

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235591	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/15/2024
NAME OF PROVIDER OR SUPPLIER Roubal Care and Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE N 306 Maple Street Stephenson, MI 49887	

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 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37577</p> <p>This citation is related to intake # MI00-142770</p> <p>Based on observation, interview, and record review, the facility failed to make grievance forms readily available to all resident's and family members, and failed to follow up with 1 of 3 resident's (Resident #4) reviewed for grievances.</p> <p>Findings:</p> <p>During an observation on 5/13/24 at 8:20 AM, a plastic tray hung on the wall near the nurses station and was labeled grievance forms. The tray was empty and did not contain any grievance forms. The plastic tray was situated at a height on the wall that would be out of reach for resident's in wheelchairs with limited range of motion. The posting did not indicate expectations once the grievance form was filled out, i.e. who would be following up on the concern and in what kind of time frame follow up could be expected.</p> <p>During an observation on 5/14/24 at 4:54 PM, the grievance form tray that hung on the wall near the nurses station did not have any grievance forms in it for resident's to utilize.</p> <p>During an observation on 5/15/24 at 3:30 PM, the grievance form tray near the nurses station did not have any grievance forms available to resident's.</p> <p>During an interview on 5/15/24 at 3:48 PM, Licensed Practical Nurse (LPN) W was asked where to find grievance forms because the plastic tray was empty, and LPN W stated there should be some forms in a drawer at the nurses station, but was unable to locate any. Maybe there are some in the front office.</p> <p>39056</p> <p>Resident #4 (R4)</p> <p>Review of an Admission Record revealed R4 was an [AGE] year-old male, admitted to the facility on [DATE], with pertinent diagnoses which included: heart disease and lung disease.</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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<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of a Minimum Data Set (MDS) assessment for R4, with a reference date of 4/1/24 revealed a Brief Interview for Mental Status (BIMS) score of 14, out of a total possible score of 15, which indicated R4 was cognitively intact.</p> <p>During an interview on 05/14/24 at 8:33 AM, R4 reported that he was dissatisfied with the follow through with the concerns he reported to the facility staff. R4 stated, I have trouble sleeping. The nurses have been given written notes on how to treat people at night. Mine don't seem to get it. They are in and out a half dozen times and once I wake up I can't go back to sleep. R4 reported he suffered from anxiety and anxiety attacks and felt that having adequate sleep and minimal disruptions would assist with controlling his anxiety. R4 reported there had been no follow-up with his requests to be left alone to sleep at night.</p> <p>Review of R4's Nursing Grievance form dated 4/18/24 revealed, (R4) stated that now that night shift has to empty and clean his fecal collection container that he is being neglected .After talking (with) resident-they feel better about the situation and do not feel neglected. *resident changes statements freq. (frequently). *no concerns.</p> <p>Review of R4's Nursing Grievance form dated 4/19/24 (R4) stated he was woken up at 5:30 AM to clean his fecal container. R4 was upset because he doesn't want to be woken up under any circumstances. R4 wants the container to be cleaned out between 7am & 3pm. Resident would like to sleep in until he naturally wakes up. Measures Taken to Resolve Issue: Deescalated the situation for the time being. Referred to social services. Nursing care planned. Resident feels this is something they can do and would like continued control .5/6-continues to be in control. okay. obsesses slightly on purchase of supplies-much assurance needed. There was no department signature on the form and no resident signature indicating he was content with the plan of care.</p> <p>Review of R4's Care Plan did not reflect R4's preference to sleep in until he natural wakes up or the preference of ileostomy care to be performed between 7am & 3pm.</p> <p>Review of R4's Care Plan revealed, I have an Ileostomy r/t (related to) Total colectomy secondary to ulcerative colitis. Date Initiated: 03/26/2024 .Empty ostomy bag every shift and as needed. I prefer to empty bag myself, will call for assistance PRN (as needed). I do not want to be awakened at NOC (night) to empty my bag. Date Initiated: 03/26/2024 . Please empty my drainage receptacle and rinse with water followed by vinegar at the hopper between 5 am-6 am when I'm awake. Do not awaken me. Date Initiated: 04/15/2024 .</p> <p>R4's Care Plan was updated on 4/19/24 with the intervention I often change the way I would like my daily routine; sometimes I forget what changes I asked for. Due to this, I ask that updates be placed on a post card and left in my room for reminder of changes I requested with my routine. Date Initiated: 04/19/2024 .</p>		

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>29073</p> <p>This citation pertains to intake # MI00138390</p> <p>Based on interview and record review, the facility failed to implement policies and procedures for ensuring the reporting of an injury of unknown origin for 1 resident (R16) out of 4 residents reviewed for abuse and neglect.</p> <p>Findings include:</p> <p>Review of an Admission Record reflected R16 admitted to the facility with diagnoses that included non-traumatic subarachnoid hemorrhage (bleeding in the space between the brain and the tissue covering the brain), rhabdomyolysis (a breakdown of muscle tissue that releases a damaging protein in the blood), alcohol induced dementia, high blood pressure, weakness and hearing loss.</p> <p>Review of a General Progress Note dated 1/25/24 at 4:52 AM reflected (R16) very weak and unsteady on her feet. Was helped to the wheelchair and to the bathroom. She is incontinent of B and B (bowel and bladder).