

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 02/03/2026
NAME OF PROVIDER OR SUPPLIER Iron River Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 330 Lincoln Avenue 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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** This deficiency pertains to Complaint 2724132All times are in Eastern Daylight Time (EDT) unless otherwise notedBased on interview and record review, the facility failed to ensure care plans were reviewed and revised for one Resident #1 (R1) of three residents reviewed for care plan timing and revision, resulting in the potential for unmet resident care needs.Findings include:Resident #1 (R1)A review of R1's Minimum Data Set (MDS) assessment dated [DATE], revealed admission to the facility on 2/4/25 with active diagnoses that included: cancer, Chronic Obstructive Pulmonary Disease (COPD) [a lung disease that causes airflow obstruction, making it hard to breathe], and anxiety disorder. R1 scored 14 of 15 on the Brief Interview for Mental Status (BIMS) assessment reflective of intact cognition.Review of Incident report titled Fall with Injury dated 1/5/26 at 3:00 a.m., read in part .Resident.announced to staff at the nurse's station, Help I've fallen. This nurse and CNA immediately went to resident's room. Resident was now on her bed, resting on her bent legs, head down, back showing. On the resident's middle/lower back is a large hematoma [a localized collection of clotted or partially clotted blood that pools outside of blood vessels, typically within tissue, an organ, or a body space. Often caused by trauma] /abrasion one inch in height and three inches in length with areas of skin missing, slightly bleeding.resident stated a pain [level] of 6 on a 0-10 scale.Review of x-ray report dated 1/16/26 read in part, Clinical history: post fall pain.findings: compression fracture upper end plate of L1 vertebra [a collapse or break in the first lumbar vertebra often causing it to become wedge-shaped. Located at the junction of the mid-back and low-back . affected by . trauma leading to severe localized pain].Review of R1's care plan was not updated to address pain post incident or interventions for warm compresses. Review of policy titled Comprehensive Care Plans last reviewed 6/11/25, read in part . The comprehensive care plan will be reviewed and revised by the interdisciplinary team . care plan will be updated throughout the year as needed with any changes in the resident's plan of care .During an interview on 2/3/26 at 12:30 p.m., the DON reported no interventions were added to R1's care plan regarding non-pharmacological interventions for pain, assessing the pain from the fracture, or the warm compresses.that was a mistake, the care plan should have been updated.Review of policy titled Pain Management date reviewed/revised 8/2/24, read in part . The facility must ensure that pain management is provided to resident who require such services consistent with professional stands of practice, the comprehensive person centered care plan and the residents goals and preferences . the facility will recognize when the resident is experiencing pain . evaluate the resident for pain . manage or prevent pain, consistent with the comprehensive assessment and plan of care.the interventions for pain management will be incorporated in to the components of the comprehensive care plan . non-pharmacological interventions will include . cold compress . facility staff will notify the practitioner if the residents pain is not controlled by the current treatment regimen . if re-assessment findings indicate pain is not adequately</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: Facility ID: 235601	If continuation sheet Page 1 of 5

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 02/03/2026
NAME OF PROVIDER OR SUPPLIER Iron River Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 330 Lincoln Avenue 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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>controlled the pain management regiment and plan of care will be revised .</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 02/03/2026
NAME OF PROVIDER OR SUPPLIER Iron River Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 330 Lincoln Avenue 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 0697</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate pain management for a resident who requires such services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** This deficiency pertains to Complaint 2724132All times are in Eastern Daylight Time (EDT) unless otherwise notedBased on observation, interview, and record review, the facility failed to provide physician ordered treatment and physician ordered pain medication for one Resident #1 (R1) of three residents reviewed for pain, resulting in prolonged pain not adequately relieved by medications and a decline in urinary continence.Findings include:Resident #1 (R1)Review of the Incident report titled Fall with Injury dated 1/5/26 at 3:00 a.m., read in part .Resident.announced to staff at the nurse's station, Help I've fallen. This nurse and CNA immediately went to resident's room. Resident was now on her bed, resting on her bent legs, head down, back showing. On the resident's middle/lower back is a large hematoma [a localized collection of clotted or partially clotted blood that pools