

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235574	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/24/2025
NAME OF PROVIDER OR SUPPLIER  Cascade Senior Care Center, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  2121 Robinson Rd Jackson, MI 49203	

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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 32064</p> <p>This citation pertains to Intake MI00150266.</p> <p>Based on interview and record review, the facility failed to develop and implement a comprehensive person-centered care plan for one (R1) of three reviewed.</p> <p>Findings include:</p> <p>Review of the medical record revealed R1 was admitted to the facility on [DATE] with diagnoses that included dementia, contracture of muscle, and presence of other specified devices. Review of the comments entered for the diagnoses of presence of other specified devices revealed R1 had a baclofen pump that was placed on [DATE]. R1 died in the facility on [DATE].</p> <p>Review of the records obtained from the physician's office that managed R1's baclofen pump revealed R1's last appointment was on [DATE]. At that time, R1's baclofen dose was decreased from 175.7 mg/hr to 96.1 mcg/hr. The note revealed the next low reservoir alarm date was scheduled for [DATE], but the alarm was turned off as R1 was receiving hospice care. The note indicated refill pump before: [DATE], which indicated the pump would be empty at that time. The note revealed a plan to start baclofen 10 milligrams (mg) three times a day as needed for baclofen withdrawal. This record was not included in R1's medical record.</p> <p>R1 did not have any orders or a care plan indicating he still had a baclofen pump with medication being administered until [DATE].</p> <p>Review of the Nurses Note dated [DATE] and authored by Director of Nursing (DON) B revealed This writer called [physician who managed baclofen pump] regarding expiration of Baclofen Pump. Per resident's wife, the pump is due to expire January of 2025. At that point we are to start oral Baclofen. Message was left with [physician who managed baclofen pump] to call back with exact expiration date, and oral dosage.</p> <p>In a telephone interview on [DATE] at 10:47 AM, Licensed Practical Nurse (LPN) L reported they cared for R1 and were not aware R1 had a baclofen pump until a few days before he passed away.</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:  235574	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/24/2025
NAME OF PROVIDER OR SUPPLIER  Cascade Senior Care Center, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  2121 Robinson Rd Jackson, MI 49203	
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In a telephone interview on [DATE] at 12:10 PM, LPN J reported they cared for R1 and were not aware R1 had a baclofen pump. LPN J reported if a resident had a baclofen pump, there should be a physician's order and a care plan.</p> <p>In an interview on [DATE] at 12:33 PM, Clinical Care Coordinator (CCC) D reported they were not aware R1 had a baclofen pump until approximately one to two weeks before R1 passed away. CCC D reported they became aware because R1's wife mentioned that the baclofen pump was due to run out. CCC D reported if a resident had a baclofen pump, it should be care planned.</p> <p>In an interview on [DATE] at 1:02 PM, Director of Nursing (DON) B reported they were not aware R1 had a baclofen pump until his wife mentioned it in January. DON B reported the information would typically be in the care plan.</p> <p>In an interview on [DATE] at 2:02 PM with Nursing Home Administrator (NHA) A, DON B, and Regional Consultant (RC) R reported the facility's documentation showed R1's baclofen pump was last filled on [DATE]. It was reported that R1 had the baclofen pump care planned, but that care plan intervention was discontinued on [DATE] leading them to believe the pump off/empty at that time.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235574	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/24/2025
NAME OF PROVIDER OR SUPPLIER  Cascade Senior Care Center, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  2121 Robinson Rd Jackson, MI 49203	
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 - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</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> 32064</p> <p>This citation pertains to Intake MI00150266.</p> <p>Based on interview and record review, the facility failed to ensure coordination of care and monitoring of a baclofen pump (implanted device that delivers the baclofen, a muscle relaxant medication, directly into the spinal fluid) for one (R1) of three reviewed.</p> <p>Findings include:</p> <p>Review of the medical record revealed R1 was admitted to the facility on [DATE] with diagnoses that included dementia, contracture of muscle, and presence of other specified devices. Review of the comments entered for the diagnoses of presence of other specified devices revealed R1 had a baclofen pump that was placed on [DATE]. R1 died in the facility on [DATE].</p> <p>In a telephone interview on [DATE] at 9:16 AM, Family Member P reported R1 last had an appointment related to their baclofen pump on [DATE] at which time the physician decreased the baclofen dose and turned off all pump alarms. Family Member P reported the medication was scheduled to be completely used and the reservoir empty by [DATE]. Family Member P reported R1's family reminded the facility on [DATE] that the pump was due to run out of baclofen and they were notified on [DATE] that there was nothing on file related to the baclofen pump. Family Member P reported the physician's office that managed the pump was contacted by R1's family on [DATE] at which time they were informed R1 should have started oral baclofen tablets on [DATE] to manage spasticity/muscle spasms and prevent withdrawals.