STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235471	A. Building B. Wing	12/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Life Care Center of Plainwell	320 Brigham St Plainwell, MI 49080

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** This citation is related to intake 2646852Based on observation, interview, and record review, the facility failed to provide care and services to promote dignity and respect in 3 (Resident #3, #7, and #18) of 18 residents reviewed for dignity/respect, and 4 of 5 residents from the confidential group meeting, resulting in extended call light wait times, unmet care needs and the potential for feelings of diminished self-worth, sadness, and frustration. Findings include: Resident # 3 Review of an admission Record revealed Resident #3 was originally admitted to the facility on [DATE] with pertinent diagnoses which included critical illness myopathy (severe muscle weakness and wasting in critically ill patients) and end stage renal disease. Review of a Minimum Data Set (MDS) assessment for Resident #15, with a reference date of 10/1/25 revealed a Brief Interview for Mental Status (BIMS) score of 15/15 which indicated Resident # 15 was cognitively intact. In an interview and observation on 12/15/2025 at 1:44 PM, This writer knocked on Resident #3's room door. As this writer was entering Resident #3's room, Licensed Practical Nurse (LPN) U walked by this writer and stated, Be careful with him (Resident #3), he is a really cranky person. It was noted that LPN U made the statement about Resident #3 as his room door was open, and she was close enough for Resident #3 to hear her statement. In an interview on 12/15/2025 at 1:44 PM, Resident #3 reported feeling angry and frustrated with the way that staff treated him at the facility. Resident #3 reported that he often had to wait between 30-45 minutes for staff to answer his call light. Resident #3 reported he felt like most of the staff at the facility did not like him, and that he often heard staff talking about him. Resident #3 reported that he had heard staff call him cranky and difficult on several occasions. Resident #3 reported he had talked to facility management about the way that staff had treated him before, but he felt like it made things worse and that staff were retaliating against him, and the facility didn't do anything about his concerns, so he no longer voiced concerns. Resident #3 reported that he was just so tired of being treated like I am a nobody. They don't like me, and they have made that clear. In an interview on 12/16/2025 at 12:01 PM, Nursing Home Administrator (NHA) A reported she was aware that Resident #3 had concerns with staff interactions at the facility. NHA A reported that several staff members had also voiced concerns about interactions with Resident #3. When this writer queried about what the facility had done regarding Resident #3'c concerns with staff interactions, NHA A reported she had offered to assist Resident #3 in going to a new facility. NHA A reported that she had not completed any recent education with staff on treating residents with dignity and respect. NHA A reported that Resident #3 was not speaking to NHA A at the time, and that the facility was at a (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	loss at what to do for him. In a follow up interview on 12/17/2025 8:53 AM, Resident #3 reported that he had stopped talking to NHA A because he felt like the facility would not address his concerns and just swept things under the rug. When this writer queried about what kinds of things he had heard staff say about him, Resident #3 cried as he talked about hearing staff say that he was mean, cranky, and not my resident so I am not answering his light. Resident #3 reported he was so tired of being so angry and that he was angry because they just don't even treat me like I am a human being. In a follow up interview on 12/17/25 at 1:45 PM, NHA A reported she expected staff to treat all residents with dignity, and calling a resident cranky was not treating a resident with dignity and respect. Review of the facility's Dignity policy, last reviewed 9/6/25, revealed, Policy: Each resident has the right to be treated with dignity and respect. Interactions and activities with residents by staff, temporary agency staff, or volunteers must focus on enhancing the resident's self-esteem, self-worth, and incorporating the resident's goals, preferences, and choices. Staff must respect the resident's individuality as well as, honor and value their input. Resident #7 Review of an admission Record revealed Resident #7 was a female, with pertinent diagnoses which included: hemiplegia and hemiparesis (muscle weakness or partial paralysis on one side of the body) following cerebral infarction (stroke) affecting left non-dominant side. Review of a Minimum Data Set (MDS) assessment for Resident #7, with a reference date of 10/22/25 revealed a Brief Interview for Mental Status (BIMS) score of 15, out of a total possible score of 15, which indicated Resident #7 was cognitively intact. Review of Resident #7's current Care Plan revealed a focus of, Resident has an ADL (activities of daily living) self-care performance deficit r/t (related to) Disease Progress (Bipolar Disorder), Impaired mobility and balance last revised 7/29/25 with care planned interventions which included BED MOBILITY: Resident requires assistance by 1 to turn and reposition in bed frequently and as necessary last revised on 11/20/25 and PERSONAL HYGIENE: Resident requires assistance by staff with personal hygiene and oral care last revised 4/28/25. In an interview on 12/15/25 at 2:51 PM, Resident #7 reported, on average, it can take at least 30 minutes for staff to answer her call light. Resident #7 explained that because she is paralyzed on one side of her body, she needs help getting boosted up in bed when she wants repositioned. Resident #7 reported when she turns her call light on for assistance and is waiting to get repositioned it is painful. Resident #7 also reported she has had to wait in her soiled brief for an extended period after turning her call light on for assistance and it itches while she is waiting for staff to assist her. Resident #7 reported it makes her sad and angry when she has had to wait extended periods for her call light to be answered. Resident #18 Review of an admission Record revealed Resident #18 was a female, with pertinent diagnoses which included: generalized anxiety disorder and major depressive disorder, recurrent, unspecified. (continued on next page)

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of a Brief Interview for Mental Status (BIMS) assessment for Resident #18, signed 12/16/25 revealed a BIMS score of 15, out of a total possible score of 15, which indicated Resident #18 was cognitively intact. In an interview on 12/15/25 at 2:30 PM, Resident #18 reported it has taken 30 minutes or more at night for staff to respond to her call light. Resident #18 reported during the day, call light response time was good but at night it takes a long time. Resident #18 reported when it has taken a long time for staff to respond to her call light at night, it made her feel agitated because she would like to go to sleep and would like to see staff for her need before I have to give up. Resident #18 reported it can also take a long time for staff to respond to her call light on the weekend and that sometimes I had my light on forever and nobody would come. Resident #18 reported that was very unpleasant and sometimes she has fallen asleep without having her needs met. In an interview on 12/15/2025 at 4:38 PM, Certified Nurse Aide (CNA) Q reported residents have complained to him about long call light wait times. In an interview on 12/16/2025 at 10:41 AM, Licensed Practical Nurse (LPN) U reported residents have complained to her about long call light wait times, specifically related to night shift. In an interview on 12/16/2025 at 10:44 AM, Registered Nurse (RN) O reported sometimes residents have complained to her about long call light wait times. Review of Resident Council Meeting Minutes for 12/10/25 revealed, .Several residents expressed exceptionally long call light wait times during the evening shift, typically during 8pm - 10pm. Residents expressed waiting over 45 minutes . During a confidential resident council meeting interview held on 12/16/2025 at 1:15 PM, 4 out of 5 residents in attendance were visibly frustrated and reported the average call light wait time on night shift was 30 minutes. The council group reported the delayed call light response wasn't isolated to just one hall but affected four different halls.

