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	05/07/2026

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure tow out of two emergency (ER) crash carts (used to house CPR -Cardiopulmonary Resuscitation equipment) were checked daily and stocked with life sustaining items. Record review of an ER CART AUDIT FORM/CHECK LIST, placed on a crash cart on the Meadows Unit, and another on the Rehab/Nursing Unit, documented all the items required to be on each of the crash carts upon nursing performing a nightly check of the crash carts. The form revealed, Initial when checked at the top of the form. Observation of the Meadows Unit crash cart revealed a one-liter bag of normal saline (NS) that did not have a sticker on it, nor did it have an expiration date. Upon returning to the same crash cart at 4:00 PM for another observation revealed that the crash cart was missing the blood pressure cuff, paper, one IV (intravenous) start kit, one 1-liter bag of normal saline, and one 500 milliliters (ML) bag of 5% dextrose.Per the ER CART AUDIT FORM/CHECK LIST form there should have been paper, a blood pressure cuff, two IV start kits, two 1-liter bags of NS, and two 500 ML bags of 5% dextrose. Review of the Meadows Unit check list for the months of March and [DATE] revealed nursing staff put checkmarks next to each item on the list meaning that the items were present on the crash cart, with some nurses who used zeroes and others used the letter C, while others used an X. Additionally, for the month of April in the box where the nurse was to initial that the two 500 ML bags of 5% dextrose were on the cart, revealed for the whole month documentation of X1, without any nurse replacing the second missing bag of 5% dextrose that was required to be on the crash cart per the check list. Furthermore, all the items were marked as being present on the crash cart when in fact the above items were missing from the crash cart at the time of the observation, and the crash cart had not been used since the last check the evening before on [DATE] up to the observation. The form revealed no nurse's or staff's initials anywhere on the form, per the form's instructions, and therefore there was no way to identify who performed the checks.Observation of the crash cart on the Rehab and Nursing Units was conducted on [DATE] at 3:45 PM. The cart was observed and per the check list, did not have an oxygen tank, nonrebreather masks, or laminated policy and procedure for the use of the AED (automated external defibrillator). There was only one IV start kit, no saline flushes, or six inch IV extensions (there were supposed to be two). There were supposed to be two 1-liter bags of NS but there were none, and there was only one 500 ML bag of 5% dextrose on the cart there was supposed to be two, per the check list. Another review of the check list revealed the cart was to have one oxygen tank on it, a lamented copy of the AED policy and procedure, two IV start kits, two saline flushes, two six inch IV extensions, two 1-liter bags of NS, and two 500 ML bags of 5% dextrose. Review of the check list on [DATE], for the Rehab and Nursing Unit crash cart for the month of [DATE] revealed only on [DATE] was the crash cart checked for all items stocked. Additionally, the check list required the nurse check the AED device to assure the device was in working order and was charged. The dates of 5/2, 5/3, and [DATE] on the form revealed no initials, or marks. All the boxes were blank, which indicated the cart was not checked for all items in place and the AED device was in working order and charged. In an interview on [DATE] at 2:44 PM, the Assistant Director of Nursing (ADON) C, who was filling in for the Director of Nursing (DON) B confirmed the crash carts did not have the locks, and that nurses (continued on next page)

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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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	were to be initialing the boxes on the check list to indicate each item is on the cart. ADON C said there should be some way to determine who performed the check of the cart. ADON C said the checks were performed by the 6:00 PM to 6:00 AM shift, and stated the nurses were checking and initialing that each item was on the cart and that nothing was expired. ADON C said if an item was missing or expired it was expected that the nurse replace the item(s) at that time. Review of the facility policy and procedure titled, EMERGENCY CART dated [DATE], and revised on [DATE] revealed that this policy did not match the type of crash carts the facility had. The policy did reveal that the supply list was to be on the cart along with the AED policy and procedure. The policy also revealed at #5 It is the responsibility of nursing to visually verify each Emergency cart daily and document on ER cart audit form/ check list that a check has been completed. However, this policy speaks to a lock with a number on it that secures the crash cart, and the lock will be broken for a complete audit to be done of the entire emergency cart to assure correct contents, function of oxygen tank and suction machine, cleanliness of cart and contents, and relock/reseal the cart. The crash carts that were observed did not have the secured locks with numbers on them.