</p> <p>Review of R1's medical record revealed the last documentation of any baclofen pump appointment was on [DATE] at which time R1's baclofen pump was refilled and R1 received 175.7 micrograms (mcg) per hour (hr).</p> <p>Review of the records obtained from the physician's office that managed R1's baclofen pump revealed R1's last appointment was on [DATE]. At that time, R1's baclofen dose was decreased from 175.7 mg/hr to 96.1 mcg/hr. The note revealed the next low reservoir alarm date was scheduled for [DATE], but the alarm was turned off as R1 was receiving hospice care. The note indicated refill pump before: [DATE], which indicated the pump would be empty at that time. The note revealed a plan to start baclofen 10 milligrams (mg) three times a day as needed for baclofen withdrawal. This record was not included in R1's medical record.</p> <p>Review of the Physician' Order dated [DATE] revealed an order to call the surgeon who placed the pump if there were any questions regarding the baclofen pump. The order was discontinued on [DATE].</p> <p>Review of the Physician's Order dated [DATE] revealed an order for baclofen 10 mg every 8 hours as needed for increased spasticity/muscle spasms or signs and symptoms of baclofen withdrawal (itching, irritability, twitching).</p> <p>R1 did not have any orders or a care plan indicating he still had a baclofen pump with medication being administered until [DATE].</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235574	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/24/2025
NAME OF PROVIDER OR SUPPLIER  Cascade Senior Care Center, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  2121 Robinson Rd Jackson, MI 49203	
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 - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>There was no documentation that R1 was being monitored for signs and symptoms of baclofen withdrawal after the baclofen pump was empty ([DATE]).</p> <p>Review of the MAR revealed did not receive any as needed baclofen (ordered [DATE] and still active) in [DATE].</p> <p>Review of the Nurses Note dated [DATE] and authored by Director of Nursing (DON) B revealed This writer called [physician who managed baclofen pump] regarding expiration of Baclofen Pump. Per resident's wife, the pump is due to expire January of 2025. At that point we are to start oral Baclofen. Message was left with [physician who managed baclofen pump] to call back with exact expiration date, and oral dosage.</p> <p>Review of the Physician's Order dated [DATE] revealed an order for baclofen 10 mg orally three times a day for increased spasticity/muscle spasms. According to the Medication Administration Record (MAR), R1 received the first dose on [DATE] at 3:00 PM.</p> <p>In a telephone interview on [DATE] at 10:47 AM, Licensed Practical Nurse (LPN) L reported they cared for R1 and were not aware R1 had a baclofen pump until a few days before he passed away. LPN L reported there was not any monitoring for adverse reactions or baclofen withdrawal since they were unaware R1 had a baclofen pump.</p> <p>In a telephone interview on [DATE] at 12:10 PM, LPN J reported they cared for R1 and were not aware R1 had a baclofen pump. LPN J reported if a resident had a baclofen pump, there should be a physician's order and a care plan.</p> <p>In an interview on [DATE] at 12:33 PM, Clinical Care Coordinator (CCC) D reported they were not aware R1 had a baclofen pump until approximately one to two weeks before R1 passed away. CCC D reported they became aware because R1's wife mentioned that the baclofen pump was due to run out. CCC D reported if a resident had a baclofen pump, it should be care planned.</p> <p>In a telephone interview on [DATE] at 12:43 PM, Registered Nurse (RN) F reported R1 had a baclofen pump when he first arrived at the facility. RN F reported they thought the baclofen pump had been turned off many years ago. RN F reported most staff that worked with R1 were unaware that he had a baclofen pump.</p> <p>In an interview on [DATE] at 12:51 PM, LPN G reported they became aware of R1's baclofen pump when R1's wife mentioned the pump. LPN G reported they were not aware of any monitoring related to R1's baclofen pump or what dose of baclofen was being administered through the pump.</p> <p>In a telephone interview on [DATE] at 1:16 PM, LPN C reported they were not aware R1 had a baclofen pump until his wife mentioned it in January.</p> <p>In an interview on [DATE] at 1:02 PM, Director of Nursing (DON) B reported they were not aware R1 had a baclofen pump until his wife mentioned it in January. DON B reported the information would typically be in the care plan. Any further documentation related to the baclofen pump was requested.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235574	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/24/2025
NAME OF PROVIDER OR SUPPLIER  Cascade Senior Care Center, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  2121 Robinson Rd Jackson, MI 49203	

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 - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>In an interview on [DATE] at 2:02 PM with Nursing Home Administrator (NHA) A, DON B, and Regional Consultant (RC) R reported the facility's documentation showed R1's baclofen pump was last filled on [DATE]. It was reported that R1 had the baclofen pump care planned, but that care plan intervention was discontinued on [DATE] leading them to believe the pump off/empty at that time. It was reported the last Physician and/or Nurse Practitioner documentation related to R1's baclofen pump was on [DATE].</p> <p>No further documentation regarding the baclofen pump was provided by the facility.</p>