

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235519	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/08/2024
NAME OF PROVIDER OR SUPPLIER King Nursing & Rehabilitation Community		STREET ADDRESS, CITY, STATE, ZIP CODE 2280 Tower Hill Rd Houghton Lake, MI 48629	

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 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34568</p> <p>Based on observation, interview and record review, the facility failed to implement interventions to address range of motion (ROM) for one Resident (R33) of two residents reviewed for limited range of motion. This deficient practice resulted in the potential for extreme pain, discomfort, and worsening of contractures. Findings include:</p> <p>Review of R33's Electronic Medical Record (EMR) revealed an admitted [DATE] and diagnoses including epilepsy, dementia with agitation, seizure disorder, weakness, convulsions, and cognitive communication deficit. Her 3/18/24 Quarterly Minimum Data Set (MDS) assessment revealed she was unable to complete the Brief Interview for Mental Status (BIMS) score and was marked with severely impaired cognition. Review of MDS Section GG dated 3/18/24, revealed R33 had functional limitations secondary to range of motion deficits to both sides of her upper and lower extremity. In Section O of her 3/18/24 MDS, she was noted to have received zero days of treatment in a Restorative Nursing Program which included range of motion (passive and active, splint, or brace assistance.</p> <p>On 5/6/24 at approximately 10:55 a.m., R33 was observed sitting in a Geri chair in her room. R33 was nonverbal during this interaction, but it was observed that her right and left hands were contracted with her fingers folding into her palm. R33's right hand was on her chest. There were no splints or pads in place.</p> <p>On 5/7/24 at approximately 10:00 a.m., R33 was observed sleeping in her Geri chair. Her fingers remained folded into her palm, with no protectors or padding in place.</p> <p>On 5/8/24 at approximately 10:07 a.m., R33 was observed in her Geri chair during church service. Her fingers remained folded into her palm, with no protectors or padding in place.</p> <p>An interview was conducted with the Director of Nursing (DON) and Registered Nurse (RN) F on 5/8/24 at approximately 11:10 a.m. When asked if R33 had always had bilateral hand contractures, RN F stated that she believed she did. When asked if R33 was supposed to have a splint or device in her hands to prevent discomfort or worsening of her contractures, RN F stated that she has seen R33 wear devices in the past but was unable to state when she last saw them. The DON confirmed RN F's statement and confirmed there were no physician orders in R33's EMR to wear any device on her hands.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 235519
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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An interview was conducted with Therapy Director/Staff O on 5/8/24 at 12:10 p.m. who stated R33 was last seen by therapy in June of 2023, and it was recommended to use palm protectors in both hands as tolerated to help with her contractures. Staff O confirmed that staff were educated on how to apply the palm protectors for R33 but was unable to tell if the palm protectors were being used or documented as R33 was no longer receiving therapy services.</p> <p>Review of R33's Care Plans read, in part, Encourage bilateral palm protectors.</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34568</p> <p>Based on observation, interview and record review, the facility failed to store, prepare, distribute, and serve food in accordance with professional standards for food service safety potentially resulting in a food borne illness among any or all 42 residents. Findings include:</p> <p>On [DATE] at approximately 1:03 p.m., three individual take-out containers lacking resident names or dates were observed in the refrigerator located in the activity room. Upon opening the individual containers, the following was observed:</p> <ol style="list-style-type: none"> 1) A small Styrofoam cup with lid containing what appeared to be a milk shake with mold growing on top of the substances. 2) Two packages of hot dogs, expired on [DATE] and [DATE], hot dog buns that expired on [DATE] and the first name of a resident. 3) A large Styrofoam take out container containing crab Rangoon with no label or date. <p>A Record of Refrigeration Temperatures log for [DATE] was observed in a drawer to the left of the refrigerator. No temperatures were recorded from [DATE] through [DATE].</p> <p>On [DATE] at approximately 2:00 p.m. the Nursing Home Administrator (NHA) was asked to view the resident refrigerator. The NHA reported that she did not note any expired or unlabeled foods, and the refrigerator must have been cleaned after the observations were made on [DATE].