</p> <p>Review of a Communication - with Physician progress note dated 1/25/24 at 6:57 AM reflected (R16) is reporting increased right leg pain and has been much more immobile. In her room last several days. Not ambulating independently. She states her right hip is painful. No bruising to area. She was independent ambulation prior to this so it is a possibility she fell unwitnessed and did not report it. She has remained in bed for past several days. She does occasionally cycle through days of sleeping and being more lethargic however the hip pain is new. She is cautious when moving it and seems to keep it straightened. ROM (Range of Motion) not attempted.</p> <p>Review of a Physician Order Note dated 1/25/24 at 8:57 AM reflected R16 was sent to the hospital for a right hip with pelvis x-ray.</p> <p>Review of a hospital right hip and pelvis x-ray result dated 1/25/24 reflected Hip joint spaces appear generally well preserved bilaterally. No acute fracture or dislocation of either hip joint present. There is deformity of the right pubic bone which may relate to acute versus chronic fracture. Please correlate with symptomatology. Impression: 1. Deformity right pubic bone may relate to remote versus acute fracture. Please correlate clinically. Comparison to prior examinations to evaluate for stability would be helpful. CT (computerized tomography) examination also could be obtained to exclude acute fracture.</p> <p>Review of a Progress Note documented by Nurse Practitioner (NP) U reflected R16 was seen for a follow-up evaluation. The Assessment/Plan indicated 1. Fracture of multiple pubic rami, right, with routine healing. *addendum: CT was canceled, since fracture noted on x-ray. The note also specified Abnormality on X-ray was correlated to where (R16) was having pain so patient is being treated/managed for right pubic rami nondisplaced fracture, which is treated conservatively.</p> <p>(continued on next page)</p>		

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 5/14/24 at 2:29 PM, the Director of Nursing and the Nurse Consultant, Registered Nurse (RN) V reported there may be an investigation into the fracture identified in R16's x-ray on 1-25-24.</p> <p>During a follow-up interview on 5/14/24 at 3:39 PM, RN V reported the facility did not report the injury of unknown origin to the State Agency, a Trigger Call was not held related to R16's fracture of unknown origin and the facility did not have an internal investigation into R16's injury of unknown origin.</p> <p>Review of a policy Trigger Event, undated, reflected Trigger Event is in incident posing a risk to a resident's health and/or wellbeing and/or to the company for damages (regulatory or civil); the treat of litigation by a resident, family member or responsible party; or an incident the family believes may have regulatory implications or may develop into a claim for damages .Examples of Triggers include but are not limited to: ALL injuries of unknown origin .ALL incidents require notification to the department of public health.</p> <p>Review of a policy Abuse and Neglect Policy and Procedure dated 4/15/24 reflected It is the policy of this facility to provide protections for the health, welfare and rights of each resident by developing and implementing written policies and procedures that prohibit and prevent abuse, neglect, exploitation and misappropriation of resident property. The policy specified, A. The facility will have written procedures to assist staff in identifying the different types of abuse-mental/verbal abuse, sexual abuse, physical abuse, and the deprivation by an individual of goods and services. This includes staff to resident abuse and certain resident to resident altercations. B. Possible indicators of abuse include but are not limited to: .3. Physical injury of a resident, of unknown source .</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39056</p> <p>This citation pertains to intake MI00138390 and MI00139816</p> <p>Based on interview and record review, the facility failed to follow professional standards of nursing practice for medication administration for 2 of 15 residents (Resident #6 and #36), reviewed for the provision of nursing services, resulting in medications being administered outside of the physician ordered parameters.</p> <p>Findings:</p> <p>Resident #6 (R6)</p> <p>Review of an Admission Record revealed R6 was a [AGE] year-old female, admitted to the facility on [DATE], with pertinent diagnoses which included: hypertension.</p> <p>Review of R6's Order Summary dated 3/7/24-5/8/24 revealed, METOPROLOL 25 MG (milligram)</p> <p>TAB Give 0.5 tablet orally two times a day for HYPERTENSION HOLD FOR HR (heart rate) LESS THAN 65, SBP (systolic blood pressure-top number) LESS THAN 110.</p> <p>Review of R6's May Medication Administration Record revealed:</p> <p>*On 5/1/24 R4's blood pressure was 98/60 and the evening dose of metoprolol was administered.</p> <p>*On 5/2/24 R4's blood pressure was 106/76 with a heart rate of 64 and the morning dose of metoprolol was administered.</p> <p>*On 5/5/24 R4's blood pressure was 104/54 with a heart rate of 58 and the morning dose of metoprolol was administered.</p> <p>Resident #36 (R36)</p> <p>Review of an Admission Record revealed R36 was a [AGE] year-old male, admitted to the facility on [DATE], with pertinent diagnoses which included: hypertension.</p> <p>Review of R36's April Medication Administration Record (MAR) revealed the order Amlodipine 5 mg tab give 1 tablet by mouth at bedtime. Hold if SBP (less than) 120. Amlodipine was rewritten (handwritten) on the MAR on 4/18/24 and did not include the ordered parameters.</p> <p>*On 4/9/24 at 5:00 PM R36's blood pressure was 108/70 and the amlodipine was administered.</p> <p>*On 4/10/24 at 1:11 PM R36's blood pressure was 110/70 and the amlodipine was administered.</p> <p>*On 4/19/24 at 5:39 PM R36's blood pressure was 102/80 and the amlodipine was administered. The blood pressure was handwritten on the MAR under the nurse initials.</p> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>*On 4/22/24 at 7:14 PM R36's blood pressure was 118/74 and the amlodipine was administered. The blood pressure was handwritten on the MAR under the nurse initials.</p> <p>*On 4/25/24 at 4:20 PM R36's blood pressure was 108/58 and at 8:59 PM R36's blood pressure was 98/54. The amlodipine was administered.