

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235459	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/13/2025
NAME OF PROVIDER OR SUPPLIER  Altercare of Big Rapids Ctr for Rehab & Nursing CA		STREET ADDRESS, CITY, STATE, ZIP CODE 805 West Ave Big Rapids, MI 49307	

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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37577</b></p> <p>Based on observation, interview, and record review, the facility failed to follow standards of practice for medication administration for two of six residents (Resident #1 and Resident #17) reviewed for professional standards.</p> <p>Findings:</p> <p>Resident #1 (R1)</p> <p>Review of a Face Sheet revealed R1 was a 69 year old male, last admitted to the facility on [DATE], with pertinent diagnoses of seizure disorder, muscle weakness, cognitive communication deficit, glaucoma, and mild cognitive impairment.</p> <p>During an observation on 03/11/25 at 9:09 AM, R1's morning medications sat on the bedside table in a plastic medication cup. R1 stated that he would take the medications in a bit.</p> <p>During a review of R1's electronic health record (EHR) revealed that there was not an assessment completed for R1 to self administer medications.</p> <p>During an interview on 03/11/25 at 12:17 PM, the Administrator indicated that none of the residents has been successfully assessed to self administer their medications.</p> <p>Resident #17 (R17)</p> <p>Review of a Face Sheet revealed R17 was a [AGE] year old male that admitted to the facility on [DATE].</p> <p>During an observation on 03/11/25 at 9:46 AM, R17's morning medications sat on the over-bed table in a plastic medication cup. R17 stated that they usually leave my medications for me to take.</p> <p>During a review of R17's EHR revealed that there was not an assessment completed for R17 to self administer medications.</p> <p>During an interview on 03/12/25 at 1:51 PM, Registered Nurse (RN) I indicated that leaving medications bedside for a resident without an assessment for the resident to safely administer the medications, was not a standard of practice at this facility.</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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the facility policy Self-Administration of Medication reflected .Each resident is offered the opportunity to self administer his or her medications during a routine assessment by the facility's interdisciplinary team . If the resident wishes to self administer medications, the interdisciplinary team must assess the resident's cognitive, physical, and visual ability to administer his or her own medications.</p>

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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> 29073</p> <p>Based on observation, interview, and record review, the facility failed to maintain sanitary oxygen supplies in 3 (R19, R29 and R115) of 4 residents reviewed for respiratory care from a total sample of 17 residents.</p> <p>Findings:</p> <p>Resident #19 (R19)</p> <p>Review of a Resident Face Sheet reflected R19 admitted to the facility on [DATE].</p> <p>Review of a Nursing progress note dated 2/19/25 reflected R19 was having low oxygen saturations of 79%-80% and oxygen at 2 liters per nasal cannula was applied by the nurse. On 2/20/25 R19 was diagnosed with bronchitis and prescribed an antibiotic.</p> <p>Review of a General Administration History: 02/01/2025 - 02/28/2025 reflected Change Oxygen tubing, humidification, all oxygen supplies, date new supplies, every Sunday and as needed. Order As Needed Frequency Special Instructions Diagnosis 02/25/2025 - Open Ended Start/End Date 2/25/2025 - open ended.</p> <p>During an observation on 3/12/25 at 7:58 AM, oxygen tubing was draped over the handle to the portable oxygen tank, a clean plastic bag was not present to secure the oxygen tubing.</p> <p>During an observation on 3/12/25 at 12:51 PM, oxygen tubing draped over the handle to the portable oxygen tank, a clean plastic bag was not present to secure the oxygen tubing.</p> <p>Resident #29 (R29)</p> <p>Review of a Resident Face Sheet reflects R29 admitted to the facility with pertinent diagnoses that included chronic respiratory failure with hypoxia (low blood oxygen), sleep apnea and (severe) obesity with alveolar hypoventilation (a breathing disorder that affects some people with obesity).</p> <p>Review of a Care Plan initiated 4/10/2024 indicated R29 has the potential for alteration in respiratory function related to chronic obstructive pulmonary disease (COPD), chronic respiratory failure (CRF) did not reflect any directions for staff care of oxygen supplies.</p> <p>During an observation on 3/11/25 at 9:46 AM, R29's nasal cannula and oxygen tubing is draped over a fan on the resident over bed table, a clean plastic bag was not in the vicinity of the supplemental oxygen tubing.</p> <p>During an observation on 03/12/25 at 2:35 PM, R29's oxygen tubing is draped over a fan on the resident over the bed table. Additional oxygen tubing, detached from any oxygen supply, was on a blue plastic storage bin in front of the resident dresser, not secured in a clean plastic bag.</p> <p>Resident #115 (R115)</p> <p>(continued on next page)</p>