</p> <p>On [DATE] at approximately 12:00 p.m., the NHA produced the previously blank Record of Refrigeration Temperature log for [DATE] with temperature values recorded from [DATE] through [DATE]. The NHA was provided with evidence of falsification of data. When asked what department was responsible for the cleaning and maintenance of the resident refrigerator, the NHA stated that it was the dietary's responsibility.</p> <p>A review of the Properly labeling and Dating Food Brought in by Visitors form posted on [DATE] read, in part, Patient Name .R: (received date) date brought into facility .): Date food item opened .X: Expiration Date or best used by date marked on original manufacture packaging .please see Nurse for black marker for labeling package .</p> <p>Review of the facility's Foods Brought In To Resident policy dated ,d+[DATE] read, in part, 1) Food brought into the facility by a family/Resident Representative/Visitor or by vendor must be checked by the nurse to assure that the food is not in conflict with the resident's ordered or prescribed diet .Refrigerated Cooked Food items will automatically be disposed after 3 days (counting day of food brought in, as day #1) .All opened packages must have open date, and use by date clearly marked .Any suspicious or obviously contaminated food or beverage will be thrown out immediately upon discovery. Foods found without dates will also be discarded .Cooked food items will be labeled with the resident's name and date of delivery .</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>45123</p> <p>Based on observation, interview, and record review, the facility failed in implement enhanced barrier precautions (EBP) for seven Residents (R3, R7, R17, R23, R29, R33, and R36) of twelve sampled residents reviewed for infection control practices. Findings include:</p> <p>Resident #3 (R3)</p> <p>On 5/6/24 at 12:05 PM, an observation was made of R3's sitting in her room. R3 was observed to have an indwelling urinary catheter. R3's room door lacked any indication she was on EBP and lacked a cart for personal protective equipment (PPE) outside of her room. Further observations of the facility's halls and resident rooms revealed the lack of any residents being identified as having EBP or PPE carts.</p> <p>Review of R3's physician order, dated 4/14/24, read in part, Catheter care per shift .</p> <p>Resident #7 (R7)</p> <p>Review of R7's physician order, dated 3/1/24, read in part, Flush peg tube .</p> <p>Resident #17 (R17)</p> <p>Review of R17's physician order, dated 5/3/24, read in part, .Wound: cleanse with wound cleaner. Pat dry. Lightly pack .every day .</p> <p>Resident #23 (R23)</p> <p>Review of R23's physician order, dated 4/1/24, read in part, Catheter Care every shift .</p> <p>Review of R23's physician order, dated 4/23/24, read in part, Flush residents PICC [peripherally inserted central line] .after running the antibiotic .</p> <p>Resident #29 (R29)</p> <p>Review of R29's physician order, dated 12/14/23, read in part, Cleanse area around PEG tube with wound cleanser .</p> <p>Review of R29's physician order, dated 4/7/24, read in part, Cleanse wound to coccyx with wound cleanser . change daily and as needed .</p> <p>Resident #33 (R33)</p> <p>Review of R33's physician order, dated 1/31/23, read in part, Cleanse G-tube site with normal saline .at bedtime .</p> <p>Review of R33's physician order, dated 3/3/23, read in part, Flush PEG tube with water .</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Resident #36 (R36)</p> <p>Review of R36's physician order, dated 5/2/24, read in part, Right Breast Areola: Cleanse with wound cleaner .cover with .absorbant (sic) gauze</p> <p>On 5/6/24 at 1:30 PM, a policy for EBP was requested from the Director of Nursing (DON).</p> <p>On 5/6/24 at 2:40 PM, an interview was conducted with the DON and was asked if any of the current resident population should be on EBP and replied, I think maybe one, but I would need to check the list.</p> <p>On 5/7/24 at 2:20 PM, an interview was conducted with the DON and when asked why residents with an indwelling catheter, wound, or feeding tube lacked EBP signage and PPE carts with supplies she replied, I dropped the ball on that. That is all on me. After the COVID outbreak we just put all the PPE away because we didn't need it and one by one it was gone that was about a month ago.</p> <p>Review of physician orders for R3, R7, R17, R23, R29, R33, and R36 lacked any orders for EBP.</p> <p>Review of care plans for R3, R7, R17, R23, R29, R33, and R36 lacked any focus, goal, or interventions related to EBP and providing cares.</p> <p>Review of policy titled, Enhanced Barrier Precautions Policy and Procedure, dated 4/5/24, read in part, Policy: It is the policy of this facility to implement enhanced barrier precautions for the prevention of transmission of multidrug-resistant organisms .2. Initiation of Enhanced Barrier Precautions . b. An order for enhanced barrier precautions will be obtained for residents with any of the following: i. Wounds .and/or indwelling medical devices .3. Implementation of Enhanced Barrier Precautions - a. Make gowns and gloves available immediately near or outside of the resident's room .</p>