</p> <p>Review of R36's May MAR revealed on 5/4/24, R36's blood pressure was 100/60 and the amlodipine was administered.</p> <p>During an interview on 5/15/24 at 1:31 PM, Director of Nursing (DON) reported the expectation was for the nursing staff to follow the providers orders and hold medications if outside of the parameters. DON reported that the nursing staff would receive education to ensure physician orders were followed and medications were not administered outside of the ordered parameters.</p> <p>Review of the facility policy Medication Administration last reviewed/revised 6/11/23 revealed, .8. Obtain and record vital signs, when applicable or per physician orders. When applicable, hold medication for those vital signs outside the physician's prescribed parameters .</p> <p>Review of Fundamentals of Nursing ([NAME] and [NAME]) 10th edition revealed, (Nurses) are responsible for documenting any preassessment data required of certain medications such as a blood pressure measurement for antihypertensive medications or laboratory values, as in the case of warfarin, before giving the medication. [NAME], [NAME] A.; [NAME], [NAME] Griffin; Stockert, [NAME] A.; Hall, [NAME]. Fundamentals of Nursing - E-Book (p. 609). Elsevier Health Sciences. Kindle Edition.</p>

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37577</p> <p>This citation pertains to intake #MI00138390</p> <p>Based on observation, interview, and record review, the facility failed to implement their policy for post-fall assessments for 2 of 4 resident's (Resident #6 and Resident #14) reviewed for accidents and hazards.</p> <p>Findings:</p> <p>Resident #6 (R6)</p> <p>Review of an Admission Record for R6 revealed a [AGE] year old female, originally admitted to the facility on [DATE], with pertinent diagnoses of dementia, bilateral hearing loss, insomnia, and history of falling. Review of a BIMS (brief interview for mental status), dated 3/14/24, revealed a score of 12/15 indicating R6 was mentally intact.</p> <p>During an observation on 5/13/24 at 9:13 AM, R6 sat in a chair in her room, resting with eyes closed. R6 awoke to her name and allowed the surveyor to visualize the back of her head. R6 stated that she fell hard. R6 had an approximately 3 centimeter long laceration at the base of her skull, approximated with sutures.</p> <p>Review of a Nursing Progress Note for R6, dated 5/8/24 at 3:30 AM, revealed .resident was yelling help. (R6) was observed on the floor in her room laying on her right side with a large pool of blood from the back of her head. (R6) has a grapefruit size hematoma on the back of her head and is bleeding. Ambulance was called.</p> <p>Review of a hospital Discharge Summary dated 5/10/24 revealed R6 had been treated for . (a) an unwitnessed fall with scalp laceration to the back of the head, (b) urinary tract infection-treated with antibiotics, and (c) atrial fibrillation. Also treated in the emergency room were hypokalemia (low potassium) and hypomagnesemia (low magnesium).</p> <p>On 5/14/24 a copy of the neurological assessment and the post-fall assessment were requested for the fall R6 sustained on 5/8/24.</p> <p>During an interview on 5/14/24 at 1:21 PM, Regional Nurse Consultant (RNC) V stated that a neurological assessment and a post-fall assessment could not be located for R6's fall on 5/8/24.</p> <p>Review of an eTAR (electronic treatment administration record) for R6 dated 5/1/24 to 05/31/24, reflected no orders for nursing to monitor and assess R6's scalp laceration.</p> <p>Review of a Care Plan for R6 revealed that no new safety interventions were put into place after the unwitnessed fall with injury on 5/8/24.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of a facility policy Head injury last reviewed 5/7/24, reflected .It is the policy of this facility to report potential head injuries to the physician and implement interventions to prevent further injury .Assess resident following a known, suspected, or verbalized head injury. The assessment shall include, at a minimum: (a) vital signs, (b) general condition and appearance, (c) neurological evaluation for changes in physical functioning, behavior, cognition, level of consciousness, dizziness, nausea, irritability, and slurred speech, (d) evaluation of the head, neck, eyes, ears, and nose for significant changes in vision, hearing, smelling, or bleeding, and (e) a pain assessment .continue monitoring for 72 hours following the incident.</p> <p>29073</p> <p>Resident #14 (R14)</p> <p>Review of an Admission Record reflected R14 admitted to the facility with diagnoses that included dementia, colon cancer, orthostatic hypotension (low blood pressure when standing), syncope and collapse (fainting).</p> <p>Review of incident and accident reports reflected R14 had an unwitnessed fall in the bathroom on 2/14/24. R14 had an unwitnessed fall on 2/18/24, no location specified. R14 had an unwitnessed fall in his room on 4/21/2024, and it was noted R14 had a BM (bowel movement) while on the floor.</p> <p>Review of a Health Status Note reflected (R14) was assisted to his chair then given a shower due to his incontinence. He was assisted to bed. No further details surrounding the fall were documented. Subsequent progress notes after the fall did not reflect neurological exams were conducted after the unwitnessed fall on 4/21/2024.</p> <p>Review of a physician Progress Note dated 4/25/24 reflected Notified of fall on 4/22/24 in early AM hours. (R14) observed on the floor of his room, had been in bed previously and when found was straining for BM, suspect that he tried to get OOB (out of bed) and to BR (bathroom) on his own (which he is physically unable to do). Did have normal BM. No injuries.</p> <p>Review of a Care Plan initiated 2/15/24 reflected (R14) have had an actual fall r/t (related to) impaired mobility, poor balance, poor communication/comprehension, need for assist with transfers/ADL (activity of daily living), self-transfer at times despite education on risk/benefits. The Goal of the care plan was for R14 to resume usual activities without further incident though the review date. Interventions to meet the goal included For no apparent injury, determine and address causative factors of the fall; Neuro-checks per protocol. No new interventions to address causative factors were listed in the actual fall care plan to prevent future falls after the unwitnessed fall and associated incontinence noted after the fall on 4/21/24.</p>		

