 (R35)</p> <p>Review of R35's annual Minimum Data Set (MDS) assessment, dated 12/12/24, revealed R35 required substantial/maximal assistance, indicating the helper completed more than half the effort and R35 was occasionally incontinent. R35 scored a 00 of 15 on the Brief Interview of Mental Status (BIMS) assessment, reflective of severe impairment in cognition.</p> <p>On 3/23/25 at 11:56 AM, an observation was made of R35 in their room lying in bed. R35 reached out in an attempt for help. Certified Nurse Aide (CNA) H was made aware of R35 needing assistance. CNA H was asked if R35 was incontinent and the last time they were checked on. CNA replied, Yes, I was in here around 8:00 AM this morning. CNA H confirmed that R35 was soiled in urine and needed incontinence care.</p> <p>Resident #36 (R36)</p> <p>Review of R36's quarterly MDS assessment, dated 12/6/24, revealed R36 required substantial/maximum assistance for personal hygiene, indicating the helper completed more than half the effort. R36 scored a 02 of 15 on the BIMS assessment, reflective of severe impairment in cognition.</p> <p>On 3/23/25 at 11:41 AM, an observation was made of R36 being assisted to the dining room. R36's hair was not brushed, and they had hair sticking up in the back right side of their head.</p> <p>On 3/23/25 at 12:20 PM, an interview was conducted with CNA J, who was asked if residents were provided with assistance for brushing hair. CNA J replied, Some residents need assistance and others won't let you. So, it just depends on their mood.</p> <p>Resident #42 (R42)</p> <p>Review of R42's admission MDS assessment, dated 11/15/25, revealed an admission to the facility on [DATE], with active diagnoses that included: hypertension, type two diabetes mellitus, and amputation below the knee of the right leg. R42 scored an 8 of 15 on the BIMS assessment, reflective of moderately impaired cognition. R42's quarterly MDS, dated [DATE], revealed R42 required total assistance for toileting and was frequently incontinent.</p> <p>On 3/23/25 at 10:26 AM, an interview was conducted with Family Member (FM) HH who stated that they wished the staff would get R42 up out of bed more often. FM HH stated R42 had lost weight since being admitted to the facility, and indicated R42 didn't have a TV to watch which led to R42 just lying in bed all day doing nothing.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235438	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/26/2025
NAME OF PROVIDER OR SUPPLIER  Autumnwood of McBain		STREET ADDRESS, CITY, STATE, ZIP CODE  220 Hughston St MC Bain, MI 49657	
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 - Some</p>	<p>On 3/25/25 at 7:28 AM, an observation was made of R42 in their room lying in bed with the bed sheets half off. R42 was observed lying on top a soaker pad which was saturated with urine as evidenced by a yellowish stain that extended to the outer edges of the pad. A noxious odor of urine was detected from outside the room.</p> <p>On 3/25/25 at 7:30 AM, an interview was conducted with CNA F who was asked if they were working on the dementia unit. CNA F replied, I worked last night, and my shift is done at 7:30 AM. CNA F was asked when the last time they had checked and changed R42. CNA F replied, I did a check and change on them at 3:00 AM. CNA F asked what time it was and was told the current time of 7:31 AM. CNA F replied, Oh, I better go and punch out. CNA F left the unit and the facility at that time.</p> <p>On 3/25/25 at 8:30 AM, an observation was made of CNA H who was delivering a breakfast tray to R42 in their room. CNA H was asked if they would provide incontinence care for R42 before they ate breakfast. CNA H replied, Yes, of course. CNA H was asked how they were going to accomplish the task as R42 was a two person assist, and they were the only CNA working. CNA H looked very overwhelmed and about to break down. CNA H replied, I guess I will just have to do it myself. Staffing is not the greatest. The nurse was supposed to mandate another staff member, but I guess that didn't happen. It is just me and an activities aide who is not certified and can't help me. I know the nurse won't help me. During the observation and interview at this time R42 stated his back was uncomfortably itchy and driving him crazy due to skin irritation from the urine-saturated soaker pad.</p> <p>Resident #48 (R48)</p> <p>Review of R48's quarterly Minimum Data Set (MDS) assessment, dated 1/2/25, revealed R48 required total assistance for toilet and was always incontinent R48 scored a 00 of 15 on the Brief Interview of Mental Status (BIMS) assessment, reflective of severe impairment in cognition.</p> <p>On 3/23/25 at 10:15 AM, an observation was made of R48 in their room and lying in bed with a sheet on and a soaker pad underneath them. A noxious smell was detected when entering R48's room. R48's soaker pad was soiled with urine, extending to the outer edges of the pad. R48'd bed sheets were visibly soiled with food stains and crumbs.</p> <p>On 3/23/25 at 10:18 AM, an interview was conducted with CNA H who was asked when they had last checked on R48 for incontinence care. CNA H replied, I got here at 7:00 AM and I have not been in to provide care for them yet. 19 Residents are a lot to provide care for with one CNA [on duty].</p> <p>On 3/23/25 at 10:36 AM, an interview was conducted with CNA H and Licensed Practical Nurse (LPN) E who were asked if there was enough staff on the unit to care for all 19 Residents. LPN E and CNA H both replied, Most days it is like one nurse and one aide. CNA H stated that the night shift aide left trash and linens in the rooms. CNA H continued, Ideally every resident is a check and change every two hours, but we can't get to them on time.</p> <p>Review of R48's care plan, dated 12/4/23, read in part, . [Resident's name] is incontinent of bladder and bowel r/t (related to): Dementia process .Check q (every) 2 hr (hours) and prn (as needed) for incontinence . Resident uses disposable brief. Change q2h (every two hours) . Provide incontinence care with each episode .</p> <p>Resident #65 (R65)</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235438	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/26/2025
NAME OF PROVIDER OR SUPPLIER  Autumnwood of McBain		STREET ADDRESS, CITY, STATE, ZIP CODE  220 Hughston St MC Bain, MI 49657	

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 - Some</p>	<p>Review of R65's quarterly MDS assessment, dated 2/21/25, revealed R65 required partial/moderate assistance with personal hygiene. R65 scored a 04 of 15 on the BIMS assessment, reflective of severe impairment in cognition.</p> <p>On 3/23/25 at 11:48 AM, an observation was made of R65 in the hallway, and she had visible whiskers on her chin that were approximately a quarter of an inch long.</p> <p>Resident #81 (R81)</p> <p>Review of R81's quarterly MDS assessment, dated 12/6/24, revealed an uncompleted personal hygiene required assistance level. R81 scored a 04 of 15 on the BIMS assessment, reflective of severe impairment in cognition.</p> <p>On 3/23/25 at 11:40 AM, an observation was made of R81 walking in the hallway with disheveled and greasy hair.</p> <p>Review of policy titled, Activities of Daily Living (ADL) Program, dated 5/1/24, read in part, Purpose: A resident requiring skill practice and/or training in activities of daily living (ADL) is evaluated for restorative nursing. ADL may include, but are not limited to, bathing, grooming, and dressing. Restorative ADL program may be provided by nursing assistants and other staff trained in provision of ADL care under the supervision of the licensed nurse .</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235438	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/26/2025
NAME OF PROVIDER OR SUPPLIER  Autumnwood of McBain		STREET ADDRESS, CITY, STATE, ZIP CODE  220 Hughston St MC Bain, MI 49657	
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** 45123</b></p> <p>Based on observation, interview, and record review, the facility failed to implement interventions and prevent the development of a pressure ulcer for one Resident (#42) of five residents reviewed for pressure ulcers. Findings include:</p> <p>Resident #42 (R42)</p> <p>Review of R42's admission Minimum Data Set (MDS) assessment, dated 11/15/25, revealed admission to the facility on [DATE], with diagnoses including: hypertension, type two diabetes mellitus, and amputation below the knee of the right leg. R42 scored an 8 of 15 on the Brief Interview of Mental Status (BIMS) assessment, reflective of moderately impaired cognition.</p> <p>Review of R42's Braden scale for predicting pressure sore risk assessment, dated 11/11/24, revealed a score of 14, indicating a moderate risk for developing pressure sores.</p> <p>Review of R42's Skin and Wound Evaluation, dated 2/3/25, revealed R42 had developed a facility acquired, unstageable pressure sore on their left Achilles (heel area), which measured 0.5 centimeters (cm) x 1.0 cm.</p> <p>Review of R42's Braden scale for predicting pressure sore risk assessment, dated 2/13/25, revealed a score of 12, indicating a high risk for developing pressure sores.</p> <p>Review of R42's Skin and Wound Evaluation, dated 3/20/25, revealed R42's pressure sore had developed into a stage three, increased in size, and measured 1.5 cm x 1.5 cm.</p> <p>Review of R42's care plan, dated 11/11/24, read in part, .Focus .has Actual impairment to skin integrity r/t (related to) Right BKA [below the knee amputation] (abrasion on stump), Decreased mobility, DM2 [diabetes mellitus] with neuropathy .Left Achilles Stage 3 [pressure sore] .</p> <p>Review of R42's physician progress notes, dated 2/10/25 through 2/24/25, lacked any mention of R42's stage three pressure sore in any of the five physician visits during that timeframe.</p> <p>Review of physician order, dated 2/3/25, revealed the following wound care order to left Achilles: Cleanse with normal saline, pat dry then apply betadine and leave open to air. No other wound care orders or changes to wound care orders were found.</p> <p>Review of R42's quarterly MDS assessment, dated 2/13/25, revealed under section E: Behaviors: E0800: Rejection of Care - Presence and Frequency - Behavior not exhibited and under section M: Skin Conditions: M0300 Current Number of Unhealed Pressure Ulcers at Each Stage . C. Stage 3: Full thickness tissue loss - One and not present on admission.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235438	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/26/2025
NAME OF PROVIDER OR SUPPLIER  Autumnwood of McBain		STREET ADDRESS, CITY, STATE, ZIP CODE  220 Hughston St MC Bain, MI 49657	
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 3/25/25 at 7:30 AM, R42 was observed in their room, lying in bed in with a soaker pad placed beneath him. The soaker pad was observed completely saturated with urine as evidenced by an outline of a light brown/dark yellow stain which covered nearly the entire surface of the pad. R42 was asked if he needed assistance to which he replied, Yes, my back is so itchy I can hardly stand it. Could you itch my back?</p> <p>On 3/25/25 at 7:31 AM, night shift CNA F was interviewed and was asked when the last time R42 had been checked and changed or turned and repositioned. CNA F replied, Three this morning.</p> <p>Review of R42's Kardex, dated 3/25/25, read in part, .Bed Mobility - Resident requires Substantial/maximal assistance with two helpers. This is including rolling side to side, lying to sitting on side of bed and sitting to lying .</p> <p>On 3/25/25 at 8:30 AM, an observation was made of CNA H delivering the breakfast tray to R42's room. CNA H was followed into the room and made aware that R42 had remained soaked with urine. CNA H stated she would get them cleaned up right away. CNA H was reminded that R42 was a two assist with bed mobility and that she did not have a second CNA to assist her. CNA H was observed providing incontinence care by herself to R42. The nurse was observed busy passing medication to other residents at the time of this interview and observation.</p> <p>On 3/26/25 at 8:20 AM, a wound care was observed performed for R42 by Registered Nurse (RN) A. RN A removed R42's soft boot and sock and then cleaned the wound by squirting saline on the wound. RN A then proceeded to put on the same sock R42 had on prior to wound care and cleaning and was stopped by this Surveyor. After concerns were discussed with RN A, they confirmed using the same dirty sock to cover the wound probably wasn't good idea.</p> <p>Review of R42's electronic medical record, dated January 2025 to March 2025, revealed refusal of care was not evident on a regular basis.</p> <p>On 3/26/25 at 8:30 AM, an interview was conducted with RN/Wound Care Nurse L. who was asked if RN A should have attempted to use the same dirty sock after performing wound care on R42. RN L replied, No, the nurse should have gotten a clean sock. RN L was asked if squirting the saline on the wound was cleaning the wound properly. RN L replied, No, the nurse should have put it on a clean gauze and washed and wiped the wound area. RN L was asked when treatment for wound care was changed and how often. RN L replied, Treatments should be changed if the wound is not progressing after a week. RN L stated R42's facility acquired pressure sore should not have developed.</p> <p>On 3/26/25 at 9:30 AM, an interview was conducted with the NHA regarding wound care and incontinence care. The NHA replied, a clean sock should have been applied and staff should not an attempt to reuse the dirty sock. Residents should not be left soiled for extended periods of time.</p> <p>Review of policy titled, Skin Management, dated 8/14/24, read in part, Policy: It is the policy that the facility should identify and implement interventions to prevent development of clinically unavoidable pressure injuries. Overview: Residents with wounds and/or pressure injury and those at risk for skin compromise are identified, evaluated and provided appropriate treatment to promote prevention and healing. Ongoing monitoring and evaluation are provided to ensure optimal guest/resident outcomes. Practice Guidelines .3. Appropriate preventative measures will be implemented on residents identified at risk and the interventions are documented on the care plan .</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235438	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/26/2025
