

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

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 07/16/2026
NAME OF PROVIDER OR SUPPLIER Cascade Senior Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** This citation pertains to intake numbers 3052863 and 3069687. Based on observation, interview and record review, the facility failed to ensure timely revision of the Care Plan for two (R2 and R4) of three reviewed. Findings include: R2: Review of the medical record reflected R2 admitted to the facility on [DATE], with diagnoses that included unspecified severe protein-calorie malnutrition and hypertension (high blood pressure). According to the medical record, R2 admitted to the facility for a hospice respite stay from 3/8/26 to 3/13/26. R2 did not reside in the facility at the time of the onsite survey. An Incident Report reflected R2 had a fall on 3/8/26 at 6:00 PM. According to the Incident Report, R2 slid out of their wheelchair, while attempting to self-transfer from the wheelchair to the bed. The Incident Report reflected R2 was re-educated to request assistance for transfers and how to use the call light. Additionally, the Incident Report reflected a fall mat was placed at the left side of the bed. R2's Care Plan reflected the intervention for a floor mat at the left side of the bed was initiated on 3/10/26. An Incident Report reflected R2 had an unwitnessed fall on 3/8/26 at 9:20 PM. According to the Incident Report, R2 was attempting to self-transfer from their bed to the wheelchair. The Incident Report reflected R2 was re-educated and was Care Planned for a low bed (bed in a low height from the floor). R2's Care Plan reflected the intervention for a low bed was initiated on 3/10/26. R4: Review of the medical record reflected R4 was admitted to the facility on [DATE], with diagnoses that included cerebral infarction (stroke) due to unspecified occlusion (blockage) or stenosis (narrowing) of the left middle cerebral artery. The Admission/5-day Medicare Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 5/14/26, reflected R4 was coded for having short-term and long-term memory impairments. On 7/14/26 at 12:12 PM, R4 was observed seated in a wheelchair, in the dining room, receiving assistance with their lunch meal. On 7/15/26 at 8:35 AM, R4 was observed seated in a wheelchair, in their room. The right side of R4's bed was observed against the wall. An Incident Report reflected R4 had an unwitnessed fall on 5/10/26 at 1:15 PM. R4 was observed lying on their right side, on the floor, with their wheelchair behind them. R4 was unable to give of description of how they fell. An immediate intervention was not noted on the Incident Report. A Fall Assessment, dated 5/12/26, reflected Dycem (non-slip material) was placed in R4's wheelchair to prevent sliding. R4's Care Plan reflected the intervention for Dycem to the wheelchair was initiated and created on 7/14/26. An Incident Report reflected R4 had an unwitnessed fall on 5/19/26 at 7:45 PM. R4 had been observed on the floor, next to their bed. According to the Incident Report, R4's bed was placed in the lowest position (bed in a low height from the floor). R4's Care Plan reflected the intervention for a low bed was initiated and created on 7/14/26. An Incident Report reflected R4 had a fall on 5/22/26 at 11:25 AM, while participating in group therapy. R4 was lying on the dining room floor, on their right side, with the wheelchair behind them. According to the Incident Report, Therapy (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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	determined wheelchair positioning may have contributed to the fall and provided R4 with a wheelchair with a high back. R4's Care Plan reflected an intervention for stand-pivot transfers, via assistance of two people, to a high back wheelchair, was initiated and created on 5/8/26. The intervention was revised on 7/14/26. In an interview on 7/15/26 at 4:26 PM, Director of Nursing (DON) B reported that ideally, nurses would update the Care Plan at the time of a fall. DON B indicated nurses got busy, and Care Plans were not always updated at the time. According to DON B, the Interdisciplinary Team (IDT) reviewed the falls and would ensure the Care Plan was updated. In an interview on 7/16/26 at 10:59 AM, Certified Nurse Aide (CNA) I reported the Kardex (CNA Care Guide that is developed from the Care Plan) included resident care needs and safety interventions. CNA I reported they could ask nurses as well, as they had additional information.		