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<p>F 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 29073</p> <p>Based on interview and record review, the facility failed to use the services of a Registered Nurse (RN) for a least 8 consecutive hours a day, 7 days a week.</p> <p>Findings include:</p> <p>During an interview on 5/15/2024 at 1:53 PM, the DON and the Nursing Home Administrator reported that the facility had 2 RNs employed, in addition to the DON until 3/08/2024 when RN F resigned. The NHA reported that despite attempts to recruit more RNs, no RNs had been hired yet.</p> <p>Review of a Facility assessment dated [DATE] reflected Facility Staffing was to include, RN Supervisor (2 RN's - Full -time, 10-hour shift, 4 days a week and each and every 4th weekend each and on call. RN supervisor coverage 7 days a week.</p> <p>Review of the March 2024 -Nurses master schedule reflected there were 2 RNs in addition to the DON scheduled (RN E and RN F). Per the DON and NHA, RN F resigned on 3/08/2024, leaving the facility without an RN for at least 8 hours a day, 7 days a week beginning on 3/16/2024.</p> <p>Review of an April 2024 - Nurses master schedule reflected there was only one RN (RN E) other than the Director of Nursing (DON) on the schedule. The schedule reflected that RN E began a Leave of Absence (LOA) on 4/24/2024.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>39056</p> <p>This citation is related to intake # MI00-138390</p> <p>Based on interview and record review, the facility failed to 1.) Implement a system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, and visitors and 2.) investigate and document the outbreak of gastrointestinal illness and respiratory illness among staff and residents.</p> <p>Findings:</p> <p>Review of the January 2024 Infection Surveillance Monthly Report revealed an outbreak of RSV (Respiratory Syncytial Virus).</p> <p>Review of the February-March 2024 Infection Surveillance Monthly Report revealed an outbreak of Norovirus (gastrointestinal illness).</p> <p>During an interview on 5/15/2024 at 8:07 AM, Director of Regulatory Compliance (DRC) C reported she was the Infection Preventionist and responsible for staff and resident infection surveillance. DRC C reported, when staff called off of work she would review the call-in sheet and determine if the call-in was infectious or not. DRC C reported employee call-ins were tracked in real time. DRC C reported that employee illness call-ins were reviewed to determine where they last worked, who was exposed, and when they could return to work. DRC C reported, at times it was difficult to determine the validity of the employee call-in and difficult to get a hold of employees to gather additional information.</p> <p>DRC C reported employee and resident illnesses were reviewed/discussed daily in clinical meetings and reported the DON would keep track of employee call-ins. DRC C reported resident and employee illnesses were not tracked on a specific surveillance tool but could be found in the 24-hour report, via communication in WhatsApp (wi-fi text/phone call application), in the electronic health record, and in the daily clinical meeting notes. DRC C stated the resident and employee surveillance was in various places and not kept in the Infection Control Binder. DRC C reported only confirmed illnesses were documented on the line list/surveillance log and stated, the challenge for me is not being there.</p> <p>DRC C confirmed there was an RSV outbreak in December 2023-January 2024 and a Norovirus outbreak in February-March 2024. DRC C was unable to provide any outbreak investigation documentation for the outbreaks.</p> <p>During an interview on 5/15/2024 at 11:18 AM, Previous Director of Nursing (PDON) D reported that DRC C was responsible for the Infection Control Program and the completion of outbreak investigations. PDON D confirmed she did not complete an investigation into the RSV outbreak or the Norovirus outbreak and was unable to provide any documentation confirming an outbreak investigation was completed.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Review of the Employee Line Listing dated January 2024-March 2024 revealed there were 6 employees that had called off for unknown/general with no additional follow-up/tracking documentation to determine when the employee were safe to return to work and/or if residents had been exposed to an illness.</p> <p>Review of the Employee Line Listing from 3/23/24-4/15/24 revealed there were 3 of 10 employees that had called off for not feeling well, general, sick with no additional follow-up documentation to determine if residents had been exposed to an illness.</p> <p>Review of the Employee Line Listing for May 2024 revealed 3 employees were listed with illnesses. Of those 3, Certified Nursing Assistant (CNA) X was not listed.</p> <p>Review of the staffing sheet revealed CNA X had called off of work on 5/4/24 and 5/5/24.</p> <p>During an interview on 5/14/24 at 3:11 PM, CNA X confirmed that she called off of work due to an illness on 5/4/24 and 5/5/24.</p> <p>Review of the facility policy, Infection Outbreak Response and Investigation last reviewed/revised 5/19/23 revealed, Policy: The facility promptly responds to outbreaks of infectious diseases within the facility to stop transmission of pathogens and prevent additional infections. Policy Explanation and Compliance Guidelines: 1. Prompt recognition of outbreak: a. Changes in condition and/or signs and symptoms of infection will be reported according to procedures for infection reporting. b. The following triggers shall prompt an investigation as to whether an outbreak exists: i. An increase over baseline infection rate (i.e. ten percent or more increase). ii. A sudden cluster of infections on a unit or during a short period of time (i.e. three or more cases). iii. A single case of a rare or serious infection (i.e. invasive group A Strep, foodborne pathogens, active TB, acute hepatitis, Legionella, chicken pox, measles, COVID-19) .1. Implementation of infection control measures: a. Symptomatic residents will be considered potentially infected, assessed for immediate needs, and placed on empiric precautions while awaiting physician orders. b. Symptomatic employees will be screened by the Infection Preventionist, or designee, and referred to appropriate medical provider. c. Standard precautions will be emphasized. Transmission-based precautions will be implemented as indicated for the particular organism. d. Staff will be educated on the mode of transmission of the organism, symptoms of infection, and isolation or other special procedures. This includes special environmental infection control measures that are warranted based on the organism and current CDC guidelines. e. Surveillance activities will increase to daily for the duration of the outbreak. 