

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235585	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/03/2025
NAME OF PROVIDER OR SUPPLIER  Covenant Skilled Nursing and Rehab at Wellspring		STREET ADDRESS, CITY, STATE, ZIP CODE  5939 Shattuck Rd Saginaw, MI 48603	

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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 38471</p> <p>This Citation pertains to Intake Number MI00151167.</p> <p>Based on interview and record review, the facility failed to provide showers as scheduled for two residents (#701 and #703) of four residents reviewed for Activities of Daily Living (ADL), resulting in complaints of showers not being provided consistently.</p> <p>Findings include:</p> <p>Resident #701:</p> <p>On 4/2/2025 at 10:20 AM, Complainant E shared Resident #701 was not being showered at the facility and at one point she was in the same clothing for five days. When the concern was addressed with the nurse, they agreed the resident had been in the same clothing and agreed to change them. The next day the Resident reported all they (the facility) did was wipe her butt and change her clothes. Complainant E this upset the resident as she would have liked to be showered according the facility schedule.</p> <p>On 4/2/2025 at approximately 10:45 AM, a review was conducted of Resident #701's medical records and it revealed she admitted to the facility on [DATE] with diagnoses that included, Influenza A Virus with Pneumonia, Pleural Effusion, Dysphagia, Heart Disease and Hypertension. Further review of the records yielded the following:</p> <p>Care Plan:</p> <p>.I require 2PA (person assist) with bathing .</p> <p>On 4/2/2025 at 11:30 AM, review was completed of Resident #701's shower documentation from February and March 2025 with the Administrator. The documentation indicated the resident was last showered on 2/19/2025 and not showered again until 15 days later. Resident #701 was scheduled for showers on Monday and Wednesday yet many of the days were marked as NA (not applicable). The administrator expressed understanding of the concern.</p> <p>Resident #703:</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
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 4/2/2025 at 10:40 AM, Resident #703 was observed in her room preparing for the day. When asked about her bathing schedule at the facility she stated she was uncertain as to the days but receives a sponge bath as she has a PICC (Peripherally Inserted Central Catheter) line.</p> <p>On 4/2/2025 at approximately 10:50 AM, a review was conducted of Resident #703's medical records and it revealed she readmitted to the facility on [DATE] with diagnoses that included, Acute Embolism and Thrombosis, Sepsis, Atrial Fibrillation, Sterum Fracture and Pulmonary Hypertension. Further review yielded the following:</p> <p>Kardex:</p> <p>. I am able to: bathe with substantial assist x 1 person .</p> <p>On 4/2/2025 at 11:40 AM, a review of Resident #703's shower documentation was completed with the Administrator. It was found Resident #703 only had two showers at the facility since her admission on 3/10/2025. She was showered on 3/24/25 (Monday) and 3/27/25 (Thursday) with shower days being scheduled on Mondays and Thursdays.</p> <p>On 4/3/2025 at 11:00 AM, review of the infrequent shower documentation was reviewed with the DON (Director of Nursing). It was unclear why facility staff utilized NA when there were other appropriate answers. The DON expressed understanding of the concern.</p>		