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to ensure clean resident rooms and comfortable temperatures of facility care areas for 9 of 18 residents (Residents #15, 6, 11, 30, 27, 26, 7, 19 and 3) and 3 of 5 residents from a confidential resident council meeting reviewed for clean and comfortable environment, resulting in residents being uncomfortable living in an unclean and cold environment.Findings include:Residents #15, 6, 11, and 30: During an observation and interview on 12/15/2025 at 10:04 AM, Resident #15 was sitting on her bed in her room and reported her room was cold and it has been since it got cold outside. The room was observed to feel cold. During an observation on 12/15/2025 at 10:02 AM, the hallway ceiling vent between rooms [ROOM NUMBERS] was blowing out cold air. During an observation on 12/15/2025 at 10:39 AM, the hallway ceiling vent between rooms [ROOM NUMBERS] was blowing out cold air.During an observation on 12/16/2025 at 8:44 AM, undesirable cold air was felt blowing out of the ceiling hallway vent outside of room [ROOM NUMBER]. The cold air could be felt as you walked under or stood beneath it. The feeling in the hallway was cold. During an observation and interview on 12/16/2025 at 8:49 AM, cold air was flowing from the hallway ceiling vents between rooms [ROOM NUMBERS] and between rooms [ROOM NUMBERS]. Resident #15 was nearby and reported she slept in her zip up hoodie sweatshirt to stay warm last night. Review of Resident #15's brief interview for mental status, dated 11/8/25, was scored 14 which reflected she was cognitively intact. During an interview on 12/16/2025 at 8:58 AM, Resident #6 reported the facility was so cold. Resident #6 stated, I was freezing.I had to wear a coat all the time in the hallway.it stayed that way (cold) since it got cold outside.it's ridiculous. Review of Resident #6's brief interview for mental status, dated 11/17/25, was scored 15 which reflected she was cognitively intact. During an interview on 12/16/2025 at 9:07 AM, Confidential Informant (CI) DDD who worked in the building reported they were cold, it was always that cold, and the facility coldness concern had been brought to the facility multiple times. CI DDD confirmed it has been cold inside the facility since it got cold outside. During an observation and interview on 12/16/2025 at 9:52 AM, Residents #11 and #30 were awake, lying in their beds, and under their bed sheets. Resident #11 stated, I was awake last night because it was so cold. Resident #30 reported she couldn't comfortably hang/expose her arm out from under her sheets to eat because it was so cold yesterday. Review of Resident #11's brief interview for mental status, dated 11/17/25, was scored 15 which reflected she was cognitively intact. (continued on next page)

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of Resident #30's brief interview for mental status, dated 11/25/25, was scored 14 which reflected she was cognitively intact. During an observation on 12/17/2025 at 9:46 AM, cold air was felt coming out of the hallway ceiling vent between rooms [ROOM NUMBERS]. During an observation on 12/17/2025 at 9:49 AM, cold air was felt coming out of the hallway ceiling vent outside room [ROOM NUMBER]. During a confidential resident council meeting interview held on 12/16/2025 at 1:15 PM, 3 out of 5 residents in attendance reported the facility was too cold and the temperature was uncomfortable. They reported the undesirable cold temperature was not a new problem and confirmed it had been a problem. Review of the facility's, Resident Belongings and Home Like Environment, reviewed 5/15/25, stated, The facility will provide a safe, clean, comfortable, and homelike environment .Environment - Refers to any environment in the facility that is frequented by residents, including (but not limited to) the residents' rooms .hallways . Applying the reasonable person concept, for those that were not cognitively intact and unable to answer questions regarding facility temperature, one would not want to live in a cold indoor environment during wintertime. Observed on 12/15/25 at 1:00 PM room [ROOM NUMBER] to be cool upon entering the room. Upon entering the private bathroom, it was extremely warm. The thermostat was set at 90 degrees causing surveyor to step quickly out of that area and back into the bed area. There was a noticeable change in temperature between the two areas. Observed on 12/15/25 at 1:00 PM room [ROOM NUMBER] to have the threshold, under the heat register, areas where the wall and floor meet, and the corners of the room and bathroom filled with dirt and debris. During an interview on 12/16/2025 at 9:20 AM, Housekeeping R reported she was told by her supervisor not to clean room [ROOM NUMBER] at this time but instead was to make the bed in room [ROOM NUMBER]-1 because family was coming to visit soon. Observed on 12/16/25 at 9:21 AM room [ROOM NUMBER] to have the threshold, under the heat register, areas where the wall and floor meet, and the corners of the room and bathroom filled with dirt and debris. Cobwebs with dead winged insects and ants were in the corners of the wall and ceilings and inside closet area. Observed on 12/16/25 at 9:21 AM room [ROOM NUMBER] and adjoining bathroom, multiple dead ants in the bathtub. The bathtub drain had greenish corrosion. On the floor of the bathroom were multiple dead winged insects and ants. The same number of dead bugs as the prior day. Observed on 12/16/25 at 9:21 AM room [ROOM NUMBER] to be cool upon entering. Upon entering the private bathroom, it was extremely warm. The bathroom thermostat was set at 90 degrees causing surveyor to step quickly out of that area and back into the bed area. There was a noticeable change in temperature between the two areas. (continued on next page)

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Observed on 12/16/2025 9:27 AM room [ROOM NUMBER] to have a dead ant floating in the toilet. Cobwebs in the corners of the walls and floor with dead winged insects and ants. room [ROOM NUMBER]'s bathroom shared a wall with room [ROOM NUMBER]'s bathroom. In the room and closet at the corners of the walls and floor and walls and ceilings were cobwebs with dead winged insects. In the bathtub was a pair of men's underwear that were fecal soiled and toilet paper. Observed on 12/16/25 at 11:23 AM room [ROOM NUMBER] to have cobwebs in the corners of the walls and floor with dead winged insects and ants. In the bathtub was a pair of men's underwear that were fecal soiled and toilet paper. During an observation and interview on 12/16/25 at 11:30 AM, room [ROOM NUMBER] had dead ants in the bathtub and bathroom floor. During an observation and interview on 12/16/25 at 1:00 PM, R27 was in his room with four of his family members. Upon entering the room, it was cool. The door to the bathroom was open with the thermostat set at 90 degrees. A noticeable temperature increased was felt between the door areas making the surveyor leave the bathroom. FM SS reported the family left the bathroom door open to get heat into the bed area and that they or the resident had not touched the thermostat. Observed on 12/16/25 at 11:30 AM, room [ROOM NUMBER] to have the threshold, under the heat register, area where the wall and floor meet, and the corners of the room and bathroom filled with dirt and debris. Cobwebs with dead winged insects and ants in the corners of the wall and ceilings and inside closet area. Resident #26 Review of an admission Record revealed Resident #26 was originally admitted to the facility on [DATE]. Review of a Minimum Data Set (MDS) assessment for Resident #26 with a reference date of 10/29/25, revealed a Brief Interview for Mental Status (BIMS) assessment score of 15/15, which indicated the resident was cognitively intact. During an observation and interview on 12/15/25 at 1:02pm, Resident #26 sat at the edge of her bed, dressed in clothing of choice, and reported her room was cold. When queried about how often she felt her room was cold, Resident #26 stated It's cold everyday. Resident #26 reported she would be comfortable if her room could be kept between 71-75 degrees. Resident #7 Review of an admission Record revealed Resident # 7 was originally admitted to the facility on [DATE]. Review of a Minimum Data Set (MDS) assessment for Resident #7 with a reference date of 10/22/25, revealed a Brief Interview for Mental Status (BIMS) assessment score of 15/15, which indicated the resident was cognitively intact. During an observation and interview on 12/15/25 at 11:02am, Resident #7 was lying in bed, covered with a sheet, a thin white woven facility blanket, and a blue personal blanket that appeared to be 1/4 (continued on next page)

