STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235574	A. Building B. Wing	02/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cascade Senior Care Center	2121 Robinson Road 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)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to provide assistance with Activities of Daily Living for one resident (R200) of three dependent residents reviewed.Findings include:Review of the clinical record revealed R200 was admitted into the facility on [DATE] with diagnoses that included: malnutrition, postprocedural complications and disorders of digestive system and had an abdominal surgical wound present. According to the Minimum Data Set (MDS) assessment dated [DATE], R200 scored 13/15 on the Brief Interview for Mental Status exam (which indicated intact cognition). In a telephone interview with Family Member K on 2/05/26 at 8:31 AM, it was reported that R200 did not receive assistance getting showers while in the facility and was often found to be soiled with urine and not cleaned up for the day.A review of the shower logs for R200, provided by the facility revealed R200 did not receive a shower or bed bath until 12/22/25, 11 days after her admission. A review of R200's progress notes did not reveal any refusals during that time.In an interview with Director of Nursing (DON), on 2/05/2026 at 10:14 AM, it was reported that the expectation for resident showers is that they take place twice a week and refusals are documented in the electronic medical record. No explanation was provided for the lack of showers for 11 days for post-surgical resident, R200.

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 02/05/2026
NAME OF PROVIDER OR SUPPLIER: Cascade Senior Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE: 2121 Robinson Road Jackson, MI 49203	

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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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to safely transfer one (R200) of three residents reviewed, resulting in an injury.Findings include: Review of the clinical record revealed R200 was admitted into the facility on [DATE] with diagnoses that included: malnutrition, postprocedural complications and disorders of digestive system and had an abdominal surgical wound present. According to the Minimum Data Set (MDS) assessment dated [DATE], R200 scored 13/15 on the Brief Interview for Mental Status exam (which indicated intact cognition).In a telephone interview with Family Member K on 2/5/26 at 8:31 AM, it was reported that R200 sustained 2 skin tears while being transferred back into bed on 12/22/25 and continued to require at home wound care services for them. A review of incident report for R200, dated 12/22/25, revealed the following:Nursing description: Resident noted to have skin tears to her bilateral calves on the lateral aspects of each leg. Resident reports feeling some mild pain in her lower legs after transferring with an EZ stand (a medical mobility aid designed to help people who have trouble standing up on their own) and an aide to the bathroom and back, but due to poor eyesight she was unable to give a clear description of what happened.Resident description: Resident stated I felt the backs of my legs pushing against the bedframe when they were putting me back in bed, and I felt my legs kinda pinched and hurt. Then when I was lying down I could feel something wet under them all of a sudden and they hurt even more. Predisposing Situation Factors: During transfer, Mechanical lift in useImmediate Action Taken: Wounds cleansed and pictured, then covered and bandaged. Treatment orders put into place and daughter notified via phone.On 2/5/26 at 10:14 AM, during an interview with Director of Nursing (DON), it was reported that R200 was being transferred back to bed from the bathroom, by CNA F, using an EZ stand, R200 complained of pain and was bleeding. R200 reported to the DON that when her legs were pushed back to the bed they were pinched. DON reported it was believed that the injury was from loose skin being pinched between the bed frame and EZ stand. It was reported that R200 required 2 people for transfers and that the second person in the room (who was unnamed) was not assisting in the transfer but gathering supplies. DON reported that verbal education was provided to CNA F regarding the importance of the second person for safe transfers, second person is to be used as a spotter and cannot be in the room doing other things. On 2/5/26 at 12:29 PM, during a telephone interview with CNA F, it was reported that on 12/22/25 while caring for R200, CNA F had transferred resident by herself, having R200 pivot from the wheelchair back to the bed. Upon getting back into bed R200 reported that CNA F hurt her leg. CNA F apologized to resident and during her next brief changed discovered both her legs were cut. CNA F reported that she believed the resident was a one person assist at the time and that an EZ stand was not used. A review of R200's care plan revealed Ambulation: non-ambulatory.transfer: 2 PA using 2WW (wheeled walker)A review of R200's physician orders revealed an order with a start date of 12/11/25 (discontinued on 1/5/26) Transfers: 2PA (person assist) EZ stand

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NAME OF PROVIDER OR SUPPLIER Cascade Senior Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2121 Robinson Road Jackson, MI 49203	

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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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to consistently use required Personal Protective Equipment (PPE).Findings include:On 2/4/26 at approximately 10 am, Regional Clinical Director A reported that surgical masks were being worn throughout the building due to multiple cases of nausea and vomiting.Review of the clinical record revealed R202 was admitted into the facility on 3/5/25 with diagnoses that included: malnutrition and Type 2 Diabetes Mellitus. According to the Minimum Data Set (MDS) assessment dated [DATE], R202 scored 12/15 on the Brief Interview for Mental Status exam (which indicated moderately impaired cognition).On 2/4/26 at 12:35 PM, a contact precaution sign was observed on the exterior of R202's room door, Certified Nursing Assistant (CNA) D was observed entering then exiting R202's room with only a surgical mask on. On 2/4/26 at 12:37 PM CNA D and CNA C were both observed entering R202's room with only a surgical mask on. On 2/4/26 at 12:39 PM CNA C exited R202's room. Upon exit CNA C was asked what contact precautions mean, they replied they should have gowned up (donned a gown and gloves prior to entering). CNA C confirmed that neither herself nor CNA D donned the required gown/gloves prior to entering R202's room.On 2/4/26 at 2:06 PM, a PPE cart was observed in close proximity to R202's room, it did not contain any gloves. When asked where I could find gloves, CNA B retrieved gloves from another resident room.On 2/4/26 at 2:08 PM R202 was observed sitting up in a manual wheelchair, a small decorative trash can without a lid was observed close to the door, no discarded PPE observed. When asked if staff wear a gown and gloves upon entering her room R202 reported they do not wear a gown but normally wear gloves.On 2/4/26 at 2:29 PM, Laundry Aide E was observed entering 4 resident rooms without any hand hygiene and only a surgical mask on, then entered a resident room with a Contact precautions sign on the door. No additional PPE was donned. Upon exit Laundry Aide E was asked what Contact precautions meant, she reported that she normally just goes in and out with clean laundry (no gown or gloves).On 2/5/26 at 3:57 PM, during an interview with Corporate Infection Control G, it was reported that the expectation is for all staff that enter a room with Contact precautions to don a gown and gloves.A review of R202's physician orders revealed an order dated 2/2/26 through 2/5/26 which read Transmission Based Precautions: Contact, every shift for diarrheaA review of the facilities policy titled Transmission-Based Precautions, documented in part Contact precautions.Healthcare personnel caring for residents on Contact Precautions wear a gown and gloves for all interactions that may involve contact with the resident or potentially contaminated areas in the resident's environment.Donning personal protective equipment (PPE) upon room entry and discarding before exiting the room is done to contain pathogens.