

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 06/25/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235482	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/08/2026
NAME OF PROVIDER OR SUPPLIER Fenton Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 512 Beach Street Fenton, MI 48430	
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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Tis citation pertains to Intake Number 2972860. Based on interview and record review, the facility failed to provide a medication, as ordered, for one resident (Resident #4) of three residents reviewed for medication administration. Findings Include: Resident #4: A record review of the Face sheet and progress notes for Resident #4 indicated admission to the facility on 3/25/2026 with diagnoses: Respiratory failure, myelodysplastic syndrome, stem cell transplant, severe protein-calorie malnutrition, hypomagnesemia, heart failure, atrial fibrillation, depression, hypothyroidism, gout, and deep vein thrombosis. Resident #4 discharged to home on 4/4/2026. A review of the physician orders for Resident #4 identified the following: MG (magnesium) Plus Protein Oral Tablet 133 MG (Specialty Vitamins Product), Give 1 tablet by mouth one time a day for supplement, start date 3/26/2026 and discontinued date 4/4/2026. A review of the Hospital discharge orders indicated Resident #4 received Magnesium medications including MG Plus Protein tablet, while hospitalized because the resident had low magnesium levels. In addition to the oral tablet, he received IV Magnesium. He was to continue the oral MG Plus Protein tablet at the facility. A review of the March and April 2026 Medication Administration Records/MARs for Resident #4 identified the following: MG Plus Protein Oral Tablet 133 MG (Specialty Vitamins Products) Give 1 tablet by mouth one time a day for supplement, start date 3/26/2026 and discontinue date 4/4/2026. The nurses documented 5 for 5 of 6 days from 3/26/2026- 3/31/2026 on the MAR indicating the medication was held and to see the nurses' notes. On the April 2026 MAR the Nurse documented F Hold and see the nurses' notes on 4/1/2026 and for April 2nd through April 4th, 2026, there was an H documented for hold. A review of the nurses' notes for Resident #4 from 3/25/2026 to 4/4/2026 identified the following: 3/26/2026 at 11:04 AM, an eMAR-Medication Administration Note, MG Plus Protein Oral Tablet 133 MG, Give 1 tablet by mouth one time a day for supplement. Unavailable. 3/27/2026 at 8:00 AM, a Progress Note by Nurse Practitioner/NP B mentioned the medication MG Plus Protein Oral Tablet 133 MG, but there was no mention that the facility did not receive it for Resident #4. 3/28/2026 at 10:21 AM, an eMAR-Medication Administration Note indicated the MG Plus Protein Oral Tablet 133 mg was unavailable. 3/29/2026 at 10:23 AM, an eMAR- Medication Administration Note indicated the MG Plus Protein Oral Tablet 133 mg was not available. 3/30/2026 at 8:00 AM, a Progress Note by NP B mentions the MG Plus Protein Oral Tablet 133 mg but does not indicate Resident #4 was not receiving it. 3/30/2026 at 9:49 AM, an eMAR- Medication Administration Note said, On order for the MG Plus Protein Oral Tablet 133 mg. 3/31/2026 and 4/1/2026 at 8:00 AM, Progress Notes by NP B mention the MG Plus Protein Oral Tablet 133 mg but do not mention Resident #4 was not receiving it. On 4/1/2026 at 10:53 AM, a Nurses Note provided, Contacted pharmacy concerning MG Protein Plus 133 MG supplement ordered daily. They stated they do not carry this product. Awaiting call from pharmacy to what they recommend as alternative to medication. NP informed. 4/1/2026 at 11:00 AM, an eMAR-Medication Administration Note, Awaiting on new order. Pharmacy does not have this medication. 4/1/2026 at 4:06 PM, a Nurses Note Call placed to (Cancer center) to review the MG PLUS Protein tablet to see if there is alternative medication that can be used. They will talk with his (continued on next page)		

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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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	provider and get back with us if there is an alternative medication. This is a magnesium supplement with protein and his magnesium levels are normal at this time. They said we can put it on hold until we hear back from them. Resident and Wife aware. Resident #4 was admitted to the facility on [DATE]. He had been there 7 days before a nurse contacted the pharmacy to find out why the resident had not received his medication. 4/3/2026 at 8:58 AM, A Social Services Note, Resident is choosing to waive his benefits and return home on Saturday. 4/3/2026 at 2:37 PM, a Nurses Note, Received a call from (the Cancer center) about the MG protein tab. It is to help his GI symptoms. Informed them he was discharging home tomorrow and they said he can just resume taking it when he gets home. Informed Resident. The resident had been at the facility for 9 days and did not receive his necessary medication. On 4/6/2026 at 1:35 PM, Nurse A was interviewed about Resident #4's medications and she said she recalled there was a medication that was ordered but the resident did not receive it. On 4/8/2026 at 11:12 AM, Nurse Practitioner B was interviewed and she said she was not aware until 4/1/2026 that the medication MG Plus Protein Oral Tablet 133 mg had never arrived from the pharmacy and the resident did not receive it. NP B said on 4/1/2026 when she was seeing residents at the facility, a nurse mentioned to her that the medication had not arrived and the nurse had contacted the pharmacy. NP B said she recommended to the nurse to contact the resident's physician who he was seeing prior to admission to the facility, to see if there was an alternative medication for the resident. The resident did not receive an alternative medication prior to discharge on [DATE]. A review of the Care Plans for Resident #4 identified the following: (Resident #4) is at nutritional and/or dehydration risk r/t (related to): reports of unintentional weight loss of >20# (lbs.) in one month with poor intake and cancer (diagnosis). Severe Protein Calorie Malnutrition with the resident having food aversions/r/t smell of foot at times. Hypomagnesium/hypokalemia (low magnesium/low potassium), date initiated 3/26/2026 and revised 3/28/2026 with Interventions including: Provide and serve supplements as ordered, date created and initiated 3/28/2026. On 4/8/2026 at 12:59 PM, Consultant Pharmacist C was interviewed about Resident #4's medication. He said the MG Plus Protein 133 mg tablet was not provided by the pharmacy. He said it was considered an over-the-counter supplement/ House stock and the facility was responsible to provide it. He said he would check with the Pharmacy to see if/when they had notified the facility that it was not going to be sent by the pharmacy. On 4/8/2026 at 3:06 pm, during an interview with Consultant Pharmacist C, he said he spoke with the Pharmacy, and the facility had been notified via a fax on 3/25/2026 that the MG Plus Protein tablet was not available.		