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	thick. When asked if she was comfortable, Resident #7 reported it was never warm enough in her room and she felt cold at this time. During an observation and interview on 12/16/25 at 7:52am, Resident #7 was lying in bed, covered by a sheet, a thin white woven facility blanket, and a blue personal blanket. When queried about her comfort, Resident #7 stated I'm freezing. I think I need to put on my coat. Resident #19 Review of an admission Record revealed Resident #19 was originally admitted to the facility on [DATE]. Review of a Minimum Data Set (MDS) assessment for Resident #19 with a reference date of 10/29/25, revealed a Brief Interview for Mental Status (BIMS) assessment score of 14 /15, which indicated the resident was cognitively intact. During an observation and interview on 12/15/25 at 11:32am, Resident #19 sat in her wheelchair next to her bed, dressed in personal clothing of choice. Resident #19 reported she was cold and that it was usually cold in her room. In an interview on 12/15/25 at 11:20am, Certified Nursing Assistant (CNA) NN reported she usually worked on the 200-hall, and it was common for residents on that hall to complain they were cold. CNA NN reported the maintenance department had been made aware of the complaints about the temperature. In an interview on 12/16/25 at 7:53am, CNA OO reported the 200 hall was cold in certain rooms and she always tried to put sweaters on the residents in those rooms. When further queried, CNA OO reported she noticed Resident #7's room usually felt cold and that maintenance was aware of the issue. In an interview on 12/16/25 at 1:59am, Registered Nurse (RN) N reported he usually worked the 200-hall. When queried regarding the temperature on the unit, RN N stated It's really cold in the winter and the residents want extra blankets all the time. RN N reported he told the maintenance department several times that the unit felt too cold for the residents. During an observation and interview on 12/15/25 at 11:45am, the thermostat for the 200 hall was set at 69 degrees. Maintenance Director (MD) S confirmed the common areas of the 200-hall felt cool this morning, but she had not had time to evaluate the heating system or adjust the thermostat. MD S measured the temperature in Resident #7's room and reported it was 69 degrees. In an interview on 12/16/25 at 10:00am Maintenance Assistant (MA) FFF reported he checked ambient temperatures in resident rooms and hallways each morning when he worked. MA FFF reported he recorded temperatures as low as 68 degrees at times. Resident # 3 Review of an admission Record revealed Resident #3 was originally admitted to the facility on [DATE] with pertinent diagnoses which included critical illness myopathy (severe muscle weakness and wasting in critically ill patients) and end stage renal disease. Review of a Minimum Data Set (MDS) assessment for Resident #15, with a reference date of 10/1/25 revealed a Brief Interview for Mental Status (BIMS) score of 15/15 which indicated Resident #15 was cognitively (continued on next page)

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	intact In an interview on 12/15/2025 at 1:44 PM, Resident #3 reported concerns with cold temperatures in the facility, especially in his room. Resident #3 reported that he had used a heated blanket, but the facility had to take the blanket because it was against fire safety code. Resident #3 reported that he had told the facility he had used the blanket to keep warm because his room was too cold, but the facility had not attempted to adjust the temperature in his room., so it remained cold.

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F 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure timely physician follow up with pharmacy recommendations for 4 residents (Resident #88, Resident #12, Resident #15 and Resident #80) of 5 reviewed for medications resulting in the potential for residents to experience avoidable medication side effects and/or receive unnecessary medications.Findings include: Resident #88 Review of an admission Record revealed Resident #88 was originally admitted to the facility on [DATE] with pertinent diagnoses which included: adjustment disorder with mixed disturbance of emotions and conduct (short-term mental and behavioral condition that occurs when someone has an unhealthy reaction to a stressful life change), major depressive disorder (persistent depressed mood or loss of interest in activities causing significant impairment in daily life). anxiety disorder (excessive worry and fear that are persistent, intense, and often out of proportion to the situation), and vascular dementia (a decline in thinking skills caused by reduced blood flow to the brain). Review of a Minimum Data Set (MDS) assessment for Resident #88 with a reference date of 10/24/25, revealed the resident was prescribed antianxiety medication, an antidepressant, opioid pain medication and anticonvulsant medication. Review of a Care Plan for Resident #88 with a reference date of 9/30/24 revealed the following focus/goal/interventions: Focus: (Resident #88) uses anti-anxiety medications r/t (related to) anxiety disorder. Goal: (Resident #88) will be free from.adverse reactions related to anti-anxiety therapy.Interventions: Administer ANTI-ANXIETY medications as ordered by physician. Review of Pharmacy Consultation Report for Resident #88 with a reference date of 5/20/25 revealed Comment: (Resident #88) receives alprazolam for insomnia. Recommendation: Please consider alternative (trazadone, doxepin, ramelteon). Rationale for Recommendation: Benzodiazepines have an increased risk for prolonged sedation, cognitive impairment, delirium, falls, and fractures in older adults and should be avoided.Physician's Response: ( ) I accept the recommendation(s) above, please implement as written ( ) I accept the recommendation(s) above WITH THE FOLLOWING MODIFICATION(S): ( ) I decline the recommendation(s) above and do not wish the implement any changes due to the reasons below. Rationale; ____. No response from the physician was documented. Review of Pharmacy Consultation Report for Resident #88 with a reference date of 7/22/25 revealed: 1. Comment: (Resident #88) receives alprazolam and melatonin for insomnia. Recommendation: Please consider discontinuing alprazolam and melatonin and initiate ramelteon 8mg (milligrams) QHS (every night). Rationale for Recommendation: Benzodiazepines have an increased risk for prolonged sedation, cognitive impairment, delirium, falls, and fractures in older adults and should be avoided.Physician's Response: ( ) I accept the recommendation(s) above, please implement as written ( ) I accept the recommendation(s) above WITH THE FOLLOWING MODIFICATION(S): ( ) I decline the recommendation(s) above and do not wish the implement any changes due to the reasons below. Rationale; ____. No response from the physician was documented. 2. Comment: (Resident #88) receives omeprazole 20mg QD (everyday) since April. Recommendation: Please reevaluate the continued need for omeprazole and consider discontinuation via slow taper.or (continued on next page)

