

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

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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 07/21/2026
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 0689 Level of Harm - Actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** This Citation pertains to intake Number 3069106. Based on interview and record review, the facility failed to ensure that safe positioning and supervision was maintained during provision of care for one resident (Resident #4) of three residents reviewed for supervision and safety with falls. This deficient practice resulted in Resident #4's fall from the bed causing the resident pain and sustaining facial contusions with a 4.5 cm hematoma on the forehead and a laceration requiring a hospital evaluation, monitoring and skin repair. Findings include: Resident #4 (R4): A record review for R4's Minimum Data Set (MDS) assessment revealed a Brief Interview of Mental status (BIMs) score of 10 that indicated moderate cognitive impairment. Further review of R4's medical record revealed medical diagnoses that included: chronic heart failure, dysphagia following cerebral infarction (stroke), hemiplegia (one-sided paralysis or weakness) and hemiparesis (one-sided muscle weakness) following cerebral infarction affecting left non-dominant side, epilepsy (seizure disorder), type 2 diabetes mellitus, vascular dementia, and required assistance with care. A record review of Intake 3069106 alleged R4 sustained injuries from a fall that required hospital evaluation and treatment when resident was under the facility's care. A record review of R4's medical record progress notes revealed: dated 5/24/2026 05:00 Nurses Notes Text: Writer heard a loud boom. Writer ran to area of noise. Upon entering room, resident on right side of bed, on her right side. Screaming in pain. Bleeding from her head, and a left forehead hematoma. Resident left alone because the cna stepped away to get more towels. Cna states that the resident fell and hit her head on tv and floor. VS assessed, ROM assessed. Pain indicated on right upper and lower extremities. Ems helped get resident off of floor due to precautions of possible fractures. 4-person assisted. Neuro checks initiated resident responding well. No change in LOC. resident sent out via ems alert. Documentation was completed by Nurse B. A record review of the facilities fall prevention program policy revealed: Policy: The facility will identify hazards and resident risk factors and implement interventions to minimize falls and risk of injury related to falls. with fall defined as: a fall is an event in which an individual unintentionally comes to rest on the ground, floor, or other level, but not as a result of an overwhelming external force (e.g., resident pushes another resident). A record review of R4's SBAR (situation, background, appearance and review - a format for charting) communication form completed by Nurse B and dated 05/24/2026 revealed that the resident had a fall with a laceration and reported new pain at level 6 of a 10-level pain scale. A record review of R4's medical record skin assessment completed by Nurse B and dated 05/24/2026 revealed a skin issues note: Laceration to the right side of face. Hematoma to the right forehead. A record review of R4's transfer form (used when resident is being sent out for evaluation and treatment) completed by Nurse B dated 05/24/2026 revealed in key clinical information a pain level at 6 with location noted as face and according to the usual functional status before acute (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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 235482 If continuation sheet Page 1 of 5

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