NAME OF PROVIDER OR SUPPLIER  Autumnwood of McBain		STREET ADDRESS, CITY, STATE, ZIP CODE  220 Hughston St MC Bain, MI 49657	
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 49302</p> <p>Based on observation, interview, and record review, the facility failed to ensure smoking paraphernalia was stored in a secure location for one Resident (#25) of three residents reviewed for accidents, hazards, and supervision.</p> <p>Findings include:</p> <p>Resident #25 (R25)</p> <p>Review of R25's electronic medical record (EMR) revealed initial admission to the facility on [DATE] with diagnoses including chronic obstructive pulmonary disease (COPD), nicotine dependence, and chronic respiratory failure. Review of R25's most recent Minimum Data Set (MDS) assessment, dated 2/14/25, revealed a Brief Interview for Mental Status (BIMS) score of 15/15, indicative of intact cognition.</p> <p>On 3/23/25 at 1:26 PM, an interview was conducted with R25 who verbalized frustration he must mobilize off-campus premises to smoke cigarettes. R25 was observed removing a pack of cigarettes and a lighter from his jacket pocket. An oxygen concentrator was observed in the room which R25 who verified he utilized supplemental oxygen at night.</p> <p>Review of R25's EMR revealed the following physician's order, initiated 12/4/24:</p> <p>Oxygen 3 Lpm [liters per minute] via Bi-pap machine at NOC [night] .</p> <p>On 3/25/25 at 1:43 PM, R25 was observed sitting in a wheelchair in the roadway in front of facility smoking a cigarette.</p> <p>Review of a leave of absence (LOA) binder located at the nurse's station, revealed R25 signed out of the facility 15 times from 3/20/25 - 3/25/25.</p> <p>On 3/25/25 at 1:51 PM, an interview was conducted with Licensed Practical Nurse (LPN) O who was asked about R25's frequent LOA sign outs. LPN O stated R25 frequently signs out to go smoke in the roadway in front of the building. When inquired about smoking safety considerations, LPN O stated a smoking safety assessment was not conducted due to the non-smoking nature of the facility. LPN O confirmed R25 possessed both his cigarettes and lighter in his jacket pocket.</p> <p>On 3/26/25 at 9:41 AM, an interview was conducted with the Director of Nursing (DON) regarding smoking expectations. The DON confirmed it is a non-smoking facility and smoking paraphernalia should not be in possession of residents.</p> <p>Review of the facility policy titled, Non-Smoking Policy, revised 6/10/24, read, in part:</p> <p>.all smoking paraphernalia will be given to facility staff .</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235438	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/26/2025
NAME OF PROVIDER OR SUPPLIER  Autumnwood of McBain		STREET ADDRESS, CITY, STATE, ZIP CODE  220 Hughston St MC Bain, MI 49657	
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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 49310</p> <p>Based on observation, interview, and record review, the facility failed to</p> <ol style="list-style-type: none"> <li>1. Obtain physician orders and administer oxygen at the prescribed flow rate, and;</li> <li>2. Ensure respiratory equipment was changed, labeled, stored, and cleaned appropriately;</li> </ol> <p>for eight Residents (#243, #43, #3, #240, #245, #88, #44, and #18) of eight residents reviewed for oxygen and respiratory equipment services.</p> <p>Findings include:</p> <p>Resident #243 (R243)</p> <p>On 3/23/25 at 11:51 AM, R243 was observed with supplemental oxygen being delivered via nasal cannula (tube that delivers supplemental oxygen). The oxygen tubing was dated 3/15/25. The oxygen was set to be administered at 3 LPM (liters per minute). R243 said the oxygen should be set at 2 LPM.</p> <p>During an interview with Family Member (FM) II on 3/23/25 at 11:55 AM, concern was verbalized regarding the oxygen required by R243. FM II said R243 should always be on oxygen, but the facility had repeatedly failed to ensure the portable oxygen tank was turned on. FM II stated the facility would also forget to check the tank and confirm if there was oxygen left in it, or ensure the tank was set at the prescribed flow rate.</p> <p>On 3/24/25 at 11:28 AM, R243 was observed visiting with FM II. R243 was wearing the nasal cannula attached to a portable oxygen tank on the back of the wheelchair. The flow rate on the portable tank for R243 was set at 3 LPM but the gauge on the tank indicated the tank was empty and not providing R243 with any supplemental oxygen. FM II said, This keeps happening and summoned the nurse to the room to point out the empty tank.</p> <p>On 3/24/25 at 3:39 PM, R243 was observed with the nasal cannula tubing connected to an oxygen concentrator. The concentrator was set at a flow rate of 2.5 LPM.</p> <p>R243 was admitted to the facility on [DATE] with a primary diagnosis of respiratory failure with hypoxia (low oxygen level).</p> <p>Review of the Electronic Medical Record (EMR) revealed R243 had a physician's order dated 3/11/25 that read: O2 [oxygen] at 2 L [liters] via NC [nasal cannula] continuously to maintain sat [saturation of oxygen] above 88%.</p> <p>The March 2025 Medication Administration Record (MAR) for R243 contained nurses' initials each day documenting supplemental oxygen had been administered to R243 at a flow rate of 2 LPM, including 3/23/25 and 3/24/25 when the oxygen had been observed set at 3 LPM and 2.5 LPM. There were no physician orders in the EMR indicating parameters when the supplemental oxygen flow delivery could be increased.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235438	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/26/2025
NAME OF PROVIDER OR SUPPLIER  Autumnwood of McBain		STREET ADDRESS, CITY, STATE, ZIP CODE  220 Hughston St MC Bain, MI 49657	
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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The care plan for R243 documented, in part: [R243] has a potential for difficulty breathing and risk for respiratory complications R/T [related to]: Chronic respiratory failure - requires cont. [continuous] O2 therapy . A care plan intervention read, in part: Administer medication &amp; treatments per physician orders . Specify: Oxygen .</p> <p>Resident #43 (R43)</p> <p>R43 was admitted to the facility 12/30/24 with diagnoses including but not limited to chronic respiratory failure with hypoxia and chronic obstructive pulmonary disease.</p> <p>Review of physician's orders in the EMR revealed an order dated 12/30/24: Ipratropium-Albuterol [a bronchodilator to ease breathing] solution 0.5-2.5 mg(milligrams)/3 ml (milliliters): 3 ml inhale orally every 6 hours as needed for SOB (shortness of breath) or wheezing via nebulizer.</p> <p>On 3/23/25 at 10:10 AM, the nebulizer of R43 was observed assembled and lying on a heat register not sitting on a barrier, unbagged, and no dates were observed on the nebulizer cup or the nebulizer tubing.</p> <p>Resident #3 (R3)</p> <p>R3 was admitted to the facility on [DATE]. R3's diagnoses included acute respiratory failure with hypoxia.</p> <p>On 3/23/25 at 10:48 AM, R3 was observed wearing a nasal cannula attached to an oxygen concentrator set at 2 LPM. The tubing was dated 3/8/25.</p> <p>Review of physician's orders on 3/24/25 revealed R3 did not have a physician's order for supplemental oxygen.</p> <p>A care plan in the EMR initiated on 1/4/25 read, in part: . [R3] has a potential for difficulty breathing and risk for respiratory complications R/T: Recent Pneumonia, acute respiratory failure . The care plan did not include the use of supplemental oxygen.</p> <p>Resident #240 (R240)</p> <p>R240 was admitted [DATE] with a primary diagnosis of pneumonia.</p> <p>On 3/23/25 at 10:58 AM, R240 was observed wearing supplemental oxygen via nasal cannula. The cannula tubing was dated 3/5/25. R240 said she was admitted on [DATE] and the tubing was from the hospital and had not been changed since she was admitted to the facility.</p> <p>Physician's orders for R240 included an order dated 3/13/25 that read: 2 L O2 via nc at hs [night] in place of C-pap machine at bedtime for OSA (obstructive sleep apnea). There were no additional orders for delivery of supplemental oxygen during waking hours.</p> <p>Resident #245 (R245)</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235438	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/26/2025
NAME OF PROVIDER OR SUPPLIER  Autumnwood of McBain		STREET ADDRESS, CITY, STATE, ZIP CODE  220 Hughston St MC Bain, MI 49657	
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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>R245 was readmitted to the facility on [DATE]. Diagnoses for R245 included a diagnosis of pulmonary embolism (blood clot in the lung).</p> <p>On 3/23/25 at approximately 11:45 AM, R245 was observed with an oxygen concentrator in the room. Nasal cannula tubing was attached to the concentrator. The tubing was undated and was draped over the top of the concentrator without a barrier.</p> <p>Review of physician's orders on 3/24/25 revealed R245 did not have a physician's order for supplemental oxygen.</p> <p>Resident #88 (R88)</p> <p>R88 was admitted to the facility on [DATE] with diagnoses including but not limited to acute respiratory failure with hypoxia and pneumonia.</p> <p>Physician's orders for R88 included an order dated 3/22/25 for Ipratropium-Albuterol Solution 0.5-2.5 mg/3 ml: 3 ml inhale orally every 6 hours as needed for SOB or wheezing via nebulizer.</p> <p>During medication administration on 3/24/25 at 12:33 PM, Licensed Practical Nurse (LPN) O was observed administering medications to R88. Upon entering the room, the assembled nebulizer cup with attached mouthpiece was observed atop the bedside stand without a barrier beneath it. R88 had just finished eating lunch and had visible chewed up food particles around the mouth and on the teeth. LPN O did not assist R88 with oral care. LPN O did not clean the mouthpiece of the nebulizer that had been sitting atop the bedside stand nor was the mouthpiece replaced. LPN O did not perform pre-nebulizer or post-nebulizer respiratory assessments. After the medication was administered, LPN O rinsed off the mouthpiece and placed it back on the nebulizer before lying the reassembled nebulizer cup and mouthpiece back atop the bedside stand without a barrier beneath it. LPN O did not disassemble and rinse out the nebulizer.</p> <p>On 3/24/25 at 3:46 PM, the Director of Nursing (DON) was asked if nurses were expected to conduct respiratory assessments before and after nebulizer treatments. The DON said, I'm not going to answer that. A policy for the administration and maintenance of nebulizers was requested.</p> <p>The Director of Nursing (DON) was interviewed on 3/25/25 at 11:26 AM. The DON said oxygen tubing should be changed and dated weekly, and the flow rate of supplemental oxygen should be delivered in accordance with physicians' orders. The DON said nebulizers and oxygen tubing should be stored in a bag when not in use. The DON confirmed a physician's order was required to administer supplemental oxygen therapy. When asked regarding nebulizer cleaning and maintenance after use, the DON said nurses are expected to disassemble the nebulizer, rinse the parts in water, and place them on a paper towel to dry before storing them in a bag.</p> <p>41978</p> <p>Resident #44 (R44)</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235438	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/26/2025