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F 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	change to famotidine 20mg QD. Rationale for Recommendation: Long term PPI (proton pump inhibitors) use is associated with increased risk of C. difficile (contagious bacterial infection of the digestive system) infection, bone loss and fractures. Physician's Response: ( ) I accept the recommendation(s) above, please implement as written ( ) I accept the recommendation(s) above WITH THE FOLLOWING MODIFICATION(S): ( ) I decline the recommendation(s) above and do not wish to implement any changes due to the reasons below. Rationale; ____. No response from the physician was documented. Review of Pharmacy Consultation Report for Resident #88 with a reference date of 9/17/25 revealed: 1. Comment: (Resident #88) receives alprazolam and melatonin for insomnia. Recommendation: Please consider discontinuing alprazolam and melatonin and initiate ramelteon 8mg (milligrams) QHS (every night). Rationale for Recommendation: Benzodiazepines have an increased risk for prolonged sedation, cognitive impairment, delirium, falls, and fractures in older adults and should be avoided.Physician's Response: ( ) I accept the recommendation(s) above, please implement as written ( ) I accept the recommendation(s) above WITH THE FOLLOWING MODIFICATION(S): ( ) I decline the recommendation(s) above and do not wish the implement any changes due to the reasons below. Rationale; ____. No response from the physician was documented. 2. Comment: (Resident #88) receives omeprazole 20mg QD (everyday) since April. Recommendation: Please reevaluate the continued need for omeprazole and consider discontinuation via slow taper.or change to famotidine 20mg QD. Rationale for Recommendation: Long term PPI (proton pump inhibitors) use is associated with increased risk of C. difficile (contagious bacterial infection of the digestive system) infection, bone loss and fractures. Physician's Response: ( ) I accept the recommendation(s) above, please implement as written ( ) I accept the recommendation(s) above WITH THE FOLLOWING MODIFICATION(S): ( ) I decline the recommendation(s) above and do not wish to implement any changes due to the reasons below. Rationale; ____. No response from the physician was documented. In an interview on 12/17/25 at 10:18am Director of Nursing (DON) B reported it was important for the physician to follow pharmacist recommendations to avoid residents receiving unnecessary medications and/or experiencing avoidable medication side effects. Review of A Pharmacist's Guide to Medication Review, Journal of the American Pharmacists Association, Volume 42, Issue 1, P131-132, 2002, revealed As the drug therapy expert, the pharmacist is an essential member of the patient's medication education team.1 Information obtained directly from the medication review process contributes to the safe and effective use of medications, including the identification and prevention of drug–related problems. Resident #12 Review of an admission Record revealed Resident #12 was originally admitted to the facility on [DATE] with pertinent diagnoses which included anxiety disorder and depression. Review of Resident #12's Electronic Medical Record (EMR) revealed documentation that Resident #12 had monthly medication regimen (MMR) reviews completed by the facility's consulting pharmacist on 8/22/25, 11/11/25, and 12/8/25. It was noted that the monthly review on 12/8/25 indicated there was a recommendation noted and to see report. On 12/16/2025 at 11:12 AM, This writer requested documentation to verify that Resident #12 had (continued on next page)

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Life Care Center of Plainwell	320 Brigham St Plainwell, MI 49080

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F 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	MMR reviews competed for October 2025, September 2025, and July 2025 and verification that pharmacy recommendation was reviewed by the facility's Medical Director. The facility did not provide the requested documents prior to survey exit. Review of Resident #12's Pharmacy consultation report dated 6/16/25 revealed, . Recommendation: Please monitor a fating lipid panel on the next convenient lab day and at least annually thereafter . Provider response: This section was left blank and not signed by the facility Medical Director. It was noted that Resident #12 did not have a lipid panel order or results in his EMR. Review of Resident #12's Pharmacy consultation report dated 10/13/25 revealed . Recommendation: Please Monitor a B12 and a serum magnesium concentration on the next convenient lab day and at least annually thereafter. Provider response: This section was left blank and not signed by the facility Medical Director. It was noted that Resident #12 did not have a B12 and serum magnesium level in his EMR. Resident #80 Review of an admission Record revealed Resident #80 was originally admitted to the facility on [DATE] with pertinent diagnoses which included major depressive disorder and muscle weakness. Review of Resident #80's Electronic Medical Record (EMR) revealed documentation that Resident #80 had MMR reviews completed by the facility's consulting pharmacist on 8/22/25, 11/11/25, and 12/8/25. It was noted that the monthly review on 12/8/25 indicated there was a recommendation noted and to see report. On 12/16/2025 at 11:12 AM, This writer requested documentation to verify that Resident #12 had MMR reviews competed for October 2025, September 2025, and July 2025 and verification that pharmacy recommendation was reviewed by the facility's Medical Director. The facility did not provide the requested documents prior to survey exit. Review of Resident #80's Pharmacy Consultation Report dated 6/17/25 revealed, . Recommendation: Please reevaluate the continued need for omeprazole (medication used to treat excess stomach acids) and consider discontinuation via slow taper . or change to famotidine 20 mg (milligrams) QD (every day) . Provider response: This section was left blank and not signed by the facility Medical Director. Review of Resident #80's Orders indicated that Resident #80 was taking Omeprazole 20 mg daily. Review of Resident #80's Pharmacy Consultation Report dated 7/22/25 revealed, . Recommendations: Please monitor a TSH (Thyroid stimulating hormone) concentration on the next convenient lab day and at least annually. Provider response: This section was left blank and not signed by the facility Medical Director. It was noted that Resident #80 did not have any TSH lab results noted in his EMR. Review of Resident #80's Pharmacy Consultation Report dated 9/17/25 revealed, . Recommendations: Please monitor a TSH (Thyroid stimulating hormone) concentration on the next convenient lab day and at least annually. Provider response: This section was left blank and not signed by the facility Medical Director. It was noted that Resident #80 did not have any TSH lab results noted in his EMR. Review of Resident #80's Pharmacy Consultation Report dated 9/17/25 revealed, . Recommendation: (continued on next page)

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F 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Please reevaluate the continued need for omeprazole (medication used to treat excess stomach acids) and consider discontinuation via slow taper . or change to famotidine 20 mg (milligrams) QD (every day) . Provider response: This section was left blank and not signed by the facility Medical Director. Review of Resident #80's Orders indicated that Resident #80 was taking Omeprazole 20 mg daily. Review of Resident #80s Pharmacy Consultation Report dated 10/14/25 revealed, . Recommendation: Please decrease insulin glargine to 25 units daily . Rationale for recommendation: Overtreatment of diabetes should be avoided, especially in older adults, to reduce the risk of hypoglycemia (low blood sugar) . Provider response: This section was left blank and not signed by the facility Medical Director. Review of Resident #80's Orders revealed that Resident #80 Insulin Glargine was ordered at 30 units daily. In an interview on 12/17/25 at 11:32 AM, Director of Nursing (DON) B reported the facility's Unit Managers were responsible for ensuring that MMR's were provided to the facility Medical Director, and that he had just recently learned that this might have been occurring. DON B was unable to report how many MMR's had been missed, or if the facility had completed any audits to ensure any missed MMR's were reviewed. In an interview on 12/17/2025 at 2:24 PM, Medical Director (MD) BBB reported he was responsible for ensuring that MMR's were reviewed and responded to. MD BBB reported that he completed the MMR's when the facility provided them to him, but he did not know how often he was supposed to review them, how often the reviews were being missed, or if he had missed any reviews. Resident #15: Review of Resident #15's diagnoses list indicated an admission date of 5/12/2025 and included a pertinent diagnosis of anemia (blood does not have enough healthy red blood cells or hemoglobin (carries oxygen)). Review of Resident #15's pharmacist consultation report, stated, .Recommendation date: 06/15/2025.Comment: (Resident #15) has an order for BID (twice a day) ferrous sulfate (iron supplement often used to treat anemia) .Recommendation: Please consider decreasing the dose to ferrous sulfate 325 mg (milligrams) QOD (every other day) . The report was signed by the pharmacist on 6/15/2025 and the Physician's Response: . section of the form was empty/blank, didn't indicate if the recommendation was accepted or declined, no rationale was provided, and had no physician signature or date of signature. There was no physician response noted on the form. Review of Resident #15's pharmacist consultation report, stated, .Recommendation date: 09/16/2025.Comment: (Resident #15) has an order for BID (twice a day) ferrous sulfate (iron supplement often used to treat anemia) .Recommendation: Please consider decreasing the dose to ferrous sulfate 325 mg (milligrams) QOD (every other day) . The report was signed by the pharmacist on 9/16/2025 and the Physician's Response: . section of the form was empty/blank, didn't indicate if the recommendation was accepted or declined, no rationale was provided, and had no physician signature or date of signature. There was no physician response noted on the form. Review of Resident #15's progress note, dated 12/8/2025, stated, Pharmacy Note.Medication regimen (continued on next page)

