

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235447	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/12/2025
NAME OF PROVIDER OR SUPPLIER Douglas Cove Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 243 Wiley Road Douglas, MI 49406	

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 0728</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that nurse aides who have worked more than 4 months, are trained and competent; and nurse aides who have worked less than 4 months are enrolled in appropriate training.</p> <p>41424</p> <p>This citation pertains to Intake: MI00149459</p> <p>Based on interview and record review, the facility failed to ensure 3 of 22 nurse aides reviewed for nurse aide certification license became certified within four months of nurse aide training before continuing to provide resident care, resulting in the potential for inadequate or inappropriate resident care.</p> <p>Findings include:</p> <p>This writer reviewed the Nurse Aide Public Registry on 03/12/25 for all 22 nurse aides employed by the facility and was unable to locate a Certified Nursing Assistant (CNA) license for Nursing Assistant (NA) G, NA H, and NA I.</p> <p>In an interview on 3/12/25 at 12:25 PM, Human Resources (HR) D reported NA G did not pay the extra fee to have her license placed in the licensing system. HR D reported she contacted NA G via telephone to inform her of the need for the license to be placed in the system as well as to provide the facility with a copy of her CNA license.</p> <p>In an interview on 3/12/25 at 12:30 PM, HR D reported NA I was hired on 3/29/24, took the nursing assistant class, which was paid for by the facility, from 4/22/24 - 5/3/24. HR D reported NA I had taken her test on Friday, March 7, 2025, and had failed the test. HR D reported she continues to work at the facility full time on the night shift from 6 PM - 6 AM.</p> <p>In an interview on 3/12/25 at 12:35 PM, HR D reported NA H had worked for the assisted living before moving to long term care. HR D reported the facility had paid for NA H' to take the nursing aid class and did not have a copy of her CNA license.</p> <p>Review of Posted Timecard Report dated 3/12/25, revealed for NA H .06/05/24 Attending CNA School . 06/18/2024: Position transfer from ALF Tech Aide to Nursing Dept. CNA .</p> <p>In an interview on 3/12/25 at 12:37 PM, HR D reported Scheduler J placed the staff in the CNA training class when they were hired or moved from a different area of the facility. HR D reported she was unsure who was responsible for keeping track of the licensing for those nursing assistants the facility had paid for their classes.</p> <p>(continued on next page)</p>

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0728</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 3/12/25 at 12:42 PM, Administrator A reported those responsible for maintaining the records for certified nursing assistants licenses when they completed the CNA class was a combination of human resources staff and the scheduler.</p>

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<p>F 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Keep all essential equipment working safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41424</p> <p>Based on observation, interview, and record review, the facility failed to maintain the facility dishwasher in an operable manner. This deficient practice had the potential to affect all 47 residents within the facility.</p> <p>Findings include:</p> <p>This writer observed resident being served their lunches in Styrofoam containers. There was no mention of the facility having an outbreak of COVID in the building.</p> <p>In an interview on 3/11/25 at 12:29 PM, Certified Nursing Assistant (CNA) K reported the sink was not working and she believed that was why the facility was using Styrofoam containers for meals. She reported she worked last Friday, and they used the Styrofoam containers then as well.</p> <p>In an interview on 3/11/25 at 12:33 PM, Dietary Manager (DM) E reported the dish machine had been out over 30 days, not sure how long exactly, reported she first ordered the Styrofoam containers mid-February. She reported their Current Chemical Supplier/[NAME] N came in to check on their need, reported he could get them a dishwasher on lease through them. DM E reported this was approximately two weeks ago. She reported the facility had to obtain approval from corporate but once they did, the facility would lease the dishwasher. DM E reported she was unsure why the dishwasher was not at the facility yet. She reported she had provided all the information she had to the Administrator. DM E reported the previous Maintenance Director F had gotten quotes from Chemical Supplier/[NAME] M who could provide them with a dishwasher, but the facility had decided to go with Current Chemical Supplier/[NAME] N for the dishwasher.</p> <p>In an interview on 3/11/25 at 2:50 PM. Administrator A reported the facility was required to obtain 3 quotes for corporate office. She had reached out to obtain a quote from Food and Service Supplier L which took about 3 weeks, and they still had no quote yet. She reported Current Chemical Supplier/[NAME] N connected them with Account Representative O who informed them last week, 3/7/25, the facility did not have enough credit history and needed a guarantee from corporate owner. This writer requested documentation of quotes, invoices, etc. to support interview.</p> <p>In an interview on 3/12/25 at 4:03PM, Previous Maintenance Director F' reported the dish machine stopped working last month, February, some time. Previous Maintenance Director F' reported before he left, he had been working on getting a replacement as the one they had was so old the cost for repair would be at the least half amount of a new one and the were parts not available as the machine was [AGE] years old. Previous Maintenance Director F' reported when he left, he understood the facility was still waiting on quotes as they were required to obtain three quotes by corporate.</p> <p>(continued on next page)</p>		

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<p>F 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Review of the submitted documentation revealed on 1/29/25 the facility had obtained a quote to have the dishwasher fixed. 1/29/25 had reached out to Food and Service Supplier L about obtaining a dishwasher. Informed they do not provide dishwashers, they utilized Chemical Supplier/[NAME] M. On 2/11/25, Chemical Supplier/[NAME] M came to the facility for a walk through. On 2/20/25, Chemical Supplier/[NAME] M had reached out and were informed the facility was going with Current Chemical Supplier/[NAME] N. On 2/14/25, Current Chemical Supplier/[NAME] N supplied the facility with the type and model of dishwasher (High Temperature Single Rack Straight dishwasher) the facility would need and the cost for replacement. On 2/20/25, Account Representative O requested additional information from corporate owners. On March 7, 2025, Account Representative O informed the facility they were not approved due to credit history was not extensive and required a guarantee from the owner.</p> <p>In an interview on 3/12/25 at 08:58 AM, Resident #104 had reported she was sick and tired of being served her meals on Styrofoam and was over it. Resident #104 reported this had been happening for far too long and as much as she paid as a resident at the facility, she shouldn't be served Styrofoam for months and the dishwasher should have been addressed long ago. Resident #104 reported the Styrofoam didn't maintain heat for the food as well so she was getting cold or luke warm food.</p> <p>In an interview on 3/12/25 at 12:46 PM, Administrator A reported she had spoken to Account Representative O who was the financing specialist. Administrator A reported she was informed by the financing specialist the company had to run the additional information requested on 3/7/25 and indicated to the facility she was 90% sure the credit would be approved for a leased dishwasher. Administrator A reported she was informed the replacement dishwasher could take 4-6 weeks once the credit approval was granted. Administrator A reported the facility would continue to use Styrofoam containers until the dishwasher was replaced due to the concern for maintaining infection control and the cross contamination of the tableware.</p>