NAME OF PROVIDER OR SUPPLIER  Autumnwood of McBain		STREET ADDRESS, CITY, STATE, ZIP CODE  220 Hughston St MC Bain, MI 49657	
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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the Minimum Data Set (MDS) assessment, dated 1/20/2025, revealed R44 was admitted to the facility on [DATE] and had diagnoses including heart failure and chronic obstructive pulmonary disease (COPD). Further review revealed R44 was dependent on staff for personal hygiene, mobility and all transfers. R44 scored 15 out of 15 on the Brief Interview for Mental Status (BIMS) assessment, reflective of intact cognition.</p> <p>On 3/23/2025 at 11:41 a.m., R44 was observed seated in bed wearing a nasal cannula and receiving two liters of oxygen per minute (2 L/min) from a portable concentrator. R44 reported she recently became ill with an unknown respiratory illness requiring use of the oxygen. Further observation revealed a nebulizer atop the Resident's nightstand with tubing leading to a medicine reservoir cup and mask. The tubing, medicine reservoir cup and mask were lying directly on the surface of the nightstand with no barrier present and next to the Resident's personal belongings. R44 reported she received a nebulizer treatment earlier that morning.</p> <p>During an interview on 3/25/2025 at 9:26 a.m., the facility Infection Preventionist, RN D was queried regarding the facility protocol for storing nebulizer equipment. RN D reported nebulizer tubing, medication reservoirs and masks should be rinsed after use, left to dry on a clean barrier then stored in a clear plastic bag between uses to keep the equipment clean and prevent respiratory illness.</p> <p>45123</p> <p>Resident #18 (R18)</p> <p>Review of R18's quarterly MDS assessment, dated 1/30/25, revealed an admission to the facility on [DATE], with diagnoses including: hypertension, type two diabetes mellitus, and anxiety. R18 also had other health conditions that included shortness of breath with exertion and lying. R18 scored a 15 of 15 on the BIMS assessment, reflective of intact cognition.</p> <p>Review of R18's physician's order, dated 3/7/25, revealed an order for ipratropium-albuterol inhalation solution 3 milliliters, inhale orally two times a day for respiratory failure.</p> <p>Review of R18's physician's order, dated 1/20/25, revealed an order for oxygen at 2 liters via nasal cannula.</p> <p>On 3/23/25 at 10:48 AM, R18 was observed in their room, sitting in a recliner. A fully assembled nebulizer delivery device was observed in the room with condensation remaining in the medication chamber. The nebulizer delivery device was observed lying on R18's bed. R18 was asked if nursing staff rinse the nebulizer out after each use. R18 replied, No, they just leave it and add more for the next time I use it. R18 was observed using oxygen therapy with an oxygen concentrator at 2.5 liters. R18 had three separate lines of oxygen tubing observed in use in R18's room, all dated 3/15/25. One line of oxygen tubing was observed coiled around the handle of a wheelchair and the wheelchair foot pedals were noted to be resting on top the tubing. Another line of oxygen tubing was observed draped over the nightstand with no protective cover.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235438	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/26/2025
NAME OF PROVIDER OR SUPPLIER  Autumnwood of McBain		STREET ADDRESS, CITY, STATE, ZIP CODE  220 Hughston St MC Bain, MI 49657	
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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of R18's care plan, dated 4/25/24, read in part, Focus .has a potential for difficulty breathing and risk for respiratory complications .Interventions: Administer medications and treatments per physician orders. Monitor for ineffectiveness, side effects and adverse reactions, report abnormal findings to the physician. SPECIFY: Oxygen, Encourage cough and deep breathing, nebulizer treatments .</p> <p>Review of policy titled, Oxygen Storage and Assembly, dated 9/22/23, read in part, Oxygen and oxygen equipment is stored in a safe manner .</p> <p>The DON provided an undated procedure Nebulizer therapy, small volume. The procedure read, in part: . Obtain the patient's vital signs, assess the respiratory status as ordered . After treatment, obtain the patient's vital signs, assess the respiratory status as instructed . rinse the nebulizer with water and allow it to air-dry . Documentation associated with small-volume nebulizer therapy includes: . vital signs, respiratory assessment findings, and peak flow or spirometry readings before and after treatment .</p> <p>The policy Physician's Order dated as effective 10/20/23 read, in part: . Treatment rendered to a resident must be in accordance with the specific standing, written, verbal, or telephone order of a physician or other licensed health professional ordering within their scope of practice and clinical privileges. Standing and written orders must be recorded in the resident record and be signed by the licensed health professional who issued the order .</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235438	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/26/2025
NAME OF PROVIDER OR SUPPLIER  Autumnwood of McBain		STREET ADDRESS, CITY, STATE, ZIP CODE  220 Hughston St MC Bain, MI 49657	
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 0725</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Some</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 41978</p> <p>This citation pertains to Intakes MI00150419 and MI00151063.</p> <p>Based on observation, interview, and record review, the facility failed to ensure adequate staffing to promote the physical, mental, and psychosocial well-being in 19 residents (#37, #51, #7, #87, #35, #36, #42, #48, #65, #81 and nine confidential residents) reviewed for staffing. This deficient practice resulted in actual harm for Residents #37, #7, #35, #42, and #48 who were forced to lay in their own excrement or urine for extended periods of time or delay a bowel movement due to insufficient staffing, resulting in reported feelings of frustration, helplessness, humiliation, and anger and/or inference of these feelings based on the reasonable person concept.</p> <p>Findings include:</p> <p>Resident #37 (R37)</p> <p>Review of the Minimum Data Set (MDS) assessment, dated [DATE], revealed R37 was admitted to the facility on [DATE]. R37 was dependent (helper does all of the effort, resident does none of the effort to complete the activity) for ADLs (activities of daily living), including toileting hygiene, bathing and all mobility. Review of the Brief Interview for Mental Status (BIMS) assessment revealed R37 scored ,d+[DATE], indicating the Resident was cognitively intact.</p> <p>On [DATE] at 7:40 a.m., a strong, offensive odor was noted in the hallway outside of R37's room. Upon entering R37's room and approaching the Resident in bed, it was noted the odor was stronger and was coming from the area of R37's bed. When asked when the last time staff had been in to administer care, R37 reported staff were last in during the night because her ostomy bag was leaking. R37 was observed pulling down the blanket and sheet, which was sticking to R37's abdomen and covered with a light brown substance. R37's colostomy bag was observed attached to her mid-abdomen and was three-quarter full of light brown stool and was taut due to gas collection. The outside of the bag was noted to be covered with light brown stool. R37's left side lower abdomen and left upper thigh had dried stool present and stool was observed leaking from the left side of the colostomy, soiling the sheet the resident was lying on. R37 reported staff did not have time to change the ostomy bag when it was found leaking overnight and just patched it.</p> <p>On [DATE] at 8:40 a.m., R37 was observed seated in bed with a strong odor of stool present when standing next to R37's bed. Light brown stool was observed on the exposed white sheet resting on R37's left hip. When asked if staff had been in to assist her with cleaning up and changing the leaking ostomy bag, R37 reported staff brought in her breakfast tray and when R37 asked about getting cleaned up, was told she would have to wait until after staff were finished serving breakfast. When asked if she would prefer to be cleaned up before eating, R37 shrugged and stated, what can I do?</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235438	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/26/2025
NAME OF PROVIDER OR SUPPLIER  Autumnwood of McBain		STREET ADDRESS, CITY, STATE, ZIP CODE  220 Hughston St MC Bain, MI 49657	
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 0725</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on [DATE] at 2:35 p.m., Certified Wound Care and Registered Nurse (RN) L reported she was asked to change R37's ostomy bag on the morning of [DATE]. RN L confirmed R37's colostomy bag was found leaking with the bed and clothing soiled with stool. RN L reported she was unaware R37's bag began leaking on the previous shift and that it was not changed. LPN L stated she was also unaware R37 was served breakfast with the colostomy visibly leaking, soiling the sheets and clothes, and that R37 was told she would need to wait to be cleaned up until after the meal. RN L reported they were short staffed on the previous shift due to a call in.</p> <p>Review of R37's [DATE] Treatment Administration Record (TAR) revealed R37's colostomy appliance and bag were documented as changed on [DATE] at 10:01 a.m.</p> <p>During an interview on [DATE] at 2:45 p.m., a confidential staff member, reported a concern there were not enough staff scheduled on a daily basis to address resident care needs. The confidential staff member reported out of the 36 residents residing on the Maple Unit (200 Hall), 22 were on a two-hour check and change schedule and many of those resident's required two-person assistance. Staff GG reported staff were feeling burned out and defeated with being unable to meet resident needs.</p> <p>Review of R37's care plan report (Kardex) revealed the following: Check q 2 hr [every two hours] and prn [as needed] for incontinence.</p> <p>Resident #51 (R51)</p> <p>Review of the MDS assessment, dated [DATE], revealed R51 was admitted to the facility on [DATE]. R51 required substantial/maximal assistance (helper does more than half the effort) with bed mobility. Review of the BIMS assessment revealed R51 scored ,d+[DATE], indicating moderate cognitive impairment.</p> <p>An observation upon entering the Maple Unit on [DATE] at 7:35 a.m. revealed the call light activation indicator above R51's door was illuminated, indicating a call light was activated. R51 was observed lying in bed with the head of the bed at approximately a 70-degree angle. R51 was slouched down in the bed with her head positioned near the bottom of the head of the bed with two pillows above and hanging over her head. R51's right foot was hanging off the right side of the bed and her left foot was touching the foot board. During an interview at the time of the observation, R51 reported she activated the call light for assistance with a boost to be repositioned farther up in the bed.</p> <p>Continuous observation from 7:35 a.m., revealed R51's call light remained unanswered at 7:50 a.m. at which time four staff were observed in the Maple Unit dining room and two nurses were observed working at the nurse's station. At 8:00 a.m., Certified Nursing Assistant (CNA) U was observed delivering R51's breakfast tray to her room, delivered the meal tray and exited with the call light still activated. During an interview at the time of the observation, R51 reported she asked CNA U for assistance repositioning in bed. R51 reported CNA U informed R51 she needed to wait until another staff person was available to assist. R51 was observed to be in the same position in the bed as previously observed at 7:35 a.m. It was noted R51's call light remained activated.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235438	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/26/2025