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F 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	review performed.Comment/Recommendation noted – see report. The facility was unable to provide a report/document before the end of survey that showed what the Registered Pharmacist's recommendation was from the review performed, if the physician had received that recommendation, and/or what the physician's response was. Review of the pharmacist's Consultation Report, dated 7/1/2025-7/31/2025, stated, The following residents were reviewed and based upon the information available at the time of the review, and assuming the accuracy and completeness of such information, it is my professional judgement that at such time, the resident's medication regimens contained no new irregularities.Resident #15 wasn't on this list which would indicate she had an irregularity with her medication regimen. The facility was unable to provide any documentation before the end of survey that showed what the medication irregularity was, what the pharmacist's recommendation was, if the physician received a report, and/or responded to the report/recommendation. Review of Resident #15's physician orders included an order for FeroSul (brand of iron supplement) Oral Tablet 325 (65 Fe (iron)) MG (milligrams) (Ferrous Sulfate) (iron supplement), a start date of 6/20/25, and Give 1 tablet by mouth two times a day.During an interview on 12/17/2025 at 10:39 AM, Regional Registered Nurse YY reported the facility had been unable to find the physician responses for some noted irregularities from the pharmacist's reports for Resident #15.

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F 0908 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Keep all essential equipment working safely. Based on observation and interview, the facility failed to maintain kitchen plumbing equipment and surfaces in a manner that would allow for safe, clean, and consistent operation. Findings include: On 12/17/25 at 8:35AM, observation of the walk-in cooler floor found it moved and buckled when walked on. Further observation found cracks in portions of the floor where water could accumulate. Food Service Director (FSD) AA stated it was something that the facility had plans to repair. On 12/17/25 at 8:44AM, observation of the two door Traulson refrigeration unit found heavy black staining of the rubber gasket seals. An interview with FSD AA found that staff clean the gaskets, but the staining does not come off. The surveyor attempted to clean the staining, with minimal improvement. FSD AA stated they are in the process of getting new gaskets, but they seem to take awhile to arrive.On 12/17/25 at 8:46AM, observation of the automatic hand sink, next to the drink station, found that the automatic faucet only ran four to five seconds before needing to be reactivated. When asked if this is how it normally runs, FSD AA stated yes, and that he prefers the other hand sink because of it. According to the 2022 FDA Food Code section 5-202.12 Handwashing Sink,Installation.(C) A self-closing, slow-closing, or metering faucet shall provide a flow of water for at least 15 seconds without the need to reactivate the faucet.On 12/17/25 at 1:43 PM, observation of the left of the garbage grinder area, at the end of the cook line, found stagnant hot and cold-water lines capped off with no way to properly flush the domestic water. Further observation found the garbage grinder with a water line (submerged inlet) feeding the grinder to help food go down. The water line to the garbage grinder had an Atmospheric Vacuum Breaker (AVB) to protect the potable water supply, but the AVB was not six inches above the overflow rim of the sink. An interview with FSD AA, found that this area had plumbing work done a year or so ago to get the sink operational, and the facility is looking to renovate this area further so they can add another sink (and connect it to the unused water lines).

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F 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Make sure there is a pest control program to prevent/deal with mice, insects, or other pests. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to maintain an effective pest control program for ants and winged-insects in five resident rooms (rooms #118, 117, 119, 120, and 106) of 88 resident rooms, and one-resident common area, resulting in the potential for pest transmitted diseases to a vulnerable population. Findings include:Observed on 12/15/25 at 1:00 PM room [ROOM NUMBER] to have ants crawling on the floor in both bed areas, on the bathroom floor, and in the bathtub. During an interview on 12/16/2025 at 9:20 AM, Housekeeping R stated she has seen ants here and there throughout the building usually by resident room doors. Observed on 12/16/25 at 9:21 AM room [ROOM NUMBER] to have ants crawling on the floor in both bed areas, on the bathroom floor, and in the bathtub. Observed on 12/16/2025 9:27 AM room [ROOM NUMBER] to have ants crawling on the bathroom floor. Observed on 12/16/25 at 11:23 AM room [ROOM NUMBER] to have ants crawling on the floor of the bathroom. During an observation and interview on 12/16/25 at 11:30 AM, room [ROOM NUMBER] with current residing resident and family member (FM) SS reported family had counted 15 ants crawling on the floor of the room earlier that morning. Surveyor observed at least 15 ants crawling on the floor of the room. Crawling ants were observed in the bathroom on the floor and in bathtub. Dead ants also were in the bathtub and floor. FM SS stated the ants had been reported to staff on numerous occasions. Observed on 12/16/25 at 11:35 AM room [ROOM NUMBER] had ants crawling on the floor of the bathroom. Observed on 12/16/25 at 11:39 AM room [ROOM NUMBER] to have live ants crawling on the bathroom and room floor. Observed on 12/16/25 at 11:50 AM room [ROOM NUMBER] to have ants crawling on the bathroom floor. Review of facility Closed Work Orders dated September 15, 2025-December 16, 2025, revealed room [ROOM NUMBER] bed 2 had ants in the room, no date listed. This was identified by the facility as a medium concern. Review of facility policy, Pest Control revised 7/9/25 stated, The facility will maintain an effective pest control program that provides frequent treatment of the environment for pests so that the facility is free of pests.the facility's staff will do monitoring of the environment. Pest control problems will be reported to the Director of Maintenance promptly. During a confidential resident council meeting interview held on 12/16/2025 at 1:15 PM, 4 out of 5 residents in attendance reported the facility had an ant problem and reported seeing ants in their rooms and hallways.