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of a Resident Face Sheet reflected R115 admitted to the facility on [DATE] with pertinent diagnoses that included acute on chronic diastolic (congestive) heart failure, Sarcoidosis (a chronic inflammatory disease characterized by the formation of granulomas, which are small clusters of immune cells, in various organs of the body) and chronic obstructive pulmonary disease (COPD).</p> <p>During an observation and interview on 3/11/25 at 9:23 AM, R115 reported she only wears the oxygen at night. R115's oxygen nasal canula which was connected to tubing attached to the oxygen concentrator is resting in the garbage can and does not appear dated.</p> <p>During an observation on 3/12/25 at 12:47 PM, R115's oxygen nasal canula is resting on top of the oxygen concentrator next to the trash bin, a clean plastic bag is not observed near the oxygen tubing.</p> <p>Review of a Treatment Administration History: 03/01/2025 - 03/12/2025 reflected Change oxygen tubing once a week on Sunday, and PRN (as needed) Order as Needed Frequency Special Instructions Diagnosis 03/11/2025 - open ended. The order does not indicate a requirement for any additional supplies or date marking requirement.</p> <p>During an interview on 03/13/25 at 8:23 AM it was reported by Registered Nurse (RN) F the resident oxygen tubing should be held in a clean plastic bag which is changed weekly.</p> <p>Review of a facility policy Respiratory Treatment Oxygen updated 5/19/21 reflected To provide supplementary oxygen to the respiratory system through oxygen therapy while maintaining appropriate infection control measures to reduce the risk of transmission of infectious agents. The policy specified 4. Date all equipment being used (oxygen tubing, nasal canula, mask, plastic storage bag and humidification bottle if indicated). 10. When oxygen is not in use store in dated plastic bag. 11. Change oxygen tubing, nasal canula, mask, humidification bottles and plastic storage bag every (7) days and as needed.</p>		

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 39056</p> <p>Based on interview and record review, the facility failed to 1.) involve the resident representative in the psychotropic medication management process for 2 residents (Resident #3 and #45) and 2.) failed to monitor laboratory studies for 1 resident (Resident #33) out of 6 residents reviewed for psychotropic medication use.</p> <p>Findings:</p> <p>Resident #3 (R3)</p> <p>Review of an Admission Record revealed R3 was a [AGE] year-old male, admitted to the facility on [DATE], with pertinent diagnoses which included: anoxic brain damage, anxiety, depression, major depressive disorder, and seizure disorder.</p> <p>Review of R3's Psychiatric Consultation Note dated 4/21/25 revealed, .Anoxic brain damage .Plan: He can be impulsive at times. He is on 17.5mg Zyprexa daily, no GDR (Gradual Dose Reduction) have been done per wife's wishes .would recommend to continue to discuss with wife about GDRs .</p> <p>Review of R3's Pharmacy Recommendation signed by the provider 2/28/25 revealed, (R3) is currently taking . olanzapine (Zyprexa) 15 mg .(R3) is due for a dose reduction evaluation at this time .Please evaluate if a dose reduction would be appropriate at this time. If a GDR is contraindicated, please consider writing a risk vs. benefit statement documenting the clinical rationale for no reduction . Agree was circled below indicating a GDR would be attempted and was signed by the provider.</p> <p>During an interview on 03/12/25 at 01:07 PM, Resident Representative (RR) H reported that she received a phone call by a facility staff member and was told that the State of Michigan was forcing them to reduce his (psychotropic) medications. RR H reported that his behaviors were stable, and he was doing well and therefore felt the dose reduction of R3's Zyprexa would result in a decline in R3's psychosocial wellbeing. RR H reported that R3 was not over sedated and was appropriately interacting with other staff and residents. She was concerned that any changes in his medication regimen would result in increased behaviors and outbursts and wanted to keep the regimen as it was because he was psychologically stable and doing well. RR H also reported that R3's Zyprexa was not just for behavior but also for neurological issues. RR H stated, I told them his psych meds were not to be touched, and they said it's forced by the State, and it has to be done. RR H stated she felt forced into consenting to the medication change because the State regulations were threatened.</p> <p>(continued on next page)</p>