NAME OF PROVIDER OR SUPPLIER  Autumnwood of McBain		STREET ADDRESS, CITY, STATE, ZIP CODE  220 Hughston St MC Bain, MI 49657	
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 0725</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Some</p>	<p>At 8:04 a.m., CNA U was observed in Maple Unit dining room assisting two Activity Aides and one CNA with delivering meal trays. During an interview at the time of the observation, CNA U was asked if she was aware R51's call light was activated and that R51 was requesting to be repositioned. CNA U stated she was aware but needed to assist with passing meal trays. CNA U appeared flustered as she then left to seek another staff person to assist R51. R51 received assistance at 8:05 a.m., 30 minutes after the Resident's light was first observed activated.</p> <p>Resident #7 (R7)</p> <p>Review of the MDS assessment, dated [DATE], revealed R7 was admitted to the facility on [DATE]. R7 required supervision or touching assistance (helper provides verbal cues or touching/steadying assistance) with transfers and walking, and partial/moderate assistance (helper does less than half the effort) with toileting hygiene, including adjusting clothes before and after using the toilet. Review of the MDS revealed R7 scored ,d+[DATE], indicating moderate cognitive impairment.</p> <p>An observation upon entering the Maple Unit on [DATE] at 1:45 p.m., revealed the call activation indicator above R7's door was illuminated, indicating a call light was activated. Upon entering the room, R7 reported she activated her call light for assistance to go to the bathroom. R7's right hand was observed holding onto her abdomen and while wincing, R7 stated, I have to move my bowels. At the time of the observation, no staff were visible on the Maple Unit, including the halls, dining area or nurse's station. At 1:53 p.m. CNA P was observed walking down the hall from the area of room [ROOM NUMBER]. CNA P was alerted to R7's call light by this Surveyor. CNA P was observed entering room [ROOM NUMBER], where a bathroom call light was observed activated. Upon exiting room [ROOM NUMBER], CNA P entered R7's room, at which time the call light was deactivated. CNA P then exited R7's room. CNA P was interviewed immediately following the observation and reported she had to wait for another staff person to become available to assist in transferring R7 to the bathroom. CNA P reported the nurse assigned to the unit was caring for another resident, two other CNAs were providing care to another resident and one CNA was at lunch. CNA P stated providing cares after lunch was a challenge due to so many of the residents requiring assistance with transfers and toileting. CNA P reported there were no other staff available to cover for staff lunches and the Residents often had to wait for assistance.</p> <p>At 2:05 p.m. CNA V was observed approaching CNA P near the [NAME] Unit dining room asking for assistance with another resident. CNA P was observed walking down the hallway away from R7's room with CNA V. Immediately after CNA P left to assist CNA V, R7 was observed sitting in bed, as previously observed. When asked if she had received assistance, R7 held her right hand over her abdomen and stated she had not received assistance and stated I really need to go. At 2:12 p.m., RN L and CNA Q entered R7's room and R7 was heard stating I really need to move my bowels. A total of 27 minutes elapsed between the time R7's call light was observed activated and the time R7 was assisted to the bathroom.</p> <p>Resident #87 (R87)</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235438	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/26/2025
NAME OF PROVIDER OR SUPPLIER  Autumnwood of McBain		STREET ADDRESS, CITY, STATE, ZIP CODE  220 Hughston St MC Bain, MI 49657	
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 0725</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the MDS assessment, dated [DATE], revealed R87 was admitted to the facility on [DATE] with a diagnosis of right hip fracture. R87 required substantial/maximal assistance with toileting hygiene, partial/moderate assistance with transfers and was dependent on staff for ambulation and wheelchair mobility. Review of the MDS Section H - Bladder and Bowel, revealed R87 was always continent of bladder and bowel. Review of the BIMS assessment revealed a score of ,d+[DATE], indicating moderate cognitive impairment.</p> <p>During a telephone interview on [DATE] at 6:54 p.m., R87's Family Member (FM) GG reported R87 was a resident at the facility until she discharged on [DATE]. FM GG stated R87 expressed concern with staff assistance at the facility. FM GG reported witnessing staff not responding to call lights in a timely manner with wait times up to 45 minutes for assistance. FM GG reported R87 fell on multiple occasions while attempting to go to the bathroom unassisted. When asked about the falls FM GG stated, R87 told him she had called for assistance, but no one responded and she would not pee the bed. R87 reported his concerns prompted him to take R87 out of the facility and home to follow up with her own physicians. When asked if R87 was available for interview, FM GG reported the Resident expired on [DATE].</p> <p>Review of R87's fall reports, provided by the Director of Nursing (DON) revealed the following:</p> <p>[DATE], 7:55 a.m. resident noted on the floor by passing nurse. Resident stated she was attempting to go to the bathroom.</p> <p>[DATE], 1:26 p.m. opened door and observed resident on the floor . resident stated she was trying to go to the bathroom.</p> <p>[DATE], 12:06 a.m. Resident was attempting to stand and then started sliding out of her [wheelchair] . she said she was going to the bathroom . fell [related to] weakness [and] did not wait for assist.</p> <p>Confidential Group Meeting</p> <p>During a confidential group meeting conducted on [DATE] at 10:30 a.m., nine out of nine residents in attendance reported concerns with staffing levels in the facility and all reported consistent and extensive call light response times.</p> <p>Confidential Resident #9 (CR9) reported waiting on the toilet for more than 30 minutes for assistance after pulling the call light cord. CR9 reported when they expressed concern over how long the wait was, they were told staff had other duties that took priority.</p> <p>CR1 reported he was told he could not attend breakfast in the dining room unless he requested to do so the night before. When asked if he was allowed request to attend breakfast in the dining room the morning of the meal, CR1 reported there were no staff available to assist in cleaning up or transfers before or during mealtime.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235438	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/26/2025
NAME OF PROVIDER OR SUPPLIER  Autumnwood of McBain		STREET ADDRESS, CITY, STATE, ZIP CODE  220 Hughston St MC Bain, MI 49657	
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 0725</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Some</p>	<p>CR7 reported if they call for assistance to the bathroom close to or during a mealtime, they are consistently informed by staff they must wait for assistance until things die down. CR7 reported waiting 30 minutes or more for assistance after activating the call light only for staff to enter his room to say they will need to wait until staff are free to assist and at times, staff never come back to help.</p> <p>CR2 reported being left on the toilet for an extended period of time after activating the call light and stated my legs went numb.</p> <p>Review of the PBJ (Payroll Based Journal) Staffing Data Report, for FY (Fiscal Year) Quarter 1, 2025 ([DATE] - [DATE]), revealed the facility was flagged for excessively low weekend staffing based upon data submitted by the facility.</p> <p>Review of the Daily Schedule Sheet(s), for [DATE] through [DATE], provided by the DON, revealed the following:</p> <p>Saturday, [DATE] Evening Shift (7:00 p.m. - 7:00 a.m.): three licensed nurses and five CNAs scheduled for a total census of 73. Actual working schedule revealed two CNAs listed as CI (called-in) and three CNAs out of five scheduled worked the shift, for total of six staff for 73 residents.</p> <p>Friday, [DATE] Evening Shift: three licensed nurses and five CNAs scheduled for a total census of 78. Actual working schedule revealed one CNA only worked 7:00 p.m. - 11:00 p.m., leaving staff of three licensed nurses and two CNAs from 11:00 p.m. - 7:00 a.m., for a total of five staff for 78 residents.</p> <p>Saturday, [DATE] Evening Shift: three licensed nurses and five CNAs scheduled for a total census of 83. Actual working schedule revealed one CNA listed as CI, and one CNA worked 7:00 p.m. - 4:00 a.m., leaving staff of three licensed nurses and three CNAs for a total of six staff for 83 residents.</p> <p>During an interview on [DATE] at 8:51 a.m., the DON was queried regarding the facility process for scheduling nursing and direct care staff. The DON reported scheduling was conducted based on the facility census and resident needs. When asked if she thought three CNAs were sufficient to care for 73 residents, the DON reported nursing staff are available to assist the CNAs with care on the evening shift because there are not many meds to pass. The DON was informed of the survey team's observations of long wait times and resident's left soiled for long periods of time, to which she responded staff were not acting usual due to surveyors being in the building. When asked if she felt she had enough staff scheduled to competently care for the residents, the DON did not offer a response. The DON reported nurse managers are included in the daily staffing numbers and generally workday shift, eight-hour days, Monday through Friday.</p> <p>A review of resident required assistance listing, reflecting the current census of 89 residents and provided by the DON, revealed the following:</p> <p>Residents requiring one person assistance with transfers: 41.</p> <p>Residents requiring two persons assistance with transfers: 12.</p> <p>Residents requiring use of the sit-to-stand mechanical lift: 5.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235438	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/26/2025
NAME OF PROVIDER OR SUPPLIER  Autumnwood of McBain		STREET ADDRESS, CITY, STATE, ZIP CODE  220 Hughston St MC Bain, MI 49657	
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 0725</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Some</p>	<p>Residents requiring use of the total mechanical lift: 15.</p> <p>49302</p> <p>On [DATE] at 11:25 AM, the lunch time meal was observed ready to serve in the steam table in the main dining room.</p> <p>On [DATE] at 11:43 AM, Culinary Aide Z was observed standing by the steam table. Culinary Aide Z stated, Lunch is ready, but I can't start serving food until a CNA is present in the dining room. When asked if kitchen staff must frequently wait for nursing staff to begin serving hot food, Culinary Aide Z said, Yes. It definitely goes in streaks.</p> <p>On [DATE] at 11:48 AM, CNA AA entered the dining room and communicated to Culinary Aide Z, I'll be down as soon as I can to serve trays, I am helping a resident with toileting needs.</p> <p>On [DATE] at 12:00 PM, CNA AA returned to the dining room and began serving lunch trays. At 12:14 PM, the last tray was served in the dining room, 49 minutes after the food was initially placed in the steam table.</p> <p>On [DATE] at 11:10 AM, the lunch time meal was observed ready to serve in the steam table in the main dining room. A total of 14 residents were seated in the dining room awaiting the lunch time meal.</p> <p>On [DATE] at 12:04 PM, the last tray was served in the dining room, 54 minutes after the food was initially placed in the steam table.</p> <p>On [DATE] at 11:11 AM, an interview was conducted with Dietary Manager (DM) Y regarding timeliness of food service expectations. DM Y stated food is placed into the steam table by 11:15 AM to allow for prompt service of the mid-day meal at 11:30 AM. DM Y stated the expectation is to serve food within 15 minutes of placing it in steam table for ideal palatability. DM Y confessed, If it's any longer than that, I myself wouldn't want to eat it. DM Y endorsed ongoing issues successfully serving meals in an acceptable timeframe due to the lack of nursing staff. DM Y speculated nursing staff may be too busy performing cares or transporting residents down to the dining to start serving at the expected time.</p> <p>On [DATE] at 11:58 AM, an interview was conducted with Resident #58 (R58) while waiting to be served lunch. R58 stated, They serve us the cheapest [expletive] they can buy. I was served a Salisbury steak recently and I couldn't even tell what it was . The food here ain't fit for man nor beast.</p> <p>Review of facility document titled Meal Schedule read, LUNCH: dining room [ROOM NUMBER];, d+[DATE]:30.</p> <p>45123</p> <p>On [DATE] at 10:20 AM, an intense noxious odor was detected from the locked dementia unit. A tour of the locked unit was conducted and the noxious odor increased in intensity.</p> <p>Resident #35 (R35)</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235438	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/26/2025
