

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235532	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/02/2025
NAME OF PROVIDER OR SUPPLIER  Ashley Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  103 West Wallace Street Ashley, MI 48806	

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 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> This citation pertains to intake # MI00153789 and #MI00152893</p> <p>Based on interview and record review, the facility failed to provide quality care to one of three residents reviewed (Resident #100) resulting in the delay of on-going assessments including pain assessments and providing adequate pain relief, the initiation of potential hip fracture mobility interventions, and emergency medical treatment, following a fall that resulted in a fractured hip.</p> <p>Findings:</p> <p>Resident #100 (R100)</p> <p>Review of a Face Sheet revealed R100 was an [AGE] year old female, admitted to the facility on [DATE], with pertinent diagnoses of Alzheimer's disease. Review of a Brief Interview for Mental Status (BIMS) completed on 06/16/25 reflected a score of 4 out of 15, that indicated R100 had severe cognitive impairment.</p> <p>During an interview on 06/25/25 at 11:45 AM, R100's durable power of attorney (DPOA)/family member K stated that on 06/17/25 around 2:08 PM the facility called and reported that R100 (a) had fallen sometime around 1:30 PM that afternoon, (b) could not put any weight on the right leg, (c) that the right leg was rotated out (externally), and (d) had reported severe pain in the right hip.</p> <p>Review of a Post-Fall Assessment for R100, time stamped as completed on 06/17/25 at 5:29 PM reflected the following nursing assessment: (a) the resident complained of severe pain in the right hip, (b) there was abnormal alignment and rotation noted to the right leg, (c) range of motion was painful and limited in the right lower extremity, (d) the resident was put into a sitting position in a recliner, (e) the care plan had been updated, and (f) interventions (immediate measures taken) included analgesics (acetaminophen), rest, and x-ray.</p> <p>During an interview on 07/02/25 at 10:30 AM the Director of Nursing indicated that the x-ray ordered on 06/17/25 for R100 post-fall did not get completed prior to R100's transfer to the hospital on [DATE] at 8:55 AM.</p> <p>Review of an Electronic Medication Administration Record (Emar) for R100 dated June 2025 reflected that only one assessment of the resident's pain was obtained on 06/17/25 from the time of the fall until 6 PM that day. That pain rating was noted to be 10/10. Only one pain assessment for R100 was noted starting at 6 PM on 06/17/25 through 6 AM on 06/18/25. That pain rating was noted to be 8/10.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235532	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/02/2025
NAME OF PROVIDER OR SUPPLIER  Ashley Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  103 West Wallace Street Ashley, MI 48806	
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 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Review of a facility Pain Assessment described the pain scale ratings from zero to 10 as the following: 0/10: No pain, 4/10: Moderate pain-distressing/miserable, 7/10: Severe Pain-horrible/intense, and 10/10: Excruciating pain-worst possible.</p> <p>Review of an Emar for R100 dated June 2025 reflected an order for the pain medication acetaminophen (Tylenol) 325 milligrams (mg), two tablets (tabs) every 6 hours, start date 06/16/25. Post-fall R100 received the following medications for pain: Acetaminophen 325 mg 2 tabs at noon on 06/17/25 around the time of the fall, Acetaminophen 325 mg 2 tabs at 6 PM on 06/17/25, Acetaminophen 325 mg 2 tabs at midnight on 06/17/25, and Acetaminophen 325 mg 2 tabs at 6 AM on 06/18/25. R100 received no other medications to treat the reported severe excruciating pain.</p> <p>Review of a Care Plan specific to falls for R100 revealed the following: (a) start date 06/16/25 and created on 06/18/25 (b) Falls: (R100) is at risk for falls related to .(no additional information was provided such as the risk factors of being in a new environment, impaired vision, a diagnoses of Alzheimer's with a BIMS that reflected severe cognitive impairment, etc, (c) no update was made to the care plan at the time of the fall, and (d) no interventions to treat pain and immobility issues were provided in the care plan post-fall.</p> <p>Review of a Skilled/Medicare Daily Nurses Note for R100, time stamped as completed on 06/17/25 at 11:03 PM revealed the following nursing assessment: (a) the resident was able to independently move herself in bed, (b) the resident was able to eat independently, (c) pain was rated as severe, and (d) acetaminophen was given for the pain and the treatment was non-effective.</p> <p>Review of a Facility Reported Incident reflected the following findings by the facility after investigating R100's fall on 06/17/25: (a) the fall was unwitnessed and (b) the plan of care was followed.</p> <p>Review of a Mobile Medical Response (ambulance) run sheet dated 06/18/25 revealed the facility provided the paramedic (EMS) with the following information regarding R100's fall the day before: Upon arrival, facility staff told crew that the patient had fallen yesterday and now was unable to bear weight on her right knee . staff reported the fall was witnessed .the patient was laying in bed with a pillow under the right knee.</p> <p>Review of an emergency room Report dated 06/18/25 at 9:24 AM reflected the following assessments of R100: (a) the right leg is externally rotated and appears shortened, (b) CT scan showed a comminuted, displaced, angulated fracture of the right hip, (c) an orthopedic (bone doctor) surgeon was consulted and surgery was scheduled, (d) physician comments: it is unknown why the patient was not brought to the emergency department immediately after the fall as she was having severe pain and upon x-rays in the hospital was found to have a significantly displaced and comminuted hip fracture, and (e) the patient experienced severe pain with any attempted motion of the right lower extremity.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235532	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/02/2025
NAME OF PROVIDER OR SUPPLIER  Ashley Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  103 West Wallace Street Ashley, MI 48806	
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 0684  Level of Harm - Actual harm  Residents Affected - Few	According to the Mayo Clinic, the most important factor when caring for someone who may have a broken hip is to protect them from further injury: keep the person lying on their back and immobilize the leg to prevent further injury .If an elderly person experiences a fall and you suspect a broken hip, call 911 immediately. All hip fractures are medical emergencies that require prompt medical attention .Only trained healthcare professionals should move, lift, or transport someone who has a broken hip. Signs and Symptoms of a broken hip include pain in the hip or upper leg, swelling and bruising around the hip and upper leg, not being able to stand or put weight on the affected hip and leg, difficulty moving the hip and leg, and the affected leg is at an odd angle or is shorter than the unaffected leg. <a href="https://www.mayoclinic.org">https://www.mayoclinic.org</a> &gt;syc20373468.		