

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235554	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/03/2025
NAME OF PROVIDER OR SUPPLIER Eastwood Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 900 Maas St Negaunee, MI 49866	

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 (#15) of one resident reviewed for limited range of motion. This deficient practice resulted in the potential for pain, discomfort, and worsening of contractures. Findings include:</p> <p>Resident #15 (R15)</p> <p>On 4/1/25 at 1:42 p.m., R15 was observed sleeping in her bed. R15 was noted to have a left hand contracture with fingers inside her palm, with no palm grip or splint observed.</p> <p>Review of R15's Electronic Medical Record (EMR) revealed admission to the facility on [DATE] with diagnosis including Lewy bodies, Parkinson's disease, dementia and muscle weakness.</p> <p>Review of R15's 2/20/25 Minimum Data Set (MDS) assessment revealed severely impaired cognition, and Section GG revealed R15 had ROM impairment on both upper extremities.</p> <p>Review of R15's 'progress note' dated 3/3/25, written by Registered Nurse (RN) B revealed the following:</p> <p>Resident with bilateral hand contractures. [R15] has palm grips to (B) (bilateral) hands at all times except for hygiene. OT (Occupational Therapy) evaluation, using our standing orders, initiated to possibly establish a ROM and splinting program .</p> <p>R15's 'care plan' had the following intervention, Palm grips to (B) hands at all times - remove to wash and dry hands. Approach Start Date: 2/21/25 .</p> <p>On 4/2/25 at 1:48 p.m., R15 was observed being assisted to the therapy gym by OT A. It was observed that while being assisted down the hallway, R15 did not have a palm grip or splint on her left hand, which visually appeared contracted. OT A began to perform ROM exercises to R15's left hand while in the therapy gym. OT A was interviewed and stated R15 has started therapy services again, with the intention of opening up R15's left hand more to attempt using a splint.</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 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 4/3/25 at 10:20 a.m., RN B was interviewed regarding R15's contractures. RN B stated R15 was currently in therapy services, but during this time she was to have palm grips on both her right and left hands at all times. A request for an observation of R15 with RN B at this time revealed R15 sleeping in her bed. RN B confirmed R15 did not have a palm grip or splint on her left hand and was unable to locate the palm grip in her room.</p> <p>An interview was conducted with the Director of Nursing (DON) on 4/3/25 at 10:36 a.m. The DON confirmed R15 should be wearing bilateral palm grips.</p>		

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<p>F 0740</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident must receive and the facility must provide necessary behavioral health care and services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49735</p> <p>Based on interview and record review, the facility failed to provide behavioral health care needs to maintain the highest practicable level of physical, mental and psychosocial well-being, for one Resident (#59) of 19 residents reviewed for behavioral care. This deficient practice had the potential to result in worsening signs and symptoms of depression, anxiety, and psychosocial decline.</p> <p>Findings include:</p> <p>Resident #59 (R59)</p> <p>On 4/1/25 at 10:52 a.m., R59 was interviewed and stated, I am blind, and I can't see. My favorite hobby is astronomy, and I would like to learn something new and talk to someone about it. I am bored . I have my tablet and it is the only thing that keeps me sane .I know if I had someone to talk to me I hurt less and don't think about my constant pain . no one comes to sit and visit with me and since you have been in here talking to me I have not had any pain . there is nothing to do but lay here . I am so glad that you came to see me, please don't leave because I don't have any pain since you are here visiting me.</p> <p>Review of R59's Minimum Data Set (MDS) assessment dated [DATE], revealed admission to the facility on [DATE] with active diagnoses that included anxiety, depression, diabetes mellitus, Diabetic retinopathy (diabetes that affects the eyes) and neuropathy (nerve damage that often affects the legs and feet). According to Section B of the MDS, R59 had severely impaired vision. R59 scored a 14 of 15 on the Brief Interview for Mental Status (BIMS) assessment, reflective of intact cognition.</p> <p>Review of Electronic Medical Record (EMR) Face Sheet revealed R59 was blind in left eye, had central blindness in right eye, and experienced chronic pain.</p> <p>On 4/2/25 at 2:44 p.m., during an interview, Certified Nurse Aide (CNA) C reported R59 leaves his room for doctor appointments but does not leave his room for anything else .{R59} used to get up for meals but hasn't for the past three months .{R59} likes to talk a lot but no one comes to visit him, I think he is bored .his vision was poor when he was first admitted , progressively got worse, and now he is completely blind. I would say he is depressed and lonely and just wants someone to talk to.</p> <p>On 4/3/25 at approximately 7:25 a.m., CNA D was interviewed and reported R59 was usually in his room all day .he is completely blind and needs some company .he is on his tablet but how long can someone do that, it would be so isolating sitting there in the dark all day by himself.</p> <p>On 4/3/25 at 7:35 a.m., Housekeeping Aide E was interviewed and stated I don't see anyone in his room that much .he is in his bed all the time.</p> <p>(continued on next page)</p>		

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<p>F 0740</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 4/3/25 at 7:39 a.m., CNA F was interviewed and reported that R59 likes to talk with people, but no one ever comes to visit with him. I don't see anyone go in there during the day. CNA F stated, R59 used to come out of his room and now he won't. CNA F stated, R59 does not say he is depressed but it sure appears that way.</p> <p>On 4/3/25 at 8:28 a.m., Licensed Practical Nurse (LPN) G was interviewed and reported (R59) is very lonely, and I feel that he does better when there is someone to talk to, I think that would really help him.</p> <p>On 4/3/25 at 9:24 a.m., Social Worker (SW) H was interviewed and was asked about R59 reporting being lonely and depressed. SW H reported R59 is distracted from thinking about his pain when he has someone to talk to. When asked about behavioral care services being offered, SW H stated, I have not offered behavioral care support for him in the past quarter or so.</p> <p>During a follow-up interview at 10:36 a.m., Social Worker H acknowledged someone did ask for R59 to receive an outside consult from (Behavioral Care Provider), but I did not do it.</p> <p>On 4/3/25 at 11:56 a.m., the Director of Nursing (DON) was interviewed and acknowledged R59 did not receive an outside referral for behavioral care solutions and R59 needed behavioral support due to concerns of resident being lonely and bored.</p> <p>Review of facility policy titled Social Services date implemented 6/24/24 read in part, .the facility .will provide medically related social services to each resident, to attain or maintain the residents highest practicable physical, mental, and psychosocial well-being .making referrals and obtaining services from outside entities . the facility should provide .or obtain needed services from outside entities during situations that include . expressions or indications of distress that affect the residents mental and psychosocial well being resulting from depression, chronic disease .difficulty coping with change or loss .and need for emotional support.</p> <p>Review of facility policy titled Behavioral Health Services date reviewed/revised 1/7/25 read in part, .It is the policy of this facility to ensure all resident receive necessary behavioral health services to assist them in reaching and maintaining their highest level of mental and psychosocial functioning.</p>		