NAME OF PROVIDER OR SUPPLIER  Autumnwood of McBain		STREET ADDRESS, CITY, STATE, ZIP CODE  220 Hughston St MC Bain, MI 49657	
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 0725</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Some</p>	<p>Review of R35's annual Minimum Data Set (MDS) assessment, dated [DATE], revealed R35 required substantial/maximal assistance for toileting, indicating the helper completed more than half the effort and R35 was occasionally incontinent. R35 scored a 00 of 15 on the Brief Interview of Mental Status (BIMS) assessment, reflective of severe cognitive impairment.</p> <p>On [DATE] at 11:56 AM, an observation was made of R35 in their room lying in bed. R35 reached out in an attempt for help. Certified Nurse Aide (CNA) H was made aware of R35 needing assistance. CNA H was asked if R35 was incontinent and the last time they were checked on. CNA replied, Yes, I was in here around 8:00 AM this morning. CNA H confirmed that R35 was soiled in urine and needed incontinence care.</p> <p>Resident #36 (R36)</p> <p>Review of R36's quarterly MDS assessment, dated [DATE], revealed R36 required substantial/maximum assistance for personal hygiene, indicating the helper completed more than half the effort. R36 scored a 02 of 15 on the BIMS assessment, reflective of severe impairment in cognition.</p> <p>On [DATE] at 11:41 AM, an observation was made of R36 being assisted to the dining room. R36's hair was not brushed, and they had hair sticking up in the back right side of their head.</p> <p>On [DATE] at 12:20 PM, an interview was conducted with CNA J who was asked if residents were provided with assistance for brushing hair. CNA J replied, Some residents need assistance and others won't let you. So, it just depends on their mood.</p> <p>Resident #42 (R42)</p> <p>Review of R42's admission MDS assessment, dated [DATE], revealed an admission to the facility on [DATE], with active diagnoses that included: hypertension, type two diabetes mellitus, and amputation below the knee of the right leg. R42 scored an 8 of 15 on the BIMS assessment, reflective of moderately impaired cognition. R42's quarterly MDS, dated [DATE], revealed R42 required total assistance for toileting and was frequently incontinent.</p> <p>On [DATE] at 10:26 AM, an interview was conducted with Family Member (FM) HH who stated that they wished the staff would get R42 up out of bed more often. FM HH stated R42 had lost weight since being admitted to the facility, and they don't even have a TV they can watch so R42 just lays in bed all day doing nothing.</p> <p>On [DATE] at 7:28 AM, an observation was made of R42 in their room lying in bed with the bed sheets half off. R42 was observed to be lying on a soaker pad that was soaked with urine and had a yellow/brown stain on the outer edges of the urine mark and the room had a noxious smell of urine.</p> <p>On [DATE] at 7:30 AM, an interview was conducted with CNA F who was asked if they were working on the dementia unit. CNA F replied, I worked last night, and my shift is done at 7:30 AM . CNA F was asked when the last time they had checked and changed R42. CNA F replied, I did a check and change on them at 3:00 AM.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235438	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/26/2025
NAME OF PROVIDER OR SUPPLIER  Autumnwood of McBain		STREET ADDRESS, CITY, STATE, ZIP CODE  220 Hughston St MC Bain, MI 49657	
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 0725</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Some</p>	<p>On [DATE] at 8:30 AM, an observation was made of CNA H who was delivering a breakfast tray to R42 in their room. CNA H was asked if they would provide incontinence care for R42 before they ate breakfast. CNA H replied, Yes, of course. CNA H was asked how they were going to accomplish the task as R42 was a two person assist, and they were the only CNA working on the unit. CNA H looked very overwhelmed and about to break down. CNA H replied, I guess I will just have to do it myself. Staffing is not the greatest. The nurse was supposed to mandate another staff member, but I guess that didn't happen. It is just me and an activities aide who is not certified and can't help me. I know the nurse won't help me. During the observation and interview at this time, R42 stated his back was uncomfortably itchy and driving him crazy due to skin irritation from the urine-saturated soaker pad.</p> <p>Resident #48 (R48)</p> <p>Review of R48's quarterly Minimum Data Set (MDS) assessment, dated [DATE], revealed R48 required total assistance for toilet and was always incontinent. R48 scored a 00 of 15 on the Brief Interview of Mental Status (BIMS) assessment, reflective of severe impairment in cognition.</p> <p>On [DATE] at 10:15 AM, an observation was made of R48 in their room and lying in bed with a sheet on and a soaker pad underneath them. A noxious smell was detected when entering R48's room. R48's soaker pad was soiled with urine, extending to the outer edges of the pad. R48's bed sheets were visibly soiled with food stains and crumbs.</p> <p>On [DATE] at 10:18 AM, an interview was conducted with CNA H who was asked when they had last checked on R48 for incontinence care. CNA H replied, I got here at 7:00 AM and I have not been in to provide care for them yet. CNA stated, 19 Residents are a lot to provide care for with one [on duty].</p> <p>On [DATE] at 10:36 AM, an interview was conducted with CNA H and Licensed Practical Nurse (LPN) E who were asked if there was enough staff on the unit to care for all 19 Residents. LPN E and CNA H both replied, Most days it is like one nurse and one aide. CNA H stated that the night shift aide left trash and linens in the rooms. CNA H continued, Ideally every resident is a check and change every two hours, but we can't get to them on time.</p> <p>Review of R48's care plan, dated [DATE], read in part, .[Resident's name] is incontinent of bladder and bowel r/t (related to): Dementia process .Check q (every) 2 hr (hours) and prn (as needed) for incontinence . Resident uses disposable brief. Change q2h (every two hours) .Provide incontinence care with each episode .</p> <p>Resident #65 (R65)</p> <p>Review of R65's quarterly MDS assessment, dated [DATE], revealed R65 required partial/moderate assistance with personal hygiene. R65 scored a 04 of 15 on the BIMS assessment, reflective of severe impairment in cognition.</p> <p>On [DATE] at 11:48 AM, an observation was made of R65 in the hallway, and she had visible whiskers on her chin that were approximately a quarter of an inch long.</p> <p>Resident #81 (R81)</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235438	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/26/2025
NAME OF PROVIDER OR SUPPLIER  Autumnwood of McBain		STREET ADDRESS, CITY, STATE, ZIP CODE  220 Hughston St MC Bain, MI 49657	
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 0725</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Some</p>	<p>Review of R81's quarterly MDS assessment, dated [DATE], revealed an uncompleted personal hygiene required assistance level. R81 scored a 04 of 15 on the BIMS assessment, reflective of severe impairment in cognition.</p> <p>On [DATE] at 11:40 AM, an observation was made of R81 walking in the hallway with disheveled and greasy hair.</p> <p>On [DATE] at 8:15 AM, no fresh water was observed in any of the 19 resident rooms on the locked unit. An interview was conducted with CNA H who was asked when residents get fresh water. CNA H replied, It usually gets passed right away at the beginning of each shift, but usually no later than 10:00 AM. Water was not passed until 12:30 PM on this day.</p> <p>On [DATE] at 10:40 AM, an interview was conducted with Housekeeper K who was asked if there was usually noxious odors on the locked unit. Housekeeper K replied, It smells strong of urine this morning and yesterday morning. I sprayed some air freshener on the curtains as I was cleaning the rooms.</p> <p>On [DATE] at 7:45 AM, an interview was conducted with Registered Nurse (RN) A who was asked if there was enough staff to care for residents on the locked unit and if they were able to mandate staff to stay over. RN A replied, No, I can't mandate staff to stay over. We had a call-in this morning. So, we are working short staffed again. I don't have time to call other staff. The front [office] does that if they are here.</p> <p>On [DATE] at 8:35 AM, an interview was conducted with the Nursing Home Administrator (NHA) and the Director of Nursing (DON) who were made aware of the staffing situation on the locked unit where there was one nurse, one licensed CNA, and one non-licensed staff. The locked unit had several Residents that required two-person assistance. The NHA replied, Residents should not be left incontinent for extended periods of time, should be receiving fresh water, and are provided with activities of daily living care. The DON replied, . there was a staff member who was mandated to stay over and should be on that locked unit working now.</p> <p>On [DATE] at 9:05 AM, an interview was conducted with RN D who confirmed that CNA F, who was mandated to stay over, punched out and left the facility.</p> <p>Review of policy titled, Activities of Daily Living (ADL) Program, dated [DATE], read in part, Purpose: A resident requiring skill practice and/or training in activities of daily living (ADL) is evaluated for restorative nursing. ADL may include, but are not limited to, bathing, grooming, and dressing. Restorative ADL program may be provided by nursing assistants and other staff trained in provision of ADL care under the supervision of the licensed nurse .</p> <p>Review of policy titled, Oral Hydration, dated [DATE], read in part, Policy: It is the policy of this facility to assist residents to maintain adequate hydration whenever possible .Procedure .5. Each resident will be provided bedside water unless contraindicated .</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235438	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/26/2025
NAME OF PROVIDER OR SUPPLIER  Autumnwood of McBain		STREET ADDRESS, CITY, STATE, ZIP CODE  220 Hughston St MC Bain, MI 49657	
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 0725  Level of Harm - Actual harm  Residents Affected - Some	Review of policy titled, Mandated after shift coverage, dated [DATE], read in part, .The procedure is as follows: 1. Whenever a staff member calls in or a no call / no show occurs a 12-hour employee will stay over and report to the unit that the call / no show occurred on. 2. The charge nurse will call anyone not working that day and ask if they would be willing to come in to work .4. If no one is willing to stay we will move on to the mandating list .6. The on-coming nurse will make sure staff stays over for coverage .		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235438	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/26/2025
NAME OF PROVIDER OR SUPPLIER  Autumnwood of McBain		STREET ADDRESS, CITY, STATE, ZIP CODE  220 Hughston St MC Bain, MI 49657	

