STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235472	A. Building B. Wing	01/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Memorial Healthcare Center	826 W King Street Owosso, MI 48867

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to accurately complete a Minimum Data Set (MDS) assessment for 1 (Resident #12) of 8 reviewed for MDS assessments, resulting in the potential for inaccurate care plans and unmet care needs.Resident #12Review of the Face Sheet and Minimum Data Set (MDS) dated [DATE], reflected R12 was an [AGE] year old female originally admitted to the facility on [DATE], with diagnoses that included dementia. The above MDS reflected R12 had a Brief Interview for Mental Status (BIMS) score was 2/15 indicating severe cognitive impairment and was dependent on staff for all activities of daily living.During an observation and interview on 1/13/26 at 11:10 a.m. R12 was sitting in chair in room with family at bedside. R12 family reported had been on hospice services but had been discontinued around September of 2025 because R12 health had improved. During an interview and record review on 1/14/26 at 2:45 p.m., MDS staff D reported had been in position for about five months. MDS staff D reported R12 had an annual MDS completed 11/5/25 related to significant change because R12 graduated from Hospice services. After review of R12 MDS, dated [DATE], MDS staff D verified MDS reflected R12 was marked for receiving hospices services and stated should have been marked NO because she was discharged from hospice 11/5/25. MDS staff D reported R12 MDS was incorrect and planned to correct and was unsure why it had been marked in error. MDS staff D reported did not have to complete significant change MDS after 11/5/25 because data was collected under 11/5/25 annual assessment. Review of R12, Hospice Communication Log, dated 11/5/25, reflected, [named R12] no longer meets hospice criteria. Care team and family agreeable to hospice discharge. Discharge completed. Review of R12, MDS Note, dated 11/18/25, reflected, . [named R12] was due for her Q assessment but, ended up having a Significant change the week prior to assessment due to her graduating off of hospice . During an interview on 1/14/26 at approximately 3:10 p.m. Director of Nursing (DON) B reported would expect MDS assessments to be accurate and verified R12 had discharged from hospice services and should have had a MDS assessment that reflected that. During an interview on 1/14/2026 at 3:40 PM DON B verified MDS for Resident #12 was incorrect.

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