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F 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure updated and accurate advanced directive information was in place for 1 of 18 residents (Resident #7) reviewed for advanced directives (legal documents that allow a person to identify decisions about end-of-life care ahead of time), resulting in the potential for a resident's preferences for medical care to not be followed by the facility, or other healthcare providers.Findings include:Resident #7Review of an admission Record revealed Resident # 7 was originally admitted to the facility on [DATE] with a pertinent diagnosis that included: hypertensive heart disease with heart failure (damage to the heart caused by chronic high blood pressure that results in the heart not pumping blood properly).Review of a Minimum Data Set (MDS) assessment for Resident #7 with a reference date of [DATE], revealed a Brief Interview for Mental Status (BIMS) assessment score of 15/15, which indicated the resident was cognitively intact.Review of a Care Plan for Resident #7 with a reference date of [DATE] revealed the following focus/goal/interventions: (Resident #7) has Advance Directives CPR (Cardiopulmonary Resuscitation)- Full Code. Goal: Resident's Advance Directives will be honored. Interventions: .Resident has decided to remain a Full Code.Review of an Advanced Care Planning progress note for Resident #7 with a reference date of [DATE] revealed CONSENTING INDIVIDUALS PRESENT: (Resident #7) .CODE STATUS: Full Code.Review of a Care Management progress note for Resident #7 with a reference date of [DATE] revealed (Resident #7) is a full code and she and her family stated she wants to be a DNR (Do Not Resuscitate). (Staff member's name omitted) will work on her becoming a DNR.Review of a Care Management progress note for Resident #7 with a reference date of [DATE] revealed (Resident #7) is a full code and she stated she wants to be a DNR. (Staff member's name omitted) will work on her becoming a DNR.In an interview on [DATE] at 1:39pm, Resident #7 reported she decided several months ago that she did not want to receive CPR if her heart stopped and had voiced that preference during her care conferences. Resident #7 reported her spouse, who was here Durable Power of Attorney (DPOA), needed to sign an Advance Directive with her wishes. Resident #7 reported the staff said they would coordinate revising her advance directive with her DPOA, but she had not received any more information about it. Resident #7 reported she worried her wishes would not be followed if her heart stopped.In an interview on [DATE] at 1:45pm, Nursing Home Administrator (NHA) A confirmed Resident #7 had asked to change her code status to DNR several months ago and the facility had no documentation regarding any follow up on revising her advance directive. NHA A confirmed that currently, if Resident #7's heart stopped, staff would be expected to provide her CPR.Review of a Area of Focus: Advance Directives policy with a reference date of [DATE] revealed What: An advance directive is a written document prepared by the resident as to how she wants medical decisions to be made.When: Each time a resident is admitted , quarterly.the facility should review the advance directive.This review should focus on if advance directives match the current goals of care for the resident. The social services director or designee should.assist as needed with updated the documents that need revision.

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F 0687 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate foot care. Based on observation, interview, and record review the facility failed to ensure timely provision of podiatry services for 1 (Resident #15) of 1 resident reviewed for foot care resulting in a delay in foot care and potential worsening of conditions of the feet.Findings include:Review of Resident #15's diagnoses list included type 2 diabetes mellitus (condition of having elevated blood sugar levels) and other chronic pain. Review of Resident #15's diabetes care plan, revised 8/22/2025, stated, Diabetes Mellitus, is at risk of .infections. and noted an admission date of 5/12/2025. Review of Resident #15's brief interview for mental status, dated 11/8/25, was scored 14 which reflected she was cognitively intact.During an interview on 12/15/2025 at 10:04 AM, Resident #15 reported she had a concern that she had requested to see the podiatrist since she was admitted but hadn't seen the podiatrist yet or been assessed by the podiatrist. Resident #15 reported she had toe fungus, was diabetic, and needed the podiatrist to do nail care.On 12/16/2025 at 10:49 AM all podiatry documentation as it related to Resident #15 during her entire stay was requested from Nursing Home Administrator (NHA) A. By the end of survey the only documentation provided, on 12/16/25 at 1:41 PM, was facility physician/medical director BBB's NON-ROUTINE VISIT form, dated 9/22/25, which stated, .The patient has a history of multiple diabetic foot issues.ASSESSMENT: 1) Diabetic neuropathy (dysfunction of one or more nerves). 2. Diabetic ulcer (wound). PLAN: 1. Podiatry consult.4. Discussed with the nurse. No other documentation was received to show the facility took further action to have Resident #15 seen and assessed by a podiatrist.Review of Resident #15's Attending Physician Request for Services/Consultation form, dated 8/5/2025, stated, .Podiatry.Please have the [Company Name] Podiatrist examine the resident for the following reason(s): .Foot pain.Review of Resident #15's physician orders, included, Podiatry consult dated 9/22/2025 and Toe nail fungal liquid.every day and night shift dated 5/16/2025.During an interview on 12/17/2025 at 10:48 AM, NHA A confirmed there was only one podiatrist that had arrangements to treat residents of the facility.During an observation and interview on 12/17/2025 at 1:12 PM, podiatrist AAA was observed in the facility with a list of residents to care for. Podiatrist AAA reported Resident #15 was added to his list of residents to see by an email request from the facility approximately 3 hours ago. Podiatrist AAA reported he had not received any consult or request to see Resident #15 prior.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to ensure urinary catheters were maintained appropriately for two residents (R8 and R76) of two residents reviewed for urinary catheter care resulting in over-filled indwelling catheter bag and sediment laden catheter tubing and connections, resulting in the potential for urinary tract infections. Findings include: R8According to the Minimum Data Set (MDS) dated [DATE], R8 was unable to complete his BIMS (Brief Interview Mental Status) indicating he was cognitively impaired. Section H-Bladder and Bowel revealed he had an indwelling catheter related to a diagnosis of obstructive and reflex uropathy. During an observation, interview, and record review on 12/15/2025 at 12:50 PM, Family Member (FM) RR stated R8 had a urinary foley catheter and used a leg bag to collect the urine. Observed a pouch underneath the resident's right lower pant leg. FM RR reported R8 had been anxious and agitated during the night and did not sleep. Staff had talked about testing the resident for a UTI (urinary tract infection) but review of R8's chart did not indicate a urine analysis had been ordered. Further review of the medical chart revealed the resident was restless and agitated on the night of 12/10/25. According to https://medlineplus.gov, A urinary catheter is a tube placed in the body (via ureter) to drain and collect urine from the bladder .An indwelling catheter collects urine by attaching to a drainage bag. The bag has a valve that can be opened to allow urine to flow out. Some of these bags can be secured to the leg.Observed on 12/16/2025 at 9:27 AM, R8 was in bed with eyes closed. R8 woke then stood up and made his way to his bathroom, turned around and motioned to the urinary bag strapped to the inside of his right leg. R8 pulled up his sleeping pant leg over the urinary bag. The urinary bag was full of dark orange colored urine. In the bottom of the bag, approximately 150-200 ml (milliliters) was a darker red-orange colored sediment. Capacity of bag was 1000 ml. R8 indicated he needed the bag emptied. No CNAs (certified nursing assistant) were found in the hall around R8's room. Licensed Practical Nurse (LPN) U was at the end of the hall preparing medications. When the LPN was told R8 needed assistance with his urinary collection bag, LPN U stated It is? I'll go look and went to check on the resident herself. Review of R8's Concern and Comment Form dated 12/16/25 at 10:06 AM indicated LPN U had filled out the form stating, Resident (R8) foley catheter leg bag was over full at maximum fill. CNA drained over 1500 cc (ml). Reported to Unit Manager (UM) EEE. During an interview on 12/16/25 at 12:00 PM, FM RR and LPN U held a conversation regarding R8's increased agitation and aggression. LPN U stated an order for urine analysis had not been done yet and she had not talked to the physician about the possibility of checking for a UTI. LPN U reported to FM RR she had filed a grievance on behalf of R8 having a full urine collection bag and it not being addressed by staff this morning. During an observation and interview on 12/16/25 at 11;45 AM, FM RR was with R8 in the resident's room. R8 was confused and left the room. FM stated in the last 2 days R8's confusion had increased and was hoping the facility would check R8's urine for a UTI. Review of R8's medical chart did not indicate staff had reported to the physician R8's dark colored urine and increased confusion and agitation as a result of a UTI. R76 According to R76's Minimal Data Set (MDS) dated [DATE], the resident scored 14/15 on her BIMS (Brief Interview Mental Status) indicating she was cognitively intact. Section H Bowel and Bladder indicated R76 had a supra pubic catheter with diagnosis that included a neurogenic bladder. According to Fundamentals of Nursing 9th Edition by [NAME] & [NAME], a suprapubic catheter is a urinary drainage tube inserted surgically into the bladder through the abdominal wall above the symphysis pubis.During an observation on 12/15/2025 at 11:18 AM, R76 was in bed supine (on back) wearing sound cancelling headphones with eyes closed. A urinary collection bag held 1200 ml of cloudy yellow urine. The urinary tubing held white sediment. The connection at bag and tubing had an accumulation of white dark yellow almost orange colored sediment making it so the surveyor could not see inside the tubing/connection. According to (continued on next page)

