

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235543	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/06/2024
NAME OF PROVIDER OR SUPPLIER Lincoln Haven Nursing and Rehabilitation Community		STREET ADDRESS, CITY, STATE, ZIP CODE 950 Barlow Rd Lincoln, MI 48742	

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 0807</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure each resident receives and the facility provides drinks consistent with resident needs and preferences and sufficient to maintain resident hydration.</p> <p>34568</p> <p>Based on observation, interview and record review, the facility failed to ensure fresh water was consistently offered and provided for four residents (R3, R4, R5, and R6) of four residents reviewed. This deficient practice resulted in resident dissatisfaction and the potential for feelings of thirst and dehydration. Findings include:</p> <p>Observations began on 2/6/24 at 9:00 a.m. of the two hallways at the facility. When entering R3's room, it was observed that he had a large pink water pitcher at his bedside table. R3's cup was noted to be warm to the touch with less than a quarter water left inside. An interview was conducted with R3 who stated that he has not had his water filled since last night and had requested a new cup of water this morning. R3 stated he requested new water over an hour ago and was still waiting, which left him frustrated.</p> <p>Review of R3's 1/19/24 Brief Interview for Mental Status (BIMS) score revealed an 11/15, indicative of moderate cognitive impairment.</p> <p>On 2/6/24 at 9:05 a.m., R6 was observed sitting in her wheelchair with her bedside table across her lap watching television in her room. It was noted that R6 did not have a water cup in her room during this observation. R6 stated that she had not had fresh water since last night and requested to have fresh water.</p> <p>Review of R6's 11/3/23 BIMS score revealed a 15/15, indicative of no cognitive impairment.</p> <p>On 2/6/24 at 9:10 a.m., R5 was observed to be sitting in his bed in his room. It was observed that R5 had one empty pink water cup on his bedside table. An interview was conducted with R5 who stated the facility staff have a difficult time passing out water, so he will just fill his own pitcher in the bathroom sink.</p> <p>Review of R5's 11/21/23 BIMS score revealed an 8/15, indicative of moderate cognitive impairment.</p> <p>On 2/6/24 at 9:15, R4 was observed laying in her bed watching television. It was noted that R4 had two pink water pitchers in her room that were warm to the touch and did not have any water inside the cups. An interview was conducted with R4 who stated her water pitchers have not been filled since last night and requested a new cup of water.</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
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<p>F 0807</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of R4's 12/23/23 BIMS score revealed 14/15, indicative of no cognitive impairment.</p> <p>An observation of a sign posted at the nurse's station, signed by the Director of Nursing (DON) on 1/27/24 read, in part, Attention CNA's (Certified Nurse Aides) .4) Ice/water is to be passed out each shift .</p> <p>Review of the Nursing Staff Assignment sheet dated 2/6/24 revealed three CNA's working from 6:30 a.m. until 6:30 p.m.</p> <p>An observation on 2/6/23 at 10:00 a.m. revealed that R3 did have a fresh cup of water present and stated it was delivered about five minutes ago. R4 was still observed laying in bed in her room with the two cups of empty water still on her bedside table. R5 was observed in his room with one cup of empty water on his bedside table. R6 was observed sitting in her wheelchair with her bedside table over top of her lap with no cup of water present.</p> <p>An observation on 2/6/23 at 11:12 a.m. revealed that R4 was not in her room with two pink water cups remaining at her bedside table. R6 was still sitting in her wheelchair with no water present in her room.</p> <p>An interview was conducted with CNA C on 2/6/24 at 11:15 a.m. CNA C stated that fresh water is to be passed out at the start of each shift, but indicated staff are having a difficult time receiving clean water cups from the kitchen.</p> <p>On 2/6/24 at 12:40 p.m. it was observed that R3, R4, R5 and R6 all received fresh cups of water.</p> <p>An interview was conducted with CNA E on 2/6/24 at 12:45 p.m. CNA E stated that fresh water was passed for the first time today around 11:30 a.m.</p> <p>An interview was conducted with the DON on 2/6/24 at 12:55 p.m. The DON stated night shift was supposed to pick up used water cups to send back to the kitchen to be cleaned. Then fresh water is to be passed out at each shift starting in the morning. The DON confirmed that residents should not have waited until this afternoon to receive fresh water.</p>