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F 0839 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Employ staff that are licensed, certified, or registered in accordance with state laws. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** This citation pertains to intake 3055356. Based on observation, interview and record review, the facility failed to ensure staff who identified themselves as a Social Worker had the required credentials, according to State Law, for two (R2 and R5) of two reviewed. Findings include: Review of a complaint intake, received by the State Agency, reflected, . Facility worker [Staff Member (SM) F] incorrectly and fraudulently identifies herself as a licensed social worker to both other professionals, families, and patients/residents at facility. [SM F] does not have any social work degree or license. Identifying oneself or their work as social work without a degree and license is illegal . R2: Review of the medical record reflected R2 admitted to the facility on [DATE], with diagnoses that included unspecified severe protein-calorie malnutrition and hypertension (high blood pressure). According to the medical record, R2 admitted to the facility for a hospice respite stay from 3/8/26 to 3/13/26. R2 did not reside in the facility at the time of the onsite survey. A late entry Social Service Progress Note, dated 3/10/26 at 8:04 AM, reflected, SW [Social Worker] spoke with the resident as she appeared to be upset, the [sic] stated that she wanted to return home. SW informed the resident that she would be leaving on Friday [sic] 3/13/2026. Resident asked to call her family. SW spoke with the family as well . The note was authored by SM F and listed their position as Social Worker. A late entry Social Service Progress Note, dated 3/10/26 at 6:04 PM, reflected, During this encounter, resident overheard the staff laughing which made the resident feel like she was being laughed at. SW ensured the staff were not laughing at her. SW reassured family that staff were not laughing at the resident. The note was authored by SM F and listed their position as Social Worker. An Active Employee list reflected SM F was listed with the title of Social Service Designee. Documents, provided by the facility, reflected a copy of an email, which was authored by a family member of R2 on 3/11/26. The email reflected that the night prior, around 8:00 PM, they received a call from the facility's phone number, from R2. R2 was crying and experiencing emotional distress. R2 wanted to know when they were being picked up and alleged they were being made fun of. According to the email, a staff Social Worker identified herself on the call, asking for activity guidance. R5: Review of the medical record reflected R5 admitted to the facility on [DATE], with diagnoses that included unspecified cirrhosis of the liver and neuromuscular dysfunction of the bladder. The admission Minimum Data Set, with an Assessment Reference Date (ARD) of 6/6/26, reflected R5 scored 15 out of 15 (cognitively intact) on the Brief Interview for Mental Status (BIMS-a cognitive screening tool). On 7/14/26 at 9:27 AM, R5 was observed seated in a wheelchair, in their room. R5 described interactions with the Social Worker, referencing discussions pertaining to money/payments and receiving assistance with applying for Medicaid. A Social Service Progress Note, dated 6/12/26 at 10:25 AM, reflected, SW spoke with the resident regarding the discharge plan . The note was authored by SM F and listed their position as Social Worker. A Social Service Progress Note, dated 7/2/26 at 12:05 PM, reflected, SW spoke with the resident regarding the information provided for Medicaid, SW spoke with the resident that the documents needed to be obtained to proceed with the application . The note was authored by SM F and listed their position as Social Worker. In an interview on 7/15/26 at 2:20 PM, SM F identified her employment title as a Social Worker. SM F reported she did not have a Social Work license, nor did she identify herself to others as being licensed. SM F stated she introduced herself to individuals as the Social Worker at the facility. In an interview on 7/15/26 at 2:44 PM, SM G identified her employment title as Social Work Designee. SM G reported she was not licensed for Social Work and identified herself to residents, families and providers as a Social Work Designee. On 7/16/26 at 11:02 (continued on next page)		

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F 0839 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	AM, SM G was observed to have the title of Social Service Designee on her name tag. SM G reported she did not have a specific resident caseload within the facility and worked together, with SM F, for facility residents. SM G described that her job duties included completing the nine-item Patient Health Questionnaire (PHQ-9/depressive symptom scale), completing the BIMS and participating in care conferences and discharge planning. On 7/16/26 at 11:08 AM, SM F was observed to have the title of Social Worker on her name tag. SM F reported she was hired as a Social Work Designee and was working towards completion of a bachelor's in social work degree. SM F described that she could assist any resident within the facility census, versus being assigned a specific caseload of residents. Her job duties included discharge planning, checking on the well-being of the residents and assisting with arranging ancillary services. SM F described assisting the MDS nurse with OBRA screening, stating she (SM F) was unable to submit them since she was not licensed. SM F stated besides assisting with OBRA, she and SM G performed the same job duties. SM F reported she had business cards with her contact information, which she could provide to residents, families and providers. Review of a business card for SM F reflected the title of Social Worker. Personnel files for SM F and SM G each included signed Position Descriptions for a Social Worker. The Position Descriptions reflected, .Knowledge/Skills/Abilities: 1. Bachelor's Degree in Social Work, or in related human services field, including but not limited to Sociology, Special Education, Rehabilitation Counseling, and Psychology; must have a minimum of a Limited License in Social Work; LBSW preferred. 2. 1+ years of supervised social work experience in a health care setting working directly with individuals . According to Michigan Legislature, Michigan Compiled Laws (MCL)- Section 333.18503, PUBLIC HEALTH CODE (EXCERPT) Act 368 of 1978, 333.18503 Representation or use of title; prohibition. Sec. 18503 . (2) Only a licensed bachelor's social worker shall use the title licensed bachelor's social worker, social worker, or l.b.s.w. Only a licensed master's social worker shall use the title licensed master's social worker, social worker, or l.m.s.w. (https://www.legislature.mi.gov/Laws/MCL?objectName=mcl-333-18503)		