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 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure medication error rates are not 5 percent or greater.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 49310</p> <p>Based on observation, interview, and record review the facility failed to maintain a medication error rate below 5% for two Resident (#11 &amp; #26) of nine residents reviewed for medication administration. This deficient practice resulted in 2 medication errors out of 31 opportunities for error with a medication error rate of 6.4%.</p> <p>Findings Include:</p> <p>Resident #11 (R11)</p> <p>R11 was admitted to the facility on [DATE] with a primary diagnosis of osteoarthritis (a degenerative disease of the joints).</p> <p>Review of R11's physician orders revealed an order dated 10/13/24 that read: Tylenol 8 Hour Arthritis Pain Oral Tablet Extended Release 650 mg (milligrams): Give 1 tablet by mouth three times a day for Arthritis pain.</p> <p>On 3/24/25 at 12:33 PM, Licensed Practical Nurse (LPN) O was observed preparing medications to administer to R11. LPN O removed a tablet of Tylenol 8-Hour Arthritis Pain Extended Release and broke the tablet in half before placing both halves into a medication cup.</p> <p>LPN O was asked if extended-release tablets should be broken. LPN O responded, [R11] can't take a whole tablet.</p> <p>Resident #26 (R26)</p> <p>R26 was admitted to the facility on [DATE] with diagnoses that included glaucoma. R26 resided in the secured unit for residents who were cognitively impaired.</p> <p>Review of physician orders for R26 revealed on order for eye drops dated 6/26/24 that read: Timolol Maleate Ophthalmic Solution 0.5%: Instill 1 drop in both eyes two times daily for glaucoma.</p> <p>During medication administration observation on 3/25/25 at 7:11 AM, Registered Nurse (RN) A was observed in the dining room administering the eye drops to R26 with other residents present. RN A instilled one drop of medication in each eye, then handed R26 a tissue. R26 wiped both eyes then placed the tissue on the table. RN A did not instruct or assist R26 to hold the tissue to the lacrimal ducts to ensure proper absorption of the medication.</p> <p>The Director of Nursing (DON) was interviewed on 3/25/25 at 11:26 AM. The DON said extended release or sustained release tablets should never be broken or opened.</p> <p>The DON did not respond when asked if nurses should be instructing or assisting residents with holding the lacrimal ducts after administering Timolol eye drops.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235438	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/26/2025
NAME OF PROVIDER OR SUPPLIER  Autumnwood of McBain		STREET ADDRESS, CITY, STATE, ZIP CODE  220 Hughston St MC Bain, MI 49657	

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 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The DON was asked if nurses routinely administer medications in the dining room with other residents present. The DON said, As long as the residents are agreeable, they [nurses] can give meds (medications) in the dining room. When asked about residents who are cognitively impaired who may not understand they need to give permission, the DON said, They can always push the nurse away if they don't want them [medications] in the dining room.</p> <p>The policy titled Medication Administration dated as effective 10/17/23 documented, in part: . Resident medications are administered in an accurate, safe, timely, and sanitary manner . The nurse is responsible to read and follow precautionary instructions on prescription labels . Use a tablet-splitter to avoid contact with the tablet if the tablet must be broken .</p> <p>The instructions for administering Tylenol 8 Hour Arthritis Pain Oral Tablet Extended Release tablets, found at <a href="http://www.tylenol.com/products/arthritis/tylenol-8hr-arthritis-pain">www.tylenol.com/products/arthritis/tylenol-8hr-arthritis-pain</a>, include, in part: . swallow whole; do not crush, chew, split, or dissolve .</p> <p>The instillation of eye drops, according to the American Academy of Ophthalmology (<a href="http://www.aaopt.org/eye-health/treatments/how-to-put-in-eye-drops">www.aaopt.org/eye-health/treatments/how-to-put-in-eye-drops</a>) and the American Society of Ophthalmic Registered Nurses (<a href="http://www.asorn.org/assets/Instillation-of-Eye-Drops-and-Ointments.pdf">www.asorn.org/assets/Instillation-of-Eye-Drops-and-Ointments.pdf</a>) included, in part: . 7. Gently squeeze the dropper between your thumb and forefinger to instill correct amount of medication into the lower cul-de-sac . 8. Punctual occlusion: a. Ask patient to close both eyes gently without squeezing. b. Alternatively, place your finger over the lacrimal sac and apply light pressure for one minute or more (or instruct patient to do this, if able) . Digital punctual occlusion is indicated when systemic absorption of medication may prove harmful to the patient (e.g. [example] .betablockers such as timolol .</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235438	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/26/2025
NAME OF PROVIDER OR SUPPLIER  Autumnwood of McBain		STREET ADDRESS, CITY, STATE, ZIP CODE  220 Hughston St MC Bain, MI 49657	

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 - Some</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>49310</p> <p>Based on observation, interview, and record review, the facility failed to dispose of expired medications and ensure required medications were dated when opened on two medication carts of three medication carts reviewed for medication storage and labeling.</p> <p>Findings include:</p> <p>Maple Lane medication cart:</p> <p>On 3/24/25 at 1:04 PM, the 200-unit (Maple Lane) medication cart was reviewed with Licensed Practical Nurse (LPN) O.</p> <p>The cart was noted to contain a Novolin R FlexPen (insulin). The FlexPen contained an illegible date. LPN O said the FlexPen was dated as opened on 2/16/25 and said the FlexPen needed to be disposed 30 days after opening. LPN O said the FlexPen was expired and disposed of the FlexPen in a biohazard container.</p> <p>A bottle of ciprofloxacin (antibiotic) eye drops in the medication cart was dated as opened 3/12/25. The box containing the bottle of ciprofloxacin eye drops contained a pharmacy-generated label indicating the medication was dispensed from pharmacy on 3/19/25. LPN O said, That doesn't make any sense - that's concerning.</p> <p>The medication cart contained a bottle of Ibuprofen expired as of 2/2025. The bottle was labeled with an illegible expiration date. The expired medication was brought to the attention of LPN O, who said, Oh no! I need to get a new bottle and disposed of the expired medication.</p> <p>LPN O was asked about dating medications when opened. LPN O said over-the-counter (OTC) medications were not dated when opened but eye drops, insulins, and inhalers were expected to be dated when opened due to having shortened expiration dates.</p> <p>Ivy Lane medication cart:</p> <p>The 300-unit (Ivy Lane) medication cart was reviewed with Registered Nurse (RN) A on 3/24/25 at 12:04 PM.</p> <p>The medication cart contained a bottle of liquid acetaminophen with an expiration date of 2/2025. RN A disposed of the expired medication.</p> <p>Three opened, undated inhalers of Albuterol (Ventolin) were found in the medication cart. RN A said the inhalers would be reordered from pharmacy.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235438	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/26/2025
NAME OF PROVIDER OR SUPPLIER  Autumnwood of McBain		STREET ADDRESS, CITY, STATE, ZIP CODE  220 Hughston St MC Bain, MI 49657	
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 - Some</p>	<p>Two bottles of nitroglycerin sublingual tablets that expired 2/2025 were identified in the medication cart. RN A said the tablets would be disposed and the medication would be reordered from the pharmacy.</p> <p>RN A was asked about dating medications when opened. RN A replied, All meds should be dated when opened except OTC medications.</p> <p>The Director of Nursing (DON) was interviewed on 3/25/25 at 8:29 AM. The DON said the facility determines medication expiration dates by the expiration dates written on medication containers. The DON was asked for a policy or procedure for dating and labeling of medications and disposing of expired medications. The DON said, We don't have anything like that.</p> <p>The DON provided a policy titled Medication Management dated as effective 9/22/23. The policy read, in part: .Medications are stored, dispensed and destroyed in a manner to ensure safety and conformance with state and federal laws . Medications will be dated and discarded per manufacturers guidelines .</p> <p>The DON said they did not have any additional policies, procedures, or documents used in the facility regarding labeling or dating medications. She said they did not utilize any references for medications with modified expiration dates because the contracted pharmacist routinely reviews the medication carts.</p> <p>On 3/25/25 at 8:45 AM, LPN O was asked how she knew what medications to date when opened and the length of time until disposing after opening. LPN O provided a multi-page, undated document she said was used by the nurses that read Medications with Shortened Expiration Dates.</p> <p>The document included a four-page list of medications with expiration notations. The form read, in part: . Once these products are opened, they must be used within a specific timeframe to avoid reduced stability and sterility and potentially reduced efficacy. All of these medications should be labeled in such a way that the beyond use date is securely attached to a part of the package and will not be discarded .</p> <p>Under the section of the document Injectable Diabetes Medications - Insulins, Novolin R FlexPen was listed with a use-by date 28 days after being opened.</p> <p>The section of the document for Asthma/COPD/Allergy medications listed Ventolin as requiring a label to indicate a date opened due to modified expiration dates when opened. The document reflected the medication was considered expired after 12 months.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235438	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/26/2025
NAME OF PROVIDER OR SUPPLIER  Autumnwood of McBain		STREET ADDRESS, CITY, STATE, ZIP CODE  220 Hughston St MC Bain, MI 49657	
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 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41978</b></p> <p>Based on observation and interview, the facility failed to ensure meals were served at a palatable and appetizing temperature for two Residents (#51, #71) of two residents reviewed for food palatability, and nine out of 10 residents from the confidential group meeting, resulting in decreased meal satisfaction and the potential for decreased food acceptance and nutritional decline.</p> <p>Findings include:</p> <p>An observation of morning meal service in the [NAME] Unit dining room on 3/24/2025 revealed meals trays were delivered in an insulated cart from the main kitchen at 7:50 a.m. Temperatures taken from the first two trays off the cart revealed the following: pancakes temped at 106 degrees Fahrenheit (F); scrambled eggs temped at 102 degrees F. The last meal from the cart was observed to be delivered at 8:09 a.m. with the following temperatures taken: pancakes 98 degrees F; and oatmeal 128 degrees F.</p> <p>On 3/24/2025 at 7:55 a.m., Activities Aide (AA) EE was observed assisting with meal tray delivery in the [NAME] Unit dining room. AA EE reported some residents often complained of hot foods being received cold. When asked what measures staff used to ensure food is served hot after delivery to the unit, AA EE reported it was difficult to get the trays delivered quickly due to frequent staff call ins. AA EE reported the facility sent down the meals in waves this day, in an attempt to keep the food hot.</p> <p>Resident #51 (R51) and Resident #71 (R71)</p> <p>During an interview on 3/23/2025 at 2:16 p.m., R51 reported her meals to be unappetizing due to the foods meant to be hot being served at cool temperatures. R51 stated her food was never hot. R71, present at the time of the interview, reported the food temperatures to be an ongoing issue in the facility. R71 reported the meals to be unappealing and unappetizing due to the food being served at unpalatable temperatures. R71 reported she often ordered and paid for takeout to be delivered for herself and R51 which are hotter than what we get here.</p> <p>On 3/25/2025 at 8:00 a.m., a morning meal tray was observed to be delivered to R51's room. R51 was observed to be seated in bed, slouched down with her head positioned near the bottom of the head of the bed with two pillows above and hanging over her head, her right foot hanging off the right side of the bed and her left foot touching the foot board. R51's meal tray was observed to be on the overbed table positioned to the left of the Resident in bed. During an interview at the time of the observation, R51 reported she needed a boost up in the bed and stated, I can't eat like this. R51 reported when her meal tray was delivered, Certified Nursing Assistant (CNA) U reported the need for assistance of another staff member to reposition the Resident in bed and then left the room. R51 gestured to the meal tray and stated, I asked her to leave the lid on, now it's going to be cold, like usual. R51's plate was observed to be uncovered and contained a serving of scrambled eggs and bacon. Further observation revealed staff entered R51's room at 8:09 a.m. to reposition the Resident in bed after which, R51 reported her eggs were cold.</p> <p>Confidential Group Meeting</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235438	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/26/2025