2. Outbreak investigation: a. When the existence of an outbreak has been established, an investigation will begin. b. The Infection Preventionist will be responsible for coordinating all investigation activities .c. A case definition will be developed in order to identify other staff and residents who may be affected. Criteria for developing a case definition include: i. Person - key characteristics the patients share in common ii. Place - the location associated with the outbreak iii. Time - period of time associated with illness onset for the cases under investigation iiiii. Clinical features - objective signs and symptoms, such as sudden onset of fever and cough a. A line list about each person affected by the outbreak will be maintained. b. The incubation period, period of contagiousness, and date of most recent case will be used in making the determination that the outbreak is resolved. c. A summary of the investigation will be documented and reported to QAA (Quality Assurance Activity) committee and health department, if indicated.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Review of the facility policy, Infection Prevention and Control Program last reviewed/ revised 6/19/23 revealed, Policy: This facility has established and maintains an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections as per accepted national standards and guidelines . Policy Explanation and Compliance Guidelines: 1. The designated Infection Preventionist is responsible for oversight of the program and serves as a consultant to our staff on infectious diseases, resident room placement, implementing isolation precautions, staff and resident exposures, surveillance, and epidemiological investigations of exposures of infectious diseases .3. Surveillance: a. A system of surveillance is utilized for prevention, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon a facility assessment and accepted national standards. b. The Infection Preventionist serves as the leader in surveillance activities, maintains documentation of incidents, findings, and any corrective actions made by the facility and reports surveillance findings to the facility's Quality Assessment and Assurance Committee. c. The RNs (Registered Nurses) and LPNs (Licensed Practical Nurses) participate in surveillance through assessment of residents and reporting changes in condition to the residents' physicians and management staff, per protocol for notification of changes and in-house reporting of communicable diseases and infections .</p> <p>Review of the facility policy, Employee Work Restrictions-Infectious Disease last reviewed/ revised 11/4/23 revealed, Policy: It is our policy to take appropriate precautions to prevent transmission of infectious agents. Employees with a communicable disease or infected skin lesion will be prohibited from working if direct contact with residents or their food will likely transmit the disease. Policy Explanation and Compliance Guidelines: 1. This policy applies to regular employees and contract employees who have direct contact with residents or their food. 2. It is the responsibility of the employee to report the presence of any communicable or infectious disease of importance in health care settings to his or her supervisor. (A list of relevant infectious diseases is attached to the end of this policy.) a. Employees will not be penalized for reporting infectious diseases and adhering to infection control recommendations. However, this does not exempt employees from other policies regarding absenteeism. b. All employee records regarding communicable or infectious diseases will remain confidential. 3. If the employee presents to work, it is the responsibility of the employee's supervisor, or the supervisor on duty, to make determinations regarding work-restrictions, depending on the circumstances. The designated Infection Preventionist may be consulted to provide guidance in decision-making. 4. In the absence of state and local regulations, CDC guidelines will be utilized in determining work restrictions. (A summary of the suggested work restrictions is attached to the end of this policy.) 5. Employees who are restricted from work shall remain away from work until no longer contagious or cleared by a medical provider as needed.</p>		

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<p>F 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement a program that monitors antibiotic use.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39056</p> <p>Based on interview and record review, the facility failed to implement the antibiotic stewardship program and ensure that residents who required an antibiotic were prescribed the appropriate antibiotic for 3 of 7 Residents (#14, #18, and #6) reviewed for antibiotic use, resulting in inappropriate antibiotic utilization and the potential for antibiotic resistance.</p> <p>Findings:</p> <p>Resident #14 (R14)</p> <p>Review of an Admission Record revealed R14 was a [AGE] year-old male, admitted to the facility on [DATE].</p> <p>Review of R14's Health Status Note dated 3/16/24 at 1:35 PM revealed, Resident has been requesting to go to the bathroom frequent per wife, she has been here with him today and the times he has been to the bathroom only has been urinating small amounts also has been holding himself down below. Did urine dip positive for leukocytes and blood. Not enough urine to send out at this time. On call Dr notified.