

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235624	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/29/2025
NAME OF PROVIDER OR SUPPLIER Portagepointe		STREET ADDRESS, CITY, STATE, ZIP CODE 500 Campus Drive Hancock, MI 49930	

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** 49735</p> <p>Based on interview and record review, the facility failed to ensure physician orders were in place for a resident with a foley catheter (a tube inserted through the urethra to drain urine out of the body from the bladder) for one Resident (#26) of two residents reviewed for catheter care resulting in the potential for unnecessary catheter usage and increased potential for urinary tract infection.</p> <p>Findings include:</p> <p>Resident #26 (R26)</p> <p>Review of the Minimum Data Set (MDS) assessment dated [DATE], revealed admission to the facility on [DATE], with active diagnoses that included: history of Urinary Tract Infections (UTI), Alzheimer's Disease, dementia, and anxiety disorder. MDS Section C revealed R26's cognitive skills were severely impaired and R26 rarely or never made decisions.</p> <p>During a phone interview on 5/27/25 at 2:09 p.m., Family Member (FM) B reported she was the responsible party for R26 and the facility did not call her to obtain permission for the foley catheter to be placed in R26's bladder. FM B stated, I want to call the facility right away to find out why (R26) has a catheter.</p> <p>During an interview on 5/29/25 at 8:33 a.m., the Director of Nursing (DON) acknowledged the physician was not called to obtain doctors orders to insert a catheter into R26, and conceded there was no diagnosis that would necessitate the use of a urinary catheter. The DON acknowledged the responsible party for R26 was not notified. The DON reported Registered Nurse (RN) A had inserted the catheter into R26 and should have called the physician to obtain an order for the insertion of the catheter.</p> <p>During a phone interview on 5/29/25 at 8:53 a.m., RN A reported, R26 was seeping urine, and I decided to put the catheter into the resident. RN A acknowledged she did not call the physician and did not call the responsible party.</p> <p>Review of facility policy titled Long Term Care (LTC) Indwelling Catheter Maintenance and Care last revised 3/5/24, read in part .These guidelines are related to .appropriate use of indwelling catheters .insert catheters only for appropriate indications. Avoid use of urinary catheters in elders for management of incontinence . confirm provider's (physician) order. Confirm appropriate diagnosis for insertion of foley catheter .</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 0801</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, including a qualified dietician.</p> <p>34568</p> <p>Based on interview and record review, the facility failed to ensure the dietary department was provided with sufficient and properly trained staff to carry out the functions and duties of the nutritional services department. This deficient practice has the potential to result in inadequate nutrition for all 56 residents. Findings include:</p> <p>On 5/28/25 at approximately 12:50 PM, an interview with Kitchen Manager (KM) C was conducted. It was learned KM C had not completed the Certified Dietary Manager's (CDM) exam and had been in this position for over a year. KM C stated he had completed the CDM coursework but was waiting to schedule his exam date. KM C confirmed he is completing resident nutritional assessments despite not taking his exam.</p> <p>The FDA Food Code 2017 states: Knowledge</p> <p>2-102.11 Demonstration.</p> <p>Based on the RISKS inherent to the FOOD operation, during inspections and upon request the PERSON IN CHARGE shall demonstrate to the REGULATORY AUTHORITY knowledge of foodborne disease prevention, application of the HAZARD Analysis and CRITICAL CONTROL POINT principles, and the requirements of this</p> <p>Code. The PERSON IN CHARGE shall demonstrate this knowledge by:</p> <p>(A) Complying with this Code by having no violations of PRIORITY ITEMS during the current inspection; Pf</p> <p>(B) Being a certified FOOD protection manager who has shown proficiency of required information through passing a test that is part of an ACCREDITED PROGRAM;Pf or</p> <p>(C) Responding correctly to the inspector's questions as they relate to the specific FOOD operation. The areas of knowledge include:</p> <p>(11) Explaining correct procedures for cleaning and SANITIZING UTENSILS and FOOD-CONTACT SURFACES of EQUIPMENT;</p> <p>2-102.12 Certified Food Protection Manager (A) The PERSON IN CHARGE shall be a certified FOOD protection manager who has shown proficiency of required information through passing a test that is part of an ACCREDITED PROGRAM. (B) This section does not apply to certain types of FOOD ESTABLISHMENTS deemed by the REGULATORY AUTHORITY to pose minimal risk of causing, or contributing to, foodborne illness based on the nature of the operation and extent of FOOD preparation.</p> <p>(continued on next page)</p>		