NAME OF PROVIDER OR SUPPLIER  Autumnwood of McBain		STREET ADDRESS, CITY, STATE, ZIP CODE  220 Hughston St MC Bain, MI 49657	

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 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a confidential group meeting held on 3/24/2025 at 10:30 a.m., eight of nine Residents present reported meals were consistently served at unpalatable temperatures with most foods that were supposed to served hot being received cool or cold. Confidential Resident #1 (CR1) reported he liked to eat hot cereals like oatmeal but is no longer requesting hot cereals for breakfast due to the items being cold when the meal tray is delivered. CR #2 (CR2) stated hot foods were on most occasions served at unpalatably cool temperatures, even in the main dining room. CR2 reported the topic of food temperatures and the request for more appetizing meals was a consistent topic during the group meetings. CR2 reported the concerns related to food palatability, including food temperatures, were shared with Dietary Manager (DM) Y at the group meeting on 12/10/2024. Eight of the nine residents present agreed the variety of meals had improved since the meeting with DM Y, but the preferred temperatures of the food remained a problem.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235438	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/26/2025
NAME OF PROVIDER OR SUPPLIER  Autumnwood of McBain		STREET ADDRESS, CITY, STATE, ZIP CODE  220 Hughston St MC Bain, MI 49657	
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 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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 49302</p> <p>Based on observation and interview, the facility failed to store food in accordance with professional standards for food service safety as evidenced by:</p> <p>A. Failure to ensure expired food was discarded.</p> <p>B. Failure to ensure adequate labeling of potentially hazardous food.</p> <p>C. Failure to ensure cabinetry surrounding an ice machine was maintained in good repair.</p> <p>This deficient practice had the potential to result in food borne illness among any or all of the 89 residents in the facility.</p> <p>Findings include:</p> <p>The following were observed during the initial tour of the kitchen:</p> <p>1. On [DATE] at 10:06 AM, undated heads of wilted cabbage were observed in a cardboard box in dry storage. An undated cardboard box of raw potatoes was observed next to the cabbage with numerous rotten potatoes scattered throughout the box.</p> <p>2. On [DATE] at 10:07 AM, a broken raw egg was observed next to intact eggs inside a carton in the reach-in refrigerator.</p> <p>3. On [DATE] at 10:08 AM, four pints of undated, moldy, cherry tomatoes were observed in the reach-in refrigerator.</p> <p>4. On [DATE] at 10:10 AM, undated vegetarian burger patties were observed in the reach-in freezer. The open plastic bag was unsecured and open to air with five patties exposed to the environment. When Culinary Aide W was asked about the contents of the bag, they replied, These should have an expiration date and be in a sealed bag.</p> <p>5. On [DATE] at 10:11 AM, hot dogs were observed in a stainless-steel pan in the reach-in refrigerator. A tag affixed to the container read, use by ,d+[DATE]. When Culinary Aide W was asked if the use-by date was correct, they replied, I don't know, I hope not. I just got back from a week vacation.</p> <p>On [DATE] at 11:11 AM, an interview was conducted with Dietary Manager (DM) Y regarding food labeling and storage expectations. DM Y stated all foods should be labeled with a use-by date and subsequently discarded on that date. DM Y stated the vegetarian patties should have been sealed and unexposed to the environment. DM Y' stated the expectation for visibly spoiled food or broken eggs is for them be discarded immediately.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235438	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/26/2025
NAME OF PROVIDER OR SUPPLIER  Autumnwood of McBain		STREET ADDRESS, CITY, STATE, ZIP CODE  220 Hughston St MC Bain, MI 49657	

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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On [DATE] at 11:39 AM, the cabinetry adjacent to the ice machine in the main dining room was observed to be damaged and rotted through.</p> <p>On [DATE] at 11:44 AM, the damaged cabinetry was observed with Maintenance Director (MD) I who verified the facility had issues with the ice machine leaking in the past. After observing the water damage, MD I stated, That [cabinet] needs to be replaced . I will put in a work order right now.</p> <p>The Food and Drug Administration (FDA) 2022 Food Code states:</p> <p>,d+[DATE].18 Ready-to-Eat, Time/Temperature Control for Safety Food, Disposition.</p> <p>(A) A FOOD specified in ,d+[DATE].17(A) or (B) shall be discarded if it:</p> <p>(1) Exceeds the temperature and time combination specified in ,d+[DATE].17(A), except time that the product is frozen;</p> <p>(2) Is in a container or PACKAGE that does not bear a date or day; or</p> <p>(3) Is appropriately marked with a date or day that exceeds a temperature and time combination as specified in ,d+[DATE].17(A).</p> <p>,d+[DATE].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 ,d+[DATE] and ,d+[DATE].</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235438	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/26/2025
NAME OF PROVIDER OR SUPPLIER  Autumnwood of McBain		STREET ADDRESS, CITY, STATE, ZIP CODE  220 Hughston St MC Bain, MI 49657	
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>49310</p> <p>Based on observation, interview, and record review, the facility failed to</p> <ol style="list-style-type: none"> <li>1. Perform hand hygiene at appropriate opportunities for hand hygiene related to meal service and medication administration,</li> <li>2. Appropriately don and doff disposable single use gloves,</li> <li>3. Ensure contaminated ice was discarded.</li> <li>4. Rinse and dry respiratory treatment equipment between medication treatments,</li> <li>5. Maintain a sanitary medication cart, and</li> <li>6. Ensure Infection Control Policies are update at least annually.</li> </ol> <p>Findings include:</p> <p>On 3/23/25 at 12:31 PM, Certified Nurse Aide (CNA) FF was observed in the 100-unit (Oak Lane) lounge preparing to deliver meal trays. After removing a meal tray from the meal cart and placing a can of soda pop on the tray, CNA FF walked toward a table in the lounge and inadvertently bumped into an open ice chest filled with ice. The can of soda pop fell from the meal tray into the open ice chest. CNA FF reached into the open ice chest with an ungloved, unwashed hand and removed the can of soda pop to place back on the meal tray.</p> <p>CNA FF placed the meal tray on a table in the lounge and put on a pair of disposable gloves without first performing hand hygiene. CNA FF exited the lounge with the meal tray and delivered it to a resident in a room across the hall from the lounge.</p> <p>Through the open door of the resident's room across from the lounge, CNA FF was observed placing the meal try on the resident's overbed table before exiting the resident's room back to the lounge. CNA FF did not perform hand hygiene or change the gloves after delivering the meal tray to the resident across the hall from the lounge.</p> <p>CNA FF removed two additional meal trays from the meal cart and delivered them to two additional rooms across the hall from the lounge. CNA FF did not perform hand hygiene or change the disposable gloves during the issuance of meal trays to residents' rooms.</p> <p>On 3/23/25 at 12:41 PM, CNA FF was interviewed after exiting one of the resident's rooms while still wearing the same disposable gloves. CNA FF acknowledged hand hygiene and glove changes were not performed while passing the meal trays. CNA FF was asked if it was common practice to wear gloves in the hallway or go room to room wearing the same pair of gloves without performing hand hygiene and changing gloves. CNA FF replied, I don't usually wear gloves in the hallway or into different rooms. I forgot I had them on. I'll go wash my hands now.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235438	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/26/2025
NAME OF PROVIDER OR SUPPLIER  Autumnwood of McBain		STREET ADDRESS, CITY, STATE, ZIP CODE  220 Hughston St MC Bain, MI 49657	
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>At 12:44 PM on 3/23/25, an Activities Aide was observed obtaining ice from the ice chest in which the can of soda pop had fallen and from which CNA FF had reached in with an ungloved, unwashed hand.</p> <p>The facility policy titled Hand Hygiene dated as effective 10/11/23 read, in part: . Hand washing/hand hygiene is generally considered the most important single procedure for preventing healthcare-associated infections . Hand hygiene should be performed: Before and after contact with the resident .</p> <p>Resident #88 (R88)</p> <p>R88 was admitted to the facility 3/20/25 with diagnoses including but not limited to acute respiratory failure with hypoxia and pneumonia.</p> <p>Physician's orders for R88 included an order dated 3/22/25 for Ipratropium-Albuterol Solution [a bronchodilator to ease breathing] 0.5-2.5 mg/3 ml: 3 ml inhale orally every 6 hours as needed for SOB [shortness of breath] or wheezing via nebulizer.</p> <p>During medication administration on 3/24/25 at 12:33 PM, Licensed Practical Nurse (LPN) O was observed administering medications to R88. Upon entering the room, the assembled nebulizer cup with attached mouthpiece was observed atop the bedside stand without a barrier beneath it. R88 had just finished eating lunch and had visible chewed up food particles around the mouth and on the teeth. LPN O did not assist R88 with oral care. LPN O did not clean the mouthpiece of the nebulizer that had been sitting atop the bedside stand nor was the mouthpiece replaced. After the medication was administered, LPN O rinsed off the mouthpiece and placed it back on the nebulizer before lying the reassembled nebulizer cup and mouthpiece back atop the bedside stand without a barrier beneath it. LPN O did not disassemble and rinse out the nebulizer.</p> <p>The undated facility procedure Nebulizer therapy, small volume read, in part: . Rinse the nebulizer with sterile or distilled water and allow it to air dry. Disinfect the nebulizer .</p> <p>On 3/25/25 at 7:11 AM, Registered Nurse (RN) A was observed at the medication cart on the 300-unit, Ivy Lane. RN A drank from a mug then placed the mug atop the medication cart next to a thermos without a barrier beneath it. A cellular phone was observed atop the medication cart next to an uncovered, undated plastic container of pudding.</p> <p>During administration of medications, RN A assisted a resident into a wheelchair and to the dining room and administered medications to four residents on Ivy Lane without performing hand hygiene.</p> <p>The policy Medication/Treatment Cart Use dated as effective 8/15/23 read, in part: . Medication/Treatment carts are to be kept clean and sanitary. Each shift is responsible for the</p> <p>cleanliness of the cart, including drawers and top of cart .</p> <p>The Director of Nursing (DON) was interviewed on 3/25/25 at 11:26 AM. The DON said nebulizers and oxygen tubing should be stored in a bag when not in use. When asked regarding nebulizer cleaning and maintenance after use, the DON said nurses are expected to disassemble the nebulizer, rinse the parts in water, and place them on a paper towel to dry before storing them in a bag.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235438	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/26/2025
NAME OF PROVIDER OR SUPPLIER  Autumnwood of McBain		STREET ADDRESS, CITY, STATE, ZIP CODE  220 Hughston St MC Bain, MI 49657	