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of R3's Progress Note dated 03/05/2025 at 05:22 PM revealed, Received recommendation from pharmacy to perform GDR on one of (R3's) psychoactive medications. We have attempted to discuss this change with (RR H), who declined changes. (Contracted psychiatric consultant) also saw resident and recommended changes. On 3/4/25, we were able to discuss with (RR H) the fact that as a resident here, and subject to the rules and regulations set by the State of Michigan, resident does require a GDR of antipsychotic. (RR H) acknowledged that this is what must happen, but states, you guys have fun with that. He was a bear last time they messed with his meds. He was angry and mean and then would just cry, just sob. Staff offered support and reassurance and explained that we will monitor resident closely and make changes as necessary. Order placed to decrease Zyprexa to 7.5 nightly.</p> <p>Resident #45 (R45)</p> <p>Review of an Admission Record revealed R45 was a [AGE] year-old female, admitted to the facility on [DATE], with pertinent diagnoses which included: dementia with psychotic disturbances.</p> <p>Review of R45's Order Summary dated 02/07/2025-03/05/2025 revealed, Depakote (divalproex) tablet, delayed release (DR/EC); 125 mg; amt: 125mg; oral Special Instructions: psychotic disturbance within Unspecified Dementia Twice A Day</p> <p>Review of R45's Progress Note dated 03/04/2025 revealed, Per (psychiatric consultants) recommendation, Depakote level increased to 250 (mg) BID (twice a day) .Provider agreed. Order placed. Will monitor for changes to behavior and report to provider as necessary.</p> <p>Review of R45's Progress Note dated 03/05/2025 revealed, Received recommendation from pharmacy to GDR resident's Lorazepam (antianxiety medication). Resident has continued to have anxious behaviors, crying, moaning, repetitive vocalizations, pacing. IDT (interdisciplinary team) and Provider made determination to decline recommendation at this time. Recommendation received from (psychiatric consultant) to increase resident's Depakote. Will re-evaluate resident's response to medication change and determine if GDR is appropriate at that time.</p> <p>Review of R45's Order Summary dated 03/05/2025 revealed, Depakote (divalproex) tablet, delayed release (DR/EC); 250 mg; amt: 250mg; oral Special Instructions: Psychotic disturbance within unspecified dementia Twice A Day.</p> <p>Review of R45's Electronic Medication Record revealed no documentation that R45's responsible party was involved in the decision to increase R45's depakote on 3/4/25-3/5/25.</p> <p>Review of R45's Progress Note dated 03/10/2025 revealed, Resident continues to be agitated, restless, tearful. She paces up and down halls with repetitive vocalizations, will break out into moments of screaming and crying, completely inconsolable. Discussed behaviors with IDT and reviewed meds with (unit name omitted) Hall Coordinator, Provider, and resident's family. Reviewed resident's (psychotropic medication genetic testing) and determination was made that Xanax may be a better medication to try to address resident's anxiety. Provider gave order for 0.5mg twice daily, PRN every 8 hours as needed. Order written, nurse notified, family aware of change. Will monitor and report changes to provider as necessary.</p> <p>(continued on next page)</p>		

