STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235567	A. Building B. Wing	12/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hillsdale Hospital McGuire & MacRitchie Long Term	168 South Howell Street Hillsdale, MI 49242

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 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to provide justification for the continued use of a as needed antipsychotic beyond 14 days for one (Resident #27) out of five reviewed for medication review. Findings include: Review of the medical record reflected Resident #27 (R27) was admitted to the facility on [DATE], with diagnoses that included history of falling and muscle weakness. The Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 9/29/25, reflected R27 scored 10 out of 15 (moderately impaired) on the Brief Interview for Mental Status (BIMS-a cognitive screening tool). Review of the Physician Order revealed an active order dated 10/8/25 for Ativan Oral Tablet 0.5 MG (Lorazepam), Give 0.5 mg by mouth every 12 hours as needed for Anxiety/Agitation. In an interview on 12/22/2025 at 10:15 AM, Registered Nurse (RN) C acknowledged that R27 had an as needed order that extended past the 14 days and that the expectation would be to discontinue the order after 14 days and reevaluate as needed.

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235567	A. Building B. Wing	12/22/2025

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to notify the ombudsman in writing of a discharge in one (Resident #1) of one reviewed for discharge. Findings include:Review of the medical record reflected Resident #1 (R1) was admitted to the facility on [DATE] and discharged on 11/27/25, with diagnoses that included urinary tract infection. The Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 11/27/25, reflected R1 scored 14 out of 15 (cognitively intact) on the Brief Interview for Mental Status (BIMS-a cognitive screening tool). R1 was no longer in the facility. On 12/22/2025 at 10:44 AM, Registered Nurse (RN) C stated that the ombudsman was not notified of the discharge in writing.