outside of blood vessels, typically within tissue, an organ, or a body space. Often caused by trauma] /abrasion one inch in height and three inches in length with areas of skin missing, slightly bleeding.resident stated a pain [level] of 6 on a 0-10 scale.During a phone interview on 2/2/26 at 12:35 p.m., Family Member (FM) B reported, The facility called me to tell me that my mom fell on 1/5/26.A couple days later my mom called me and told me that she was in excruciating pain because she fell and hurt her back.she sent me a picture of her back and I could see a huge bump on her lower back.I called the facility because I was concerned and they told me they did not send her to the hospital.they didn't even do an x-ray until many days later.I am worried about my mom because she tells me all she did was lay in bed after the fall.During an interview and observation on 2/2/26 at 3:11 p.m., when queried about the fall, R1 reported I was standing near the bed and I don't know what happened, suddenly my legs gave out and my back hit the frame of the bed.the pain was unbearable, it hurt so bad I could barely stand it.For the next few days all I did was stay in bed, I didn't even get up to use the bathroom and wet myself in the bed.I was to afraid to get up.I didn't want to hurt myself again.I have been on pain medication for quite some time and I have a high pain tolerance, but the pain medication didn't touch the pain I had. I did tell the staff but they didn't talk to me about my pain.I just want to be comfortable and enjoy my life instead of just lying in bed which is what I did.I have cancer and I want more than just to lie here.I am so depressed, I have nothing to look forward to.please come here and look at my back (resident pulled up the back of her shirt and a large raised area was noted on her lower back) it isn't as bad as it used to be, it finally went down a little when they put the heating pad on it, but it still hurts.A review of R1's Minimum Data Set (MDS) assessment dated [DATE], revealed admission to the facility on 2/4/25 with active diagnoses that included: cancer, Chronic Obstructive Pulmonary Disease (COPD) [a lung disease that causes airflow obstruction, making it hard to breathe], and anxiety disorder. R1 scored 14 of 15 on the Brief Interview for Mental Status (BIMS) assessment reflective of intact cognition. Section J of the MDS revealed R1 had frequent pain the last five days often making it difficult to sleep at night and limited participation in rehabilitation along limited day to day activity.Review of R1's face sheet revealed an admission diagnosis of chronic pain syndrome [a condition where pain lasts for months or years after an injury or illness has healed, causing physical, mental and emotional symptoms that interfere with daily life].During an interview on 2/3/26 at 9:50 a.m., Registered Nurse (RN) C reported R1 did complain of pain after her fall.her pain medication was not increased.we did not start the warm compresses until a week or so later.During an interview on 2/3/26 at 10:03 a.m., Certified Nurse Aide (CNA) D reported After the fall she did complain of pain, and I told whatever nurse was working.R1 was concerned about the hematoma on her back and how bad it looked.she did not get out of bed due to the pain and she was incontinent for a couple of</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 02/03/2026
NAME OF PROVIDER OR SUPPLIER Iron River Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 330 Lincoln Avenue 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 0697</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>days.she just wouldn't get up because her back hurt.Review of physician progress note dated 1/5/26 revealed Resident.had a fall earlier today against her bed that left a large hematoma on her lower back that is very tender.contusion to lower back.can use ice to area for next two days then heat. If pain uncontrolled may need to increase oxycodone (a strong opioid pain medication).Review of progress note dated 1/5/26 at 9:17 a.m., revealed Pain assessment interview should be conducted. Resident has had pain or hurting at sometime during the last 5 days.over the past five days how much of the time has pain mad e it hard for you to sleep at night: frequently.pain intensity 8. Please rate the intensity of your worst pain over the last five days: very severe, horrible.Review of document titled NSG [Nursing]: Skin Evaluation dated 1/7/26 read in part, .[R1] Had a fall with back bruise this past week. with no interventionsReview of progress note dated 1/9/26 at 8:57 a.m., read in part, .pain assessment interview should be conducted. Resident had pain or hurting at some time during the last 5 days. How much of the time have you experienced pain or hurting over the last 5 days: Frequently. Over the past five days, the time has pain made it hard for you to sleep at night: Frequently. Over the past five days how often have you limited your participation in rehabilitation therapy sessions due to pain: Frequently. Over the past five days how often have you limited you day to day activities.because of pain: Frequently. Pain intensity :5 .Pain note: resident had a fall that resulted in a hematoma to the lower back.:Review of document titled NSG [Nursing] Skin Evaluation Effective date 1/14/26, read in part Bruising to lower middle back with hematoma.no interventions.signed 