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview via email on 03/12/2025 at 6:41 PM, Nursing Home Administrator (NHA) stated, On 03/10/25 DON (Director of Nursing) met with guardian on unit and completed medication review due to behaviors. Confirming R45's guardian was not made aware of the increase in depakote at the time the order was changed.</p> <p>Resident #33 (R33)</p> <p>Review of an Admission Record revealed R33 was an [AGE] year-old male, admitted to the facility on [DATE], with pertinent diagnoses which included: paraphilia.</p> <p>Review of the National Library of Medicine revealed Paraphilias are persistent and recurrent sexual interests, urges, fantasies, or behaviors of marked intensity involving objects, activities, or even situations that are atypical in nature. (<a href="https://www.ncbi.nlm.nih.gov/books/NBK554425/">https://www.ncbi.nlm.nih.gov/books/NBK554425/</a>) Paraphilias are persistent and recurrent sexual interests, urges, fantasies, or behaviors of marked intensity involving objects, activities, or even situations that are atypical in nature.</p> <p>Review of R33's Order Summary dated 3/16/24 revealed, Provera (medroxyprogesterone) tablet; 5 mg; amt: 10 mg; oral. Special Instructions: paraphilia Once A Day.</p> <p>Review of R33's Electronic Health Record revealed no documentation that R33 was followed by the contracted psychiatric consultant following the diagnosis of paraphilia and the subsequent order for Provera. R33's records did not reveal that he had had a liver function tests (LFTs), serum testosterone, LH, or FSH labs completed since the initiation of the Provera.</p> <p>During an interview via email on 03/12/2025 at 6:41 PM, NHA reported the facility physician was responsible for the management of R33's Provera order and monitoring. R33's physician did not order any labs due to the indication of use for the Provera.</p> <p>Review of the National Library of Medicine research article titled Medroxyprogesterone (Provera) last updated 02/29/2024 revealed, .If patients are currently prescribed medroxyprogesterone for paraphilia/hypersexuality, liver function tests (LFTs), complete blood count (CBC), serum testosterone, LH, FSH, and glucose require regular monitoring. Also, consider an annual bone scan if serum testosterone markedly decreases . [NAME] A, [NAME] P, Gerriets V. Medroxyprogesterone. [Updated 2024 [DATE]]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2025 Jan-. Available from: <a href="https://www.ncbi.nlm.nih.gov/books/NBK559192/">https://www.ncbi.nlm.nih.gov/books/NBK559192/</a></p> <p>During an interview on 03/13/2025 10:11 AM, Nursing Home Administrator (NHA) reported that the Behavior Management Team follows the resident and/or resident representatives' direction when it comes to the GDR process and ensure all parties are educated on the process and the risk versus benefits of the psychotropic medications prior to any medication changes.</p> <p>(continued on next page)</p>		

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 03/12/25 at 02:27 PM, Social Services (SS) G reported that she had been the Social Services staff member for the facility for approximately 3 years until she transitioned to a different position the end of January 2025. SS G reported that the psychiatric consultation group assesses all residents prescribed a psychotropic medication and the facility Behavior Management Team would follow their recommendations for treatment. SS G reported the Behavior Management Team also followed the guidelines in the State Operations Manual regarding the GDR process and the team would try to respect their wishes. SS G stated that the facility was required per State guidelines to attempt a GDR for residents on psychotropic medications that were not exhibiting any behaviors to ensure residents were not overmedicated. SS G reported that RR H had previously refused all GDR attempts for R33 due to her fear that he would decline, and his behaviors would increase. SS G reported that R33's behavior documentation (lack of behaviors) didn't support his use of psychotropic medications and therefore a GDR was required to take place despite SS G's confirmation that R33 was not over sedated, and his representative was against the recommendation. SS G reported that RR H was concerned that R33 would have increased behaviors with any changes to his medications. SS G reported that she had not discussed with R33's representative the recommendation of increasing the depakote.</p> <p>Review of the facility policy Medication Management (A) (no date) revealed, .Procedure-The interdisciplinary team reviews the resident's medication regimen for efficacy and actual or potential medication-related problems on an ongoing basis (quarterly) .2. The resident is evaluated before initiating, withdrawing, or withholding medication(s), or using non-pharmacologic approaches. A. The extent of the evaluation will vary according to the resident's current condition, but may include .ii. Resident's goals and preferences .iv. History of prior and current medications .vi. Refusal of care and treatment, including the basis for declining it and the identification of pertinent alternatives. vii. An evaluation of medication risk vs. benefits will include/summarizing the rationale for necessary for (sic) medication therapy. 3. Information gathered during the initial and ongoing evaluations are incorporated into a comprehensive care plan that reflects appropriate medication-related goals and parameters for monitoring the resident's condition and ongoing need for the medication(s) .a. The care planning team defines quantitative and qualitative monitoring parameters using a variety of resources .clinical practice guidelines or clinical standards of practices; medication references; and clinical studies or evidence-based review articles that are published in medical and/or pharmacy journals .9. When a resident's clinical condition has improved or stabilized, the underlying causes of the original target symptoms have resolved, and/or non-pharmacological interventions, including behavioral interventions, have been effective in reducing the symptoms (sic), the resident is evaluated for the appropriateness of a taper or gradual dose reduction (GDR) of the medication. A. Antipsychotics. If a resident is admitted on an antipsychotic medication or the facility initiates antipsychotic therapy, the facility must attempt a GDR in two separate quarters (with at least one month between the attempts) within the first year, unless clinically contraindicated. After the first year, a GDR must be attempted annually, unless clinically contraindicated .2. The continued use is in accordance with relevant current standard of practice and the physician documents the clinical rationale of why any additional attempted dose reductions would likely impair the resident's function, increase distressed behavior, or cause psychiatric instability by exacerbating an underlying medical or psychiatric disorder .</p> <p>(continued on next page)</p>		