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F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3066753 .Encrustations can occur either in the lumen of the catheter or extraluminally. This can possibly result in blockage or retention of the catheter. The main cause of catheter encrustation is infection by urease-producing organisms.crystals of calcium and magnesium phosphate are formed and a crystalline biol film develops which eventually blocks the flow of urine from the bladder. Review of R76's Order Summary dated 11/12/25, revealed, Change catheter bag as needed for infection, obstruction or when the closed system is compromised.Review of Medication Administration Record (MAR) dated December 2025 revealed, supra pubic catheter to straight drainage size 18 bulb, 10 cc. change for infection, obstruction or when the closed system is compromised as needed related to neuromuscular dysfunction of bladder, unspecified. Order date 12/12/2025. Reviewing the MAR, the catheter had not been changed from 12/1212/25 to 12/16/25 at 10:25 AM. Review of Medication Administration Record (MAR) dated December 2025 revealed change catheter bag as needed for infection, obstruction or when the closed system is compromised. Order date 11/12/25. Reviewing the MAR, the catheter bag had not been changed from 12/1/25 to 12/16/25 at 10:25 AM. Review of R76's History and Physical dated 12/3/25 08:00 revealed, .recurrent UTI. Review of R76's Progress Notes dated from December 13, 2025, through December 17, 2025 did not contain documentation of the sediment in urinary tubing or connection. Review of R76's Care Plan focus of suprapubic catheter for diagnosis of neuromuscular dysfunction of bladder had a revision date of 12/12/25 revealing a goal of having no complications related to indwelling catheter use. Interventions to meet the goal included catheter care every shift, and observe for and report to MD (medical director) for signs/symptoms UTI: including pain, burning, blood-tinged urine, cloudiness, and deepening of urine color initiated 11/26/25. Supra pubic catheter to straight drainage. Size: 18 bulb 10 cc. Change for infection obstruction or when the closed system is compromises or PRN (as Needed) initiated 12/12/25. During an observation and interview on 12/16/25 at 11:47 AM, R76 stated her catheter was changed about a month ago. Observed R76's urinary catheter tubing to be coated with a white sediment with cloudy yellow colored urine. The connection between the tubing and urinary collection bag was coated with white and dark yellow sediment. The urinary collection bag itself contained 400 ml of dark yellow urine. R76 stated she had a UTI in the past and did not know it but her mind was confused when she had it. R76 stated she didn't think she was confused at this time but if she was, she may not know it.During an observation and interview on 12/17/25 at 9:00 AM, Registered Nurse (RN) F stated while looking at R76's urinary tubing and collection bag, (R76) catheter tubing is fine. She gets sediment all the time. If the urine backs up in the tubing into her bladder, that's when you must worry about infection. I don't know if her urine backs up. I don't know when the tubing was last flushed. Observed the connection between the bag and tubing of R76's urine collection system to be filled with white and yellow sediment. RN F just shrugged her shoulders and left the area. During an interview on 12/17/25 at 2:19 PM, UM EEE stated, (R76) gets sediment all the time and never gets a UTI. I can't tell you when her catheter tubing was last flushed.According to https://pmc.ncbi.nlm.nih.gov/ Exploring Relationships of Catheter Associated Urinary Tract Infection and Blockage in People with Long-Term Indwelling Urinary Catheters- .Blockage- Urinary sediment which causes encrustation and blockage of the catheter lumen is caused by the precipitation of calcium, phosphorus, and magnesium minerals in the urine in the presence of urea splitting microorganisms ([NAME] et al. 2006), in particular Proteus mirabilis ([NAME], Feneley 2010) and Providencia stuartii ([NAME] 1989). This process results in formation of a crystalline structure biofilm which protects the bacteria, making eradication of the biofilm very difficult. In the presence of such microorganisms, catheters can block within two days ([NAME] et al. 2006), and all catheter materials seem to be colonized with this type of biofilm. Blockage of the catheter caused by sediment and encrustation within the lumen disrupts urine flow and can cause increased pressure within the bladder, which could contribute to pyelonephritis and septicemia ([NAME], [NAME] 2008, [NAME] 2008).

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F 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate dialysis care/services for a resident who requires such services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure pre and post dialysis (procedure that removes excess water, solutes, and toxins from the blood in people whose kidneys cannot perform these functions) assessments were completed for 2 (Resident #3 and #101) of 2 resident reviewed for dialysis care, resulting in the potential of being unprepared for a potential decline in resident condition, due to the adverse effects from dialysis. Findings include: Resident # 3 Review of an admission Record revealed Resident #3 was originally admitted to the facility on [DATE] with pertinent diagnoses which included critical illness myopathy (severe muscle weakness and wasting in critically ill patients) and end stage renal disease. Review of a Minimum Data Set (MDS) assessment for Resident #15, with a reference date of 10/1/25 revealed a Brief Interview for Mental Status (BIMS) score of 15/15 which indicated Resident #15 was cognitively intact. Review of Resident #3's Care Plan revealed, (Resident #3) is at risk for complications d/t (due to) renal failure with Hemodialysis (new). Left arm fistula (surgically created connection between an artery and a vein, primarily used for hemodialysis access). Date Initiated: 10/08/2024. Interventions: . Assess shunt site for bruit and thrill, as ordered by MD. Date Initiated: 01/16/2025. Dialysis treatments as ordered. Date Initiated: 10/08/2024. Do not take blood pressure on arm left arm with fistula Date Initiated: 01/16/2025 . Observe for bleeding at dialysis access site. Date Initiated: 10/08/2024 . Observe/report PRN any s/sx (signs and symptoms) of infection to access site: Redness, Swelling, warmth or drainage. Date Initiated: 10/08/2024. Observe/report PRN (as needed) for s/sx of renal insufficiency: changes in level of consciousness, changes in skin turgor, oral mucosa, changes in heart and lung sounds.Date Initiated: 10/08/2024 . In an interview on 12/15/2025 at 1:44 PM, Resident #3 reported that he went to dialysis 3 times a week, and that he had returned from dialysis shortly before this writer met with him. Resident #3 reported that the nurse caring for him had not completed a post dialysis assessment, and that it was common for the nursing staff to skip pre and post dialysis assessments, and that the staff never took his vital signs when he returned from the dialysis facility. Review of Resident #3's Electronic Medical Record (EMR) revealed that Resident #3's most recent blood pressure documented was on 10/7/25. This writer was not able to find documentation of pre or post dialysis assessments or refusals of assessments for Resident ## in his EMR. In an interview on 12/16/2025 at 11:35 AM, Licensed Practical Nurse (LPN) U reported that she was the nurse caring for Resident #3 on 12/15/25 when he returned from dialysis. LPN U confirmed that nurses were supposed to complete a dialysis communication form with pre assessment notes that would include the resident's weight and vitals prior to dialysis. LPN U reported after the resident returned from dialysis the nurse should assess the resident review the dialysis communication form to see if there are any new orders or changes. LPN U reported that the post dialysis assessment should have been documented on the dialysis communication form and placed in the resident's dialysis binder. LPN U confirmed that she did not assess Resident #3 after he returned from dialysis on 12/15/25, and therefore she did not complete a dialysis communication form. LPN U was not able to report why she did not assess Resident #3 after his dialysis treatment. On 12/16/2025 at 11:43 AM, This writer requested all dialysis communication forms for Resident #3 for the past 30 days. The facility uploaded dialysis notes which were completed by Resident #3's dialysis facility center but did not provide any dialysis communication forms as requested. (continued on next page)

