

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235601	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/28/2024
NAME OF PROVIDER OR SUPPLIER Iron River Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 330 Lincoln Ave Iron River, MI 49935	

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 0551</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Give the resident's representative the ability to exercise the resident's rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41978</p> <p>Based on interview and record review, the facility failed to ensure legal guardianship was renewed and active for one Resident (#41) declared incompetent by a court of law, of two residents reviewed for advance directives, resulting in the potential for unauthorized decisions made on the Resident's behalf. Findings include:</p> <p>All times recorded in Eastern Daylight Time (EDT), unless otherwise noted.</p> <p>Resident #41 (R41)</p> <p>Review of R41's electronic medical record revealed a court document titled Report of Physician or Mental Health Professional, dated and signed by the court appointed physician on [DATE] deeming R41 not presently able to make informed decisions in the following areas: determining where to live; consenting to supportive services; handling personal financial affairs; and authorizing or refusing medical treatment. The prognosis for improvement in the individual's conditions is poor.</p> <p>Review of the Order Regarding Appointment of Temporary Guardian of Incapacitated Individual, dated and signed on [DATE], revealed Family Member (FM) J was designated as R41's temporary guardian with all authority and responsibilities granted and imposed by law. Further review of the document revealed this temporary guardianship shall terminate on [DATE].</p> <p>Review of R41's most recent Care Directives, dated [DATE], revealed the directives were signed by FM J.</p> <p>On [DATE] at 1:30 p.m., the Nursing Home Administrator (NHA) was asked who to direct inquires to regarding advanced directives and resident guardianship. The NHA stated to direct inquiries to Registered Nurse (RN) K and the Director of Nursing (DON).</p> <p>On [DATE] at 1:33 p.m., RN K was asked to provide R41's current guardianship paperwork.</p> <p>On [DATE] at 1:45 p.m., the DON reported the facility did not have R41's current guardianship paperwork. The DON confirmed R41's temporary guardianship had expired and FM J was still listed as decision maker and actively making decisions on R41's behalf. The DON reported she contacted FM J to inquire about updated guardianship paperwork. The DON stated FM J would not be supplying a copy to the facility and he directed the facility to call the courthouse where the paperwork was filed to obtain a current copy. The DON reported obtaining the paperwork from the court would take a few days.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235601	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/28/2024
NAME OF PROVIDER OR SUPPLIER Iron River Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 330 Lincoln Ave Iron River, MI 49935	