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Medroxyprogesterone Last Update: February 29, 2024. If patients are currently prescribed medroxyprogesterone for paraphilia/hypersexuality, liver function tests (LFTs), complete blood count (CBC), serum testosterone, LH, FSH, and glucose require regular monitoring. Also, consider an annual bone scan if serum testosterone markedly decreases . [NAME] A, [NAME] P, Gerriets V. Medroxyprogesterone. [Updated 2024 [DATE]]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2025 Jan-. Available from: <a href="https://www.ncbi.nlm.nih.gov/books/NBK559192/">https://www.ncbi.nlm.nih.gov/books/NBK559192/</a></p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>37872</p> <p>Based on observations, interviews, and record reviews, the facility failed to effectively clean and maintain food service equipment potentially effecting 64 residents, resulting in the increased likelihood for cross-contamination and bacterial harborage.</p> <p>Findings include:</p> <p>On 03/11/25 between 9:15 AM and 10:20 AM during the initial tour with Dietitian (B) the following concerns were observed:</p> <p>The hand sink basin was observed visibly soiled from a build-up of grime and scale. Further observation of the hand sink revealed a leak in the plumbing fixture.</p> <p>The drain boards, the backsplash and inside sink basins of the 3-compartment sink (located across from the hand sink) was observed to be soiled and had build-up scale, grime and debris.</p> <p>Walk In Cooler's door (including door handle, ledge, and opening), the shelving and fan compressor grate were visibly soiled with a build-up of dust, food residues/debris, mold and mildew.</p> <p>Walk in Freezer's door, (door handle, ledge, opening) and the flooring were visibly soiled.</p> <p>Kitchen shelving units (located on wall between hood system and the hallway door) had build-up of residues/debris.</p> <p>The flooring in the dry storage area beneath the shelving and along the floor/wall junctures had an accumulation of dirt and debris.</p> <p>The flooring in the hallway (leading to the outside/dumpster area) had an accumulation of rock salt, dust and debris.</p> <p>According to the 2017 FDA Food Code section 6-501.18 Cleaning of Plumbing Fixtures, PLUMBING FIXTURES such as the HANDWASHING SINKS, toilets, and urinals shall be cleaned as often as necessary to keep them clean.</p> <p>According to the 2017 FDA Food Code section 5-205.15 System maintained in Good Repair, A PLUMBING SYSTEM shall be: (A) Repaired according to LAW and (B) Maintained in good repair.</p> <p>According to the 2017 FDA Food Code section 4-501.14 Warewashing Equipment, Cleaning Frequency, A WAREWASHING machine; the compartments of sinks, basins, or other receptacles used for washing, and rinsing EQUIPMENT, UTENSILS, or raw FOODS, or laundering wiping cloths; and drainboards or other EQUIPMENT used to substitute for drain boards or specified under 4-301.13 shall be cleaned: (A) Before use; (B) Throughout the day at a frequency necessary to prevent recontamination of EQUIPMENT and UTENSILS and to ensure that the EQUIPMENT performs its intended function; and (C) If used, at least every 24 hours.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235459	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/13/2025
NAME OF PROVIDER OR SUPPLIER  Altercare of Big Rapids Ctr for Rehab & Nursing CA		STREET ADDRESS, CITY, STATE, ZIP CODE  805 West Ave Big Rapids, MI 49307	

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 - Some</p>	<p>According to the 2017 FDA Food Code section 4-601.11 Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils. (A) EQUIPMENT FOOD-CONTACT SURFACES and UTENSILS shall be clean to sight and touch. (B) The FOOD-CONTACT SURFACES of cooking EQUIPMENT and pans shall be kept free of encrusted grease deposits and other soil accumulations. (C) NONFOOD-CONTACT SURFACES of EQUIPMENT shall be kept free of an accumulation of dust, dirt, FOOD residue, and other debris.</p> <p>According to the 2017 FDA Food Code section 6-501.12 Cleaning, Frequency and Restrictions, (A) PHYSICAL FACILITIES shall be cleaned as often as necessary to keep them clean.</p>