</p> <p>Review of R14's Physician Order Note dated 3/16/24 at 4:19 PM revealed, writer received a T/O (telephone order) from Dr. (name omitted) for cipro (antibiotic) 500 mg (milligrams) BID (twice a day) x 5 days for UTI (urinary tract infection) and to get a urine culture.</p> <p>Review of R14's Health Status Note dated 3/16/24 at 8:23 PM revealed, Urine sample collected for UA (urinalysis) with C&S (culture and sensitivity). Set to go to (name omitted) lab tomorrow morning. First dose of Cipro 500mg given this evening per Doctor orders.</p> <p>Review of R14's Infection Note dated 3/18/24 revealed, (name omitted) reviewed residents culture results: noted below: Culture notes likely contaminated, please discontinue CIPRO. Monitor patient and notify if symptoms return. Increase fluids as able . Confirming an antibiotic was administered without the results of the culture and sensitivity and for a contaminated sample.</p> <p>Review of R14's March Medication Administration Record revealed R14 received a total of 3 doses of cipro beginning on 3/16/24, prior to the urine culture results.</p> <p>Requested documentation of R14's symptoms related to a possible urinary tract infection following McGeer (Tool to Determine Appropriateness for Antibiotic Use) Criteria on 5/14/24 at 5:15 PM. McGeer Criteria, rationale for the use of an antibiotic prior to culture results, and UTI symptoms not received prior to survey exit. The Director of Nursing (DON) confirmed all documentation regarding R14's antibiotic use was provided.</p> <p>Resident #18 (R18)</p> <p>Review of an Admission Record revealed R18 was an [AGE] year-old female, admitted to the facility on [DATE].</p> <p>(continued on next page)</p>		

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<p>F 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of R18's Infection Note dated 1/5/24 at 9:19 AM revealed, Patient was showing signs of possible UTI last night including confusion, yelling out and crying. Urine was dipped and was positive for blood, leukocytes and nitrates. Dr (name omitted) updated. Orders received to send in urine sample for UA/CS. UTI symptoms did not meet McGeer Criteria based on the information documented.</p> <p>Review of R18's Physician Communication Documentation dated 1/5/24 at 9:22 AM revealed, (R18) woke up last night yelling at something that wasn't in the room in an angry voice and when staff tried to approach resident to calm her down-she grabbed CNAs (Certified Nursing Assistant) top tightly and was gut wrenching crying without tears per CNA (Certified Nurse Aide) very unusual behavior for her. Urine was dipped and was positive for leukocytes, nitrates, and blood. Urine is concentrated and very foul. temp= 97.3 has more confusion and lethargic this morning. Is there anything we should be doing?</p> <p>Review of R18's Physician Communication Documentation dated 1/5/24 at 10:48 AM revealed, Send out urine for culture. For now start Start (sic) nitrofurantoin (antibiotic) ER (extended release) 100mg po (by mouth) q (every) 12 hr (hours) x 5 days . Confirming an antibiotic was initiated prior to culture results without adequate symptoms to fulfill McGeer Criteria.</p> <p>Review of R18's Physician Communication Documentation dated 1/8/24 revealed, For now, continue Macrobid (nitrofurantoin), but please prolong course to 7 days while awaiting sensitivities.</p> <p>Review of R18's Physician Communication Documentation dated 1/11/24 at 12:29 PM revealed, .it looks like the Macrobid that she is on is resistant. Please advice. (Indicating the antibiotic R18 was taking was not capable of treating the organisms growing in the urine culture.)</p> <p>Review of R18's Physician Communication Documentation dated 1/11/24 at 12:46 PM revealed, DC (discontinue) Macrobid as the proteus (bacteria) is resistant, though e. Coli (bacteria) sensitive. Start Amoxicillin (antibiotic) 875mg q12h x 7 days .</p> <p>A copy of R18's McGeer Criteria was requested on 5/14/24 at 5:15 PM. A copy of McGeer Criteria dated 1/16/24 was received. There was no additional documentation received prior to survey exit.</p> <p>Resident #6 (R6)</p> <p>Review of an Admission Record revealed R6 was a [AGE] year-old female, admitted to the facility on [DATE].</p> <p>Review of R6's Physician Communication Documentation dated 12/30/23 at 9:50 PM revealed, .Patient has increased confusion with hallucinations, needs more assist when up today .Urine dip shows positive leukocytes and nitrites . (Vital signs obtained revealed within normal limits.) At 8:55 PM Start Keflex 500mg q8h x 7 days. Monitor vitals daily x 4 days and notify if fever, tachycardia or hypotension .Please send urine sample into hospital for culture . Confirming an antibiotic was initiated prior to culture results without adequate symptoms to fulfill McGeer Criteria.</p> <p>Review of R6's Physician Communication Documentation dated 1/2/24 at 1:10 PM revealed, .multiple organisms isolated with no predominant type, consistent with contamination. Consider recollection. Indicating the need for a new urine sample.</p> <p>(continued on next page)</p>		

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<p>F 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Requested documentation of R6's symptoms related to a possible urinary tract infection following McGeer Criteria on 5/14/24 at 5:15 PM. McGeer Criteria, rationale for the use of an antibiotic prior to culture results, and UTI symptoms not received prior to survey exit. DON confirmed all documentation regarding R6's antibiotic use was provided.</p> <p>During an interview on 5/15/2024 at 8:07 AM, Director of Regulatory Compliance (DRC) C reported she was the facility's Infection Preventionist and would oversee the antibiotic stewardship program. DRC C reported if an antibiotic was started prior to the culture and sensitivity report, the provider would document the rationale after it was determined the residents met McGeer Criteria.