1/18/26.Review of document titled NSG [Nursing]: Skin Evaluation dated 1/18/26, read in part .Resident bruising to mid back and swelling noted.Review of Physician progress note dated 1/14/26 read in part, .resident being seen for routine 30-day regulatory review. C/o [complained of] pain at site of hematoma on back. C/o dysuria [difficulty urinating], C/o new urinary incontinence.recent fall with large hematoma on back.chronic pain syndrome.may be related to back hematoma. low back pain.large tender hematoma midline low back.warm compresses several times daily.Review of medication administration record (MAR) dated January 2026, read in part .Hot compresses to hematoma to lower back at least 3 times daily.order date 1/14/26. scheduled for 8:00am, 3:00pm, and 8:00pm. Hot compresses were not administered to R1 on the following dates with no indication why the hot compresses were not administered:1/16/26 at 3:00 p.m.1/20/26 at 8:00 a.m. and 3:00 p.m.1/24/26 at 3:00 p.m.1/25/26 at 3:00 p.m.1/27/26 at 3:00 p.m.Review of the MAR dated January 2026 read in part, Oxycodone. Oral tablet 7.5-300mg (milligrams).give 1 tablet by mouth four times a day for chronic pain 1/2/26 d/c (discontinued) date 1/20/26.scheduled for administration of medication at 8:00 a.m., 12:00 p.m., 4:00 p.m. and 8:00 p.m. The medication was not administered to R1 on the following dates and times with no indication why the pain medication was not administered:1/12/26 at 8:00 a.m., 12:00 p.m., 4:00 p.m.1/13/26 at 12:00 p.m. and 4:00 p.m.1/15/26 at 4:00 p.m.1/16/26 at 4:00 p.m.Review of the MAR dated January 2026 read in part, .Oxycodone 10 mg. Give 1 tablet by mouth four times a day for trochanter (thighbone) pain for 14 days. Order date 1/20/26.scheduled for administration at 8:00 a.m. 12:00 p.m. 4:00 p.m. and 8:00 p.m. The medication was not administered to the resident with no rationale why the medication was not administered:1/22/26 at 4:00 p.m.1/24/26 at 4:00 p.m.1/25/26 at 4:00 p.m.During an interview on 2/3/26 at 11:47 a.m., Assistant Director of Nursing (ADON) A acknowledged there was no indication why the hot/warm compresses were not administered on 1/27/26 at 4:00 p.m. and why pain medication was not administered as ordered by the physician. ADON A reported the licensed staff are expected to indicate on the MAR why the medication or treatments are not administered.Review of (MAR) January 2026 read in part, .Doctors order dated 1/14/26 for a lumbar spine x-ray.x-ray was completed on 1/16/26.Review of x-ray report dated 1/16/26 read in part, Clinical history: post fall pain.findings:</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 02/03/2026
NAME OF PROVIDER OR SUPPLIER Iron River Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 330 Lincoln Avenue 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)		
F 0697 Level of Harm - Actual harm Residents Affected - Few	<p>compression fracture upper end plate of L1 vertebra [a collapse or break in the first lumbar vertebra often causing it to become wedge-shaped. Located at the junction of the mid-back and low-back.affected by.trauma leading to severe localized pain].Review of Pain Level Assessments dated December 2025 revealed R1 had an increase in intensity and frequency of pain since the fall despite R1 having chronic pain.During an interview on 2/3/26 at 11:00 a.m., the Director of Nursing (DON) acknowledged there was a delay in treatment and was not sure if the physician was notified of R1's increased pain. The DON reported I don't know why there were no non-pharmacological interventions such as cold or hot/warm compresses started prior to 1/14/26, cold and hot/warm compresses are considered a standard of care, there was no x-rays ordered, and the pain medication for R1 was not increased until 1/20/26.During an interview on 2/3/26 at 12:30 p.m., the DON reported There was an increase in the resident's pain, but it was not communicated to the physician.R1 complained of pain often and we were busy at that time because other people were sick.During a phone interview on 2/3/26 at 12:39 p.m., the Physician E reported, I assessed R1 the day of the fall and the bruise was very tender.R1 howled in pain when I lightly touched her lower back that day.the staff did not communicate with me regarding R1 having more pain.I was unaware until my follow up visit on the 14th. During a follow-up phone call the Physician E acknowledged that a normal standard of care would have been for the licensed staff to utilize ice packs for the first 48 hours and then use hot/warm compresses on a hematoma to reduce the swelling.Review of policy titled Pain Management date reviewed/revised 8/2/24, read in part .The facility must ensure that pain management is provided to resident who require such services consistent with professional stands of practice.the facility will recognize when the resident is experiencing pain.evaluate the resident for pain.manage or prevent pain, consistent with the comprehensive assessment .the interventions for pain management will be incorporated in to the components of the comprehensive care plan.non-pharmacological interventions will include.cold compress.facility staff will notify the practitioner if the residents pain is not controlled by the current treatment regimen.if re-assessment findings indicate pain is not adequately controlled the pain management regimen .will be revised.</p>		