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 0551</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Current, active guardianship paperwork, designating FM J as R41's legal guardian, was not provided prior to the end of the survey on [DATE].</p> <p>Review of the facility policy titled, Resident Rights Regarding Treatment and Advance Directives, last reviewed [DATE], revealed the following, in part: during the care planning process, the facility will identify, clarify and review with the resident or legal representative whether they desire to make any changes related to any advance directive. The policy did not include a process for ensuring resident's legal guardianship was current and valid.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235601	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/28/2024
NAME OF PROVIDER OR SUPPLIER Iron River Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 330 Lincoln Ave Iron River, MI 49935	
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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49310</p> <p>All times are in Eastern Daylight Time (EDT) unless otherwise noted.</p> <p>Based on interview and record review, the facility failed to ensure one Resident (R15) of three residents reviewed for urinary catheters had physician orders for the catheter and a care plan for the catheter. Findings include:</p> <p>Resident #15 (R15) was readmitted to the facility on [DATE] with an indwelling urinary catheter. The diagnoses of R15 included but were not limited to retention of urine, history of urinary tract infections, and urosepsis (an infection that moves from the urinary tract into the bloodstream).</p> <p>On 8/28/24, the physician's orders in R15's medical record were reviewed for information regarding the urinary catheter. There was no physician's order for the catheter. There were no physician's orders for the frequency or indication for catheter changes, and no orders for changing the urinary drainage bag.</p> <p>The care plans for R15 did not contain a plan of care for the urinary catheter. There were no interventions regarding the care of the catheter to provide staff with direction to maintain the catheter.</p> <p>The Director of Nursing (DON) was interviewed on 8/28/24 at 2:07 p.m. The DON said a physician's order is required for a resident to have a urinary catheter, and an order was required for the frequency of catheter changes and drainage bag changes. The DON confirmed residents who have catheters needed to have a care plan for the catheter. The DON reviewed R15's medical record and said the orders and care plan were not entered when R15 was readmitted to the facility on [DATE].</p> <p>The policy Indwelling Catheter Use and Removal dated 5/3/24 read, in part: .It is the policy of this facility to ensure that indwelling urinary catheters .are justified or removed according to regulations and current standards of practice .</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235601	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/28/2024
NAME OF PROVIDER OR SUPPLIER Iron River Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 330 Lincoln Ave Iron River, MI 49935	
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 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>40383</p> <p>This citation pertains to intake MI00144174.</p> <p>Based on observation, interview, and record review, the facility failed to ensure palatable meals at satisfactory temperatures were served to four Residents (R42, and three residents in a confidential group interview) of 14 residents sampled for issues related to the dining experience. This deficient practice had the potential to negatively impact Residents' oral intake, weight, and worsen their medical condition. Findings include:</p> <p>(All times are recorded in Eastern Daylight Time unless otherwise specified.)</p> <p>On 8/26/24 at 12:50 PM, the tray line for the lunch meal was underway. The cook (Staff L) was asked for her record of food temperatures. No temperatures were recorded for the lunch she was serving. Staff L said, I didn't record temps. I forgot. Staff L was asked to take the temperatures of the food on the tray line. The meat loaf measured 160 degrees, cauliflower was 152 degrees, potatoes were 129 degrees, carrots were 118 degrees, and the pureed meat was 130 degrees. Staff M stated the holding temperature must not fall below 135 degrees and instructed the cook to take action on the food that was not hot enough.</p> <p>On 8/26/24 at approximately 1:00 PM, the temperature log for the previous dinners were reviewed with Dietary Manager (Staff M). No food temperatures were recorded for 8/21, 8/22, 8/23, 8/24, or 8/25. Staff M stated there have been complaints of cold food in the past.</p> <p>On 8/26/24 at 1:32 PM, Resident 42 (R42) was observed in his room waiting for his meal. R42 stated, The food is usually cold by the time it gets to me. I have nothing else to do but eat it cold. The electronic medical records for R42 were reviewed and revealed a Brief Interview for Mental Status evaluation score of 15 out of 15 indicating intact cognition.</p> <p>The Resident council meeting minutes were reviewed. The 6/12/24 meeting minutes New Business included a quote by one of the residents which read, The food tastes good and much improved, but it is still cold.</p> <p>The facility policy titled Food Safety Requirements dated as reviewed/ revised 8/19/24, read in part: Food safety practices shall be followed throughout the facility's entire food handling process. This process begins when food is received from the vendor and ends with delivery of the food to the resident. Elements of the process include the following: . Preparation of food, including thawing, cooking, cooling, holding, and reheating . When preparing food, staff shall take precautions in critical control points in the food preparation process to prevent, reduce, or eliminate potential hazards . Cooking - foods shall be prepared as directed until recommended temperatures for the specific foods are reached. Staff shall refer to the current FDA Food Code and facility policy for food temperatures as needed . Holding - staff shall monitor food temperatures while holding for delivery to ensure proper hot and cold holding temperatures are maintained. Staff shall refer to the current FDA Food Code and facility policy for food temperatures as needed.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235601	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/28/2024
NAME OF PROVIDER OR SUPPLIER Iron River Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 330 Lincoln Ave Iron River, MI 49935	
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 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The 2017 Food Code specifies in 3-501.16 Time/Temperature Control for Safety Food, Hot and Cold Holding.</p> <p>(A) Except during preparation, cooking, or cooling, or when time is used as the public health control as specified under S3-501.19, and except as specified under (B) and in (C) of this section, TIME/TEMPERATURE CONTROL FOR SAFETY FOOD shall be maintained:</p> <p>(1) At 57C (135oF) or above, except that roasts cooked to a temperature and for a time specified in 3-401.11.</p> <p>49735</p> <p>During a confidential group interview on 8/27/24 at 10:00 a.m., CR301 stated I got cold pancakes this morning .the food is always cold. CR303 stated the food is cold. CR304 stated the food is warm but not hot.</p>		