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<p>F 0801</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>2-102.20 Food Protection Manager Certification. (A) A PERSON IN CHARGE who demonstrates knowledge by being a FOOD protection manager that is certified by a FOOD protection manager certification program that is evaluated and listed by a Conference for Food Protection-recognized accrediting agency as conforming to the Conference for Food Protection Standards for Accreditation of FOOD Protection Manager Certification Programs is deemed to comply with 2-102.11(B). (B) A FOOD ESTABLISHMENT that has a PERSON IN CHARGE that is certified by a FOOD protection manager certification program that is evaluated and listed by a Conference for FOOD Protection recognized accrediting agency as conforming to the Conference for FOOD Protection Standards for Accreditation of FOOD Protection Manager Certification Programs is deemed to comply with S2 102.12.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34568</p> <p>Based on observation, interview, and record review, the facility failed to store, prepare, distribute, and serve food in accordance with professional standards for food service safety as evidenced by:</p> <p>A. Failure to properly label and date food products.</p> <p>B. Failure to ensure expired foods were discarded on or before the identified expiration date.</p> <p>C. Failure to ensure high temperature dish machines were routinely tested for proper sanitizing of food contact surfaces.</p> <p>These deficient practices had the potential to result in food borne illness among any or all the 56 residents in the facility.</p> <p>Findings include:</p> <p>The following were observed during the initial kitchen tour on [DATE] at 3:50 p.m. with Kitchen Manager (KM) C</p> <p>[NAME] House - 13 expired foods located in three refrigerators</p> <p>Delaware House - Four expired foods and three Potentially Hazardous Foods (PHF) not labeled with an open date located in the white refrigerator</p> <p>Bath House (currently used as storage and room for kitchen that is under construction) - 3 PHF not labeled with an open date located in the white refrigerator</p> <p>Wiona House - One expired food and One food not labeled with an open date located in the refrigerator</p> <p>Medora - One expired food located in the refrigerator.</p> <p>An interview was conducted with KM C who confirmed all opened food products should be labeled with a use-by date and expired items should be discarded.</p> <p>The Food and Drug Administration (FDA) 2022 Food Code states:</p> <p>,d+[DATE].17 Ready-to-Eat, Time/Temperature Control for Safety Food, Date Marking</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>(B) Except as specified in (E) -(G) of this section, refrigerated, READY-TO-EAT TIME/TEMPERATURE CONTROL FOR SAFETY FOOD prepared and PACKAGED by a FOOD PROCESSING PLANT shall be clearly marked, at the time the original container is opened in a FOOD ESTABLISHMENT and if the FOOD is held for more than 24 hours, to indicate the date or day by which the FOOD shall be consumed on the PREMISES, sold, or discarded, based on the temperature and time combinations specified in (A) of this section and:</p> <p>(1) The day the original container is opened in the FOOD ESTABLISHMENT shall be counted as Day 1;</p> <p>(2) The day or date marked by the FOOD ESTABLISHMENT may not exceed a manufacturer's use-by date if the manufacturer determined the use-by date based on FOOD safety.</p> <p>On [DATE] at 7:15 a.m., the high-temperature dishwasher in the Pewabic Kitchen was observed for appropriate sanitation temperatures. KM C stated that this dishwasher does not get to the correct wash temperature, Our [Company Name] representative said if this strip turns black then it was fine despite the temperature it is saying on the dish machine.</p> <p>A sanitization strip was placed on a clean plate and KM C began a cycle. The final rinse temperature was 137 degrees Fahrenheit (F), and the sanitization strip did not turn black to indicate that the dishes was properly sanitized.</p> <p>On [DATE] at 12:15 p.m. Dietary Aide (DA) D was observed using the Pewabic dish machine. DA A was first observed taking a pitcher and scooping out water in the bottom of the dish machine. Then placing dishes into the machine, closing the door and having to hold the door shut so the dish machine would run. A towel was observed near the bottom of the dish machine to collect water. The final rinse temperature of the dish machine was 117 F.</p> <p>The FDA 2022 Food Code states:</p> <p>,d+[DATE].11 Hot Water and Chemical. After being cleaned, equipment food-contact surfaces and utensils shall be sanitized in: (A) Hot water manual operations by immersion for at least 30 seconds and as specified under S ,d+[DATE].111; P (B) Hot water mechanical operations by being cycled through EQUIPMENT that is set up as specified under SS ,d+[DATE].15, ,d+[DATE].112, and ,d+[DATE].113 and achieving a UTENSIL surface temperature of 71 C (160 F) as measured by an irreversible registering temperature indicator.</p>		

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<p>F 0813</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>34568</p> <p>Have a policy regarding use and storage of foods brought to residents by family and other visitors.</p> <p>Based on observation, interview and record review, the facility failed to implement its policy and procedure related to monitoring food brought in by visitors for residents and stored in refrigerators. This failure allowed unmarked and out dated food to be present in the refrigerator units potentially contributing to illness of any or all 56 residents using the units to store food. Findings include:</p> <p>On 5/27/25 at 3:50 p.m. an initial kitchen tour was conducted with Kitchen Manager (KM) C. The following items were observed throughout the tour:</p> <p>A. A glass pickle jar containing pickles and no label with a name, date, or any other identifying information</p> <p>B. Two health shakes, not purchased by the facility and no label with a name, date, or any other identifying information.</p> <p>An interview was conducted with KM C who confirmed that items brought into the facility should contain the residents name and date they were brought into the facility.</p> <p>Review of the facility's LTC (long term care) Food Brought in from Outside Sources Revised 1/13/23 read, in part, .Family/friends are to inform the nurse and/or elder associates of any food or beverages brought into the House for elder consumption .Perishable food from outside sources should be stored in the refrigerator. The items is to be labeled with the Elder's name, and date. Prepared food items are to be discarded within 72 hours if not consumed. Shelf stable food items will be stored for up to 7 days .</p>		