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>The DON said no personal items should not be on the medication carts and nurses should not be drinking and placing drinking vessels atop the med carts.</p> <p>The DON said the pudding on the medication carts was utilized for residents requiring medications to be crushed or placed in a medium for ease of swallowing. The DON said the pudding should have a lid. The DON said the nurses should leave the lid on the pudding container to push back down each time the desired amount of pudding is removed from the container for each resident.</p> <p>When asked about wearing gloves in the hallway, the DON said, No. We don't wear gloves in the hallway because of infection control. The DON confirmed hand hygiene and glove changes are expected when going from one resident to another. The DON was told about the observations on 3/23/25 at 12:31 PM of CNA FF wearing the same pair of gloves, not performing hand hygiene, and removing the can of soda pop from the ice chest with a bare, ungloved hand. The DON did not provide an explanation but said the staff was nervous because they were in survey.</p> <p>The policy Infection Prevention Program Overview dated as effective 10/11/23 read, in part: . The facility must require staff to clean their hands after each direct resident contact using the most appropriate hand hygiene professional practices .</p> <p>49302</p> <p>On 3/24/25 at 11:48 AM, the lunch-time meal service was observed in the main dining room. Certified Nursing Assistant (CNA) BB was observed donning single-use gloves and delivering lunch trays to three different residents without changing gloves. CNA BB was observed touching each resident's dishware and cutlery.</p> <p>On 3/24/25 at 11:56 AM, CNA CC was observed passing lunch-time trays to three residents in the dining room without performing hand hygiene between residents. CNA BB assisted all three residents with dishware placement.</p> <p>On 3/26/25 at 8:03 AM, an interview was conducted with Infection Preventionist/Registered Nurse (IP/RN) D regarding hand hygiene expectations during meal service. IP/RN D stated it is expected to perform hand hygiene between trays. IP/RN D continued, It's been a focal point for proper hand hygiene during dining . it will continue to be a point of education.</p> <p>Review of the facility policy titled, Hand Hygiene, revised 10/11/23, read, in part:</p> <p>.hand washing/hand hygiene is generally considered the most important single procedure for preventing healthcare-associated infections . Hand hygiene should be performed: before and after contact with the resident .staff involved in direct resident contact must perform hand hygiene (even if gloves are used) .</p> <p>45123</p> <p>Review of infection control policies on 3/24/25 at 1:00 PM, revealed the following policies to be outdated.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235438	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/26/2025
NAME OF PROVIDER OR SUPPLIER  Autumnwood of McBain		STREET ADDRESS, CITY, STATE, ZIP CODE  220 Hughston St MC Bain, MI 49657	
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>a.) Infection Control Antibiotic Stewardship &amp; MDROs (Multi-Drug Resistant Organisms), last revised on 10/13/23,</p> <p>b.) Infection Prevention Program Overview, last revised on 10/11/23,</p> <p>c.) Immunizations: Influenza (Flu) Vaccination of Guest/Residents, last revised on 1/11/22.</p> <p>On 3/25/25 at 10:45 AM, an interview was conducted with the Nursing Home Administrator (NHA), who was responsible for providing facility policies. When asked if the policies provided were the most recent and up-to-date policies, the NHA replied, Yes, and corporate is responsible for updating the policies as needed.</p> <p>On 3/25/25 at 12:40 PM, an interview was conducted with Infection Preventionist / Registered Nurse (RN) D who was asked if the policies that were provided were the most updated policies for infection control and replied, Yes, the corporate updates the policies every year.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235438	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/26/2025
NAME OF PROVIDER OR SUPPLIER  Autumnwood of McBain		STREET ADDRESS, CITY, STATE, ZIP CODE  220 Hughston St MC Bain, MI 49657	
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 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 45123</p> <p>Based on interview and record review, the facility failed to maintain an effective vaccination program for three residents (R28, R42, and R48) of five residents reviewed for vaccinations. Findings include:</p> <p>On 3/24/24 at 4:15 PM, a record review was completed for the following residents regarding immunizations:</p> <p>Resident #28 (R28)</p> <p>Review of the electronic medical record (EMR) for R28, revealed his guardian had signed a consent for pneumococcal vaccination on 9/27/24. Review of R28's EMR and state immunization report revealed that he never received the vaccination booster. R28 was noted to be over [AGE] years of age.</p> <p>Resident #42 (R42)</p> <p>Review of the EMR for R42 revealed his guardian had signed a consent for pneumococcal vaccination on 10/20/24. Review of R42's EMR and state immunization report revealed that he never received the vaccination booster. R42 was noted to be over [AGE] years of age.</p> <p>Resident #48 (R48)</p> <p>Review of the EMR for R48, revealed her guardian had signed a consent for pneumococcal vaccination on 9/27/24. Review of R48's EMR and state immunization report revealed that she never received the vaccination booster. R48 was noted to be over [AGE] years of age.</p> <p>On 3/25/25 at 10:10 AM, an interview was conducted with Infection Preventionist/Registered Nurse (RN) D who was asked how often pneumococcal vaccinations were offered. RN D replied, They are offered yearly after a declination. We recently changed the process and are now offering them quarterly and started in January 2025 with the new process.</p> <p>Review of policy titled, Immunizations: Pneumococcal Vaccination (PPV) of Residents, dated 11/4/24, read in part, Guideline: The Advisory Committee on Immunization Practices (ACIP) recommends vaccinating persons at risk for serious complications from pneumococcal pneumonia, including those [AGE] years and older and all residents of nursing homes .1. All residents of our facility should receive the pneumococcal vaccine is they are [AGE] years of age or older or younger than [AGE] years with underlying conditions that are associated with increased susceptibility to infection or increased risk for serious disease and its complications .3. Every year, a log will be maintained documenting the number of residents who received the vaccine, as well as the number who refused or did not get vaccinated .Administration Procedure .C. Informed consent in the form of a discussion regarding risks and benefits of vaccination will occur prior to vaccination. (This may be with the resident's authorized representative when appropriate. If signed consent were required according to state law, it would occur at this procedural step) .</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235438	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/26/2025
NAME OF PROVIDER OR SUPPLIER  Autumnwood of McBain		STREET ADDRESS, CITY, STATE, ZIP CODE  220 Hughston St MC Bain, MI 49657	
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 0923</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>45123</p> <p>Have enough outside ventilation via a window or mechanical ventilation, or both.</p> <p>Based on observation, interview, and record review, the facility failed to ensure exhaust ventilation was functioning in resident bathrooms on one hall, serving 19 of a total 89 residents. This deficient practice resulted in noxious odors permeating the resident environment rendering the living conditions unpleasant and uncomfortable. Findings include:</p> <p>On 3/23/25 at 10:30 AM, noxious odors were noted throughout the 300 Hall.</p> <p>On 3/24/25 at 7:20 AM, noxious odors were noted throughout the 300 Hall. On 3/24/25 at 8:45 AM, in response to the presence of continued noxious odors on the 300 Hall, an investigation was initiated into determining the functioning of the exhaust ventilation system for resident bathrooms. The bathrooms serving the following rooms were inspected for functioning exhaust by placing a paper towel over the cling mounted duct cover and determining if there was adequate negative pressure to hold the paper in place. The failure to hold the towel in place was deemed a failure for that bathroom's exhaust system. This failure was noted in the bathrooms serving the following resident rooms:</p> <p>A.) 300 Hall: 302, 303/304, 305, 306, 307/308, and 309.</p> <p>On 3/24/25 at 9:30 AM, an interview was conducted with Maintenance Director (MD) I who conducted a similar test for bathroom exhaust function and confirmed there was not any negative pressure in the duct resulting in a failure of exhaust from the bathroom. MD I stated she was unaware of the non-functioning exhaust system. When asked about the frequency of the testing and observing for the functioning of the exhaust, MD I stated she observed the exhaust system motors once a month and tested on e bathroom exhaust at the same time. When asked when the last check of the exhaust had been conducted, MD I stated I think this month. MD I was requested to investigate the cause of the failure and share the information with the survey team.</p> <p>On 3/24/25 at 10:15 AM, an interview was conducted with the Maintenance Assistant G who confirmed the motors responsible for the exhaust ventilation for the 300 Hall had a broken belt and that he had replaced it when he went up on the roof to check if they were functioning properly. Maintenance Assistant G stated that he had not been up on the roof since November related to the Winter season. A computer-generated report sheet was provided and indicated the exhaust fans had been checked on 3/5/25 by MD I.</p> <p>Review of policy titled, Maintenance Department, dated 9/19/24, read in part, Policy: To assure proper maintenance of the physical plant. I. Preventive Maintenance: The Maintenance Department is responsible for maintaining the facility's ventilation systems and temperature control .</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235438	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/26/2025
NAME OF PROVIDER OR SUPPLIER  Autumnwood of McBain		STREET ADDRESS, CITY, STATE, ZIP CODE  220 Hughston St MC Bain, MI 49657	
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 0948</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that paid feeding assistants have the training they need.</p> <p>45123</p> <p>Based on observation, interview, and record review, the facility failed to train a non-licensed employee with the State-approved training course for feeding assistance to residents. This deficient practice resulted in an increased risk of feeding complications for all 3 residents requiring assistance during mealtimes. Findings include:</p> <p>During the breakfast observation in the 300 Hall dining room on 3/25/25 at 7:40 AM, Activities Aide B was observed feeding Resident #60 (R60) a level 3 advanced mechanical soft diet. When asked why she was feeding R60, Activities Aide B said assistance was needed as other staff were not available.</p> <p>On 3/25/25 at 8:00 AM, an interview was conducted with the Nursing Home Administrator (NHA) and the Director of Nursing (DON) in the NHAs office. Both the NHA and the DON were asked if activities aides were allowed to provide feeding assistance for residents. The DON replied, Only if they are Certified Nurse Aides. The employee file was requested for Activities Aide B. The NHA confirmed that the facility does not have any paid feeding assistance.</p> <p>Review of Activities Aide B employee file on 3/25/25 at 10:30 AM, revealed that Activities Aide B was a non-certified facility staff member and had not taken the State-approved training course for paid feeding assistance.</p> <p>On 3/25/25 at 1:00 PM, an interview was conducted with Activities Aide B who was asked if she had taken the State-approved training course for paid feeding assistance including, at a minimum, 8 hours of training in: feeding techniques, assistance with feeding and hydration, communication and interpersonal skills, appropriate response to resident behavior, safety and emergency procedure, including the Heimlich, infection control, resident rights, and recognizing changes in residents that are inconsistent with their normal behavior and the importance of reporting those changes to the supervising nurse. The Activities Aide stated she was familiar with feeding kids but was not aware of any State-approved training course.</p> <p>Review of facility job description titled, Activity Aide, undated, read in part, Position Summary: Assists the Director of Activities or Assistant Director in the implementation of the activities program. Qualifications . Certifications, Licenses, Registrations: None . The position description 'Essential Functions and Responsibilities' did not include feeding assistance to facility residents.</p>		