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F 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	In an interview on 12/17/25 at 11:32 AM, Director of Nursing (DON) B reported that nurses were required to complete pre and post dialysis assessments and document the assessments on the dialysis communication forms. DON B reported that nursing assessments before and after dialysis were important to ensure that a change in condition would be identified. DON B reviewed the dialysis notes which were completed by Resident #3's dialysis facility center and confirmed that the notes did not verify that nursing staff at the facility had completed pre and post dialysis assessments for Resident #3. DON B reported that nurses were supposed to document any missed assessments in the EMR. DON B confirmed that Resident #3's EMR did not provide documentation of any missed assessments. DON B confirmed that he had not been monitoring dialysis communication forms to ensure that nurses were completing pre and post dialysis assessments. The facility did provide any dialysis communication forms form the last 30 days for Resident #3 prior to survey exit. Review of the facility's Dialysis Policy last reviewed 12/1/25, revealed, . The facility must ensure that residents who require dialysis receive such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences . R101 According to R101's admission Record, the resident was admitted on [DATE] with diagnoses that included dependence on renal dialysis. Review of R101's Order Summary dated 5/19/25, revealed, Dialysis patient. for dialysis treatment. Review of facility policy, Dialysis dated 12/1/25, revealed, . Maintain dialysis transfer form in the resident's medical record – do not destroy.post-dialysis - complete the Pre/Post Dialysis Communication Form Review of R101's medical chart did not contain any dialysis communication forms. It was noted R101 was admitted to the facility 5/19/25 on dialysis. During an interview on 12/17/25 at 11:07 AM, Nursing Home Administrator (NHA) A stated when requested to provide R101's Dialysis Communication forms that there were no dialysis communication forms for R101.

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F 0841 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Designate a physician to serve as medical director responsible for implementation of resident care policies and coordination of medical care in the facility. Based on interview and record review, the facility failed to ensure the Medical Director fulfilled their responsibility of implementing Medication Regimen Review (MRR) policies/procedures to include coordination of care between the facility and the consulting pharmacist/pharmacy for 4 (Resident #88, 12, #15 and #80) of 5 residents reviewed for medications. This deficient practice has the potential to affect all residents that reside at the facility. Findings include:In an interview on 12/17/25 at 11:32 AM, Director of Nursing (DON) B reported the facility's Unit Managers were responsible for ensuring that Monthly Medication Reviews (MMR) were provided to the facility Medical Director, and that he had just recently learned that this might have been occurring. DON B was unable to report how many MMR's had been missed, or if the facility had completed any audits to ensure any missed MMR's were reviewed. In an interview on 12/17/25 at 1:45 PM, Nursing Home Administrator (NHA) A reported that the facility had jus recently identified that MD BBB had not been reviewing and responding to the resident's MMR's, NHA A reported that MMR's was not a topic that MD BBB was reporting on during the monthly QAPI (Quality Assurance Performance Improvement) meetings. In an interview on 12/17/2025 at 2:24 PM, Medical Director (MD) BBB reported he was responsible for ensuring that MMR's were reviewed and responded to. MD BBB reported that he completed the MMR's when the facility provided them to him, but he did not know how often he was supposed to review them, how often the reviews were being missed, or if he had missed any reviews. MD BBB reported that he was aware that MMR's were part of his responsibility as the Medical Director. Please see F756 for additional information.

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F 0867 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Set up an ongoing quality assessment and assurance group to review quality deficiencies and develop corrective plans of action. Based on interview and record review, the facility failed to: 1) effectively identify quality deficiencies, develop, and implement appropriate action to correct deficiencies; and 2) sustain a system to ensure corrective measures related to resident rights, dialysis, bowel/bladder incontinence/catheter care, and advance directives as evidenced by repeated deficiencies on the past three surveys. This deficient practice has the potential to affect all residents that reside in the facility. Findings include: In an interview in 12/17/2025 at 1:41 PM, Nursing Home Administrator (NHA) A reported the facility was currently working on PIPS (Process Improvement Projects) related to ensuring staff education was completed, and the QAPI team had just closed a PIP related to meal tickets not matching what was served in November 2025 after reaching 100% on audits. NHA A reported that the facility was obtaining feedback from the residents from resident council minutes and asking for resident feedback. NHA A reported the facility was not currently working on any performance improvement projects (PIPS) related to the repeat deficiencies that the facility had been cited for on the last two recertification surveys. NHA A reported that the facility would bring deficiencies from surveys to QAPI and would remove them once the facility had met the compliance date noted in the plan of correction. NHA A confirmed that the facility had repeat deficiencies related to resident rights, dialysis, bowel/bladder incontinence/catheter care, and advance directives, but that all of those areas had not been brought to QAPI as PIPs for the facility to work to improve on. NHA A confirmed that the repeat deficiencies that the facility had been cited for on the past two recertification surveys were high priority areas. NHA A confirmed that the facility was reviewing monthly medication reviews (MMR) at QAPI, but they had just identified that they were missing the Medical Director's review of MMR'S in November 2025. NHA A reported that Medical Director (MD) BBB was attending the monthly QAPI meetings, but he was not reporting on any areas for the facility. Review of the Resident Council Meeting Minutes indicated that in October 2025 several residents had concerns with dietary staff not following preferences on tickets. Review of Review of the Resident Council Meeting Minutes indicated that in November 2025 several residents were still expressing concerns related to dietary staff not following meal tickets. In an interview on 12/17/2025 at 2:24 PM, Medical Director (MD) BBB reported he attended the facility's QAPI meetings. When this writer queried as to what his role was in QAPI, and how he was participating, MD BBB reported that he was the doctor and had no other information to provide. Review of the facility's QAPI policy last reviewed 11/4/25, revealed, Policy: The facility will have a QAPI program that is ongoing, comprehensive, and capable of addressing the full range of care and services it provides. At a minimum the QAPI program will: 1. Address all systems of care and management practice. 2. Include clinical care, quality of life, and resident choice. 3. Utilize the best available evidence to define measures of quality and facility goals that reflect the processes of care and facility operations that have been shown to be predictive of desired outcomes for residents; and 4. Reflect complexities unique care and services that the facility provides .