</p> <p>Review of the facility policy, Infection Prevention and Control Program last reviewed/revised 6/19/23 revealed, .6. Antibiotic Stewardship: a. An antibiotic stewardship program will be implemented as part of the overall infection prevention and control program. b. Antibiotic use protocols and a system to monitor antibiotic use will be implemented as part of the antibiotic stewardship program. c. The Infection Preventionist, with oversight from the Director of Nursing, serves as the leader of the antibiotic stewardship program. d. The Medical Director, consultant pharmacist, and laboratory manager will serve as resources for the antibiotic stewardship program .</p> <p>Review of the facility policy Antibiotic Stewardship Program last reviewed/revised 8/29/23 revealed, Policy: It is the policy of this facility to implement an Antibiotic Stewardship Program as part of the facility's overall infection prevention and control program. The purpose of the program is to optimize the treatment of infections while reducing the adverse events associated with antibiotic use .2. The Antibiotic Stewardship Program leaders utilize existing resources to support antibiotic stewards' efforts by working with the following partners: a. Infection Preventionist - utilizes expertise and data to inform strategies to improve antibiotic use to include tracking of antibiotic starts, monitoring adherence to evidence-based published criteria during the evaluation and management of treated infections, and reviewing antibiotic resistance patterns in the facility to understand which infections are caused by resistant organisms .4. The program includes antibiotic use protocols and a system to monitor antibiotic use. a. Antibiotic use protocols: i. Nursing staff shall assess residents who are suspected to have an infection and notify the physician. ii. Laboratory testing shall be in accordance with current standards of practice. iii. The facility uses the (CDC's NHSN Surveillance Definitions, updated McGeer criteria, or other surveillance tool) to define infections .</p> <p>McGeer Criteria requires both clinical AND microbiologic criteria to be met for the initiation of antibiotics. Microbiologic results are not the sole criteria for identifying an infection. (Langenstroer MC, [NAME] S, Hossin T, [NAME] A, Bahrainian M, [NAME] C, [NAME] L. Antibiotic postprescribing modification opportunities among nursing home residents treated for urinary tract infection. Infect Control Hosp Epidemiol. 2023 Jun;44(6):875-880. doi: 10.1017/ice.2022.202. Epub 2022 [DATE]. PMID: 36039958; PMCID: PMC10262168.)</p>		

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<p>F 0882</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Designate a qualified infection preventionist to be responsible for the infection prevent and control program in the nursing home.</p> <p>39056</p> <p>Based on interview and record review, the facility failed to ensure a qualified Infection Preventionist worked at least part-time at the facility, was provided sufficient time to perform the Infection Preventionist role, and was present to properly assess, implement, and manage the Infection Prevention and Control Program resulting in the lack of outbreak surveillance and investigation, antibiotic stewardship, and immunizations.</p> <p>Findings:</p> <p>Review of the Facility Assessment last reviewed 4/19/24 revealed, .Infection Prevention-Facility-The infection Prevention Plan was revised, modified, and approved at QAPI (Quality Assurance Process Improvement) in January 2023. McGeer compliance is tracked to verify all infections are manage appropriately. A line list is maintained for all resident and staff infections .Infection Prevention Control Program (IPCP)-The IPCP will be monitored, and managed by the facility Infection Preventionist. The (facility) Infection Preventionist is the Director of Nursing and/or the Administrator .</p> <p>During an interview on 5/15/2024 at 8:07 AM, Director of Regulatory Compliance (DRC) C reported she was responsible for the oversight of regulatory compliance for 3 facilities. DRC C reported that she would act as the Infection Control Preventionist (ICP) for the facilities that didn't have a person in that position and was the designated ICP for the facility. DRC C reported that she did not live in the area and primarily performed her duties utilizing remote access. DRC C reported she did come to the facility 2 days a week and staff knew to reach out to her with any concerns. DRC C confirmed she was employed to oversee 3 buildings related to regulatory compliance and was not employed specifically for the facility.</p> <p>During an interview on 5/15/2024 at 11:18 AM, Previous Director of Nursing (PDON) D reported that while she was acting as the Director of Nursing, DRC C was the ICP. PDON D confirmed DRC C was not in the facility more than once, and sometimes twice, a week and was not at the facility at least part time. PDON D reported that DRC C was responsible for the infection control program at the facility.</p> <p>Review of the Antibiotic Stewardship Program revealed the Infection Preventionist did not implement the protocol for antibiotic use and failed to monitor actual antibiotic use. R14, R18, and R6 were treated with antibiotics without an appropriate indication for use.</p> <p>Review of resident immunizations revealed the Infection Preventionist did not ensure eligible residents, specifically R37 and R191, received the pneumococcal vaccine and did not ensure all resident immunization statuses were up to date.</p> <p>Review of the Infection Control Program revealed no current/ongoing surveillance for employee illnesses and no outbreak investigation for an RSV (respiratory syncytial virus) outbreak in December 2023-January 2024 or a Norovirus outbreak in February-March 2024.</p> <p>(continued on next page)</p>		

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<p>F 0882</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Review of the facility policy, Infection Prevention and Control Program last reviewed/ revised 6/19/23 revealed, Policy: This facility has established and maintains an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections as per accepted national standards and guidelines . Policy Explanation and Compliance Guidelines: 1. The designated Infection Preventionist is responsible for oversight of the program and serves as a consultant to our staff on infectious diseases, resident room placement, implementing isolation precautions, staff and resident exposures, surveillance, and epidemiological investigations of exposures of infectious diseases .3. Surveillance: a. A system of surveillance is utilized for prevention, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon a facility assessment and accepted national standards. b. The Infection Preventionist serves as the leader in surveillance activities, maintains documentation of incidents, findings, and any corrective actions made by the facility and reports surveillance findings to the facility's Quality Assessment and Assurance Committee. c. The RNs and LPNs participate in surveillance through assessment of residents and reporting changes in condition to the residents' physicians and management staff, per protocol for notification of changes and in-house reporting of communicable diseases and infection . 6. Antibiotic Stewardship: a. An antibiotic stewardship program will be implemented as part of the overall infection prevention and control program. b. Antibiotic use protocols and a system to monitor antibiotic use will be implemented as part of the antibiotic stewardship program. c. The Infection Preventionist, with oversight from the Director of Nursing, serves as the leader of the antibiotic stewardship program. d. The Medical Director, consultant pharmacist, and laboratory manager will serve as resources for the antibiotic stewardship program. 7. Influenza and Pneumococcal Immunization: a. Residents will be offered the influenza vaccine each year between October 1 and March 31, unless contraindicated or received the vaccine elsewhere during that time. b. Residents will be offered the pneumococcal vaccines recommended by the CDC upon admission, unless contraindicated or received the vaccines elsewhere. c. Education will be provided to the residents and/or representatives regarding the benefits and potential side effects of the immunizations prior to offering the vaccines. d. Residents will have the opportunity to refuse the immunizations. e. Documentation will reflect the education provided and details regarding whether or not the resident received the immunizations .</p>		

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<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39056</p> <p>Based on interview and record review, the facility failed to provide the pneumococcal immunization per consent and the recommendation by the Centers for Disease Control and Prevention (CDC) for 2 of 5 residents (Resident #37 and #191) reviewed for immunizations, resulting in residents not receiving the pneumococcal immunization.</p> <p>Findings:</p> <p>Resident #37 (R37)</p> <p>Review of an Admission Record revealed R37 was an [AGE] year-old female, admitted to the facility on [DATE].</p> <p>Review of R37's Electronic Health Record revealed R37 had not received a pneumococcal vaccine since 9/9/2016.</p> <p>Review of R37's Universal Vaccine Consent dated 4/1/24 revealed R37 and/or Power of Attorney provided signed consent for the influenza and pneumococcal vaccines.</p> <p>Review of R37's Order Details dated 4/25/24 revealed, May administer pneumovax (pneumonia) vaccine every 5 years unless contraindicated.</p> <p>Resident #191 (R191)</p> <p>Review of an Admission Record revealed R191 was a [AGE] year-old female, admitted to the facility on [DATE].</p> <p>Review of R191's Electronic Health Record revealed R191 had no documentation of the last influenza or pneumococcal vaccines.</p> <p>Review of R191's Universal Vaccine Consent dated 5/1/24 revealed R191 and/or Power of Attorney provided signed consent for the influenza and pneumococcal vaccines.</p> <p>Review of R191's Order Details dated 5/1/24 revealed, May administer influenza vaccine annually unless contraindicated.</p> <p>Review of the Infection Control Program binder revealed no documentation of immunizations administered, offered, or declination of immunizations.</p> <p>During an interview on 5/15/2024 at 8:02 AM, Director of Nursing (DON) reported that Director of Regulatory Compliance (DRC) C was the facility's Infection Preventionist and was responsible for the immunization program. DON was unable to locate the immunization tracking information.</p> <p>(continued on next page)</p>		

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For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 5/15/2024 at 8:07 AM, DRC C reported she was the designated Infection Preventionist for the facility. DRC C reported that she was in the process of pulling together all resident immunization status and transcribing the information into the Electronic Health Record and was now at the point of determining which residents needed immunizations and obtaining immunization consents/declinations. DRC C confirmed the pneumococcal immunizations of residents in the facility were not up to date.</p> <p>Review of the facility policy, Infection Prevention and Control Program last reviewed/revised 6/19/23 revealed, .7. Influenza and Pneumococcal Immunization: a. Residents will be offered the influenza vaccine each year between October 1 and March 31, unless contraindicated or received the vaccine elsewhere during that time. b. Residents will be offered the pneumococcal vaccines recommended by the CDC upon admission, unless contraindicated or received the vaccines elsewhere. c. Education will be provided to the residents and/or representatives regarding the benefits and potential side effects of the immunizations prior to offering the vaccines. d. Residents will have the opportunity to refuse the immunizations. e. Documentation will reflect the education provided and details regarding whether or not the resident received the immunizations .</p> <p>Review of the facility policy Pneumococcal Vaccine (Series) last reviewed/revised 6/26/23 revealed, .1. Each resident will be assessed for pneumococcal immunization upon admission. Self-report of immunization shall be accepted. Any additional efforts to obtain information shall be documented, including efforts to determine date of immunization or type of vaccine received. 2. Each resident will be offered a pneumococcal immunization unless it is medically contraindicated, or the resident has already been immunized. Following assessment for any medical contraindications, the immunization may be administered in accordance with physician-approved standing orders .</p>		