STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235635	A. Building B. Wing	05/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Caretel Inns of Tri-Cities	6700 Westside Saginaw Road Bay City, MI 48706

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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49310 Based on interview and record review, the facility failed to ensure correct staging of a pressure injury, documentation of accurate pressure injury measurements, and weekly documented pressure injury assessments in accordance with facility policy and standard of practice for one resident (Resident #1) of three residents reviewed for pressure injuries. Findings include: Resident #1 (R1): Resident #1 (R1) was admitted to the facility on [DATE] with Sepsis (an infection of the blood stream) due to a pressure injury on the sacrum (bone at the base of the spine). R1 was prescribed Meropenem, an antibiotic used to treat severe infections of the skin. Hospital records documented the pressure injury was unstageable (full-thickness skin and tissue loss). The admission assessment of R1 dated 3/9/24 documented the pressure injury as an unstageable pressure injury measuring 162 centimeters (cm) X 120 cm X 37 cm [sic]. An initial wound assessment document Wound Assessment Details Report dated 3/12/24 documented the pressure injury as Stage 3 (full-thickness loss of skin in which fat tissue is visible) and documented the wound as 15.0 X 11.0 X 4.0 [sic]. The documentation included the presence of 30% slough (non-viable yellow, tan, gray, green or brown tissue) in the wound. An admission Minimum Data Set (MDS) assessment dated [DATE] documented the pressure injury as a Stage 4 (full-thickness tissue loss with exposed bone, tendon, or muscle). The Pressure injury assessments for R1 were documented on Wound Assessment Details Report forms and included photographs, measurements, and descriptions of the wound. The forms for R1 were dated 3/12/24, 3/21/24, 4/10/24, 4/18/24, and 4/23/24. The Wound Assessment Details Report forms of 3/21/24, 4/10/24, and 4/18/24 documented R1's pressure injury as Stage 3, and all had the measurements of 19.0 x 5.5 x 2.5 [sic] with 30% slough present in the wound. The form dated 4/23/24 documented the pressure injury as Stage 3 measuring 19.0 x 5.5 x 3.0 [sic] with 75% slough. There were no Wound Assessment Details Report forms after 4/23/24. R1 was transferred to the hospital on 5/1/24 and did not return to the facility. (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235635	A. Building B. Wing	05/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Caretel Inns of Tri-Cities	6700 Westside Saginaw Road Bay City, MI 48706

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The DON was interviewed on 5/28/24. The DON confirmed there were no additional wound assessments or measurements in R1's medical record. The DON confirmed the admission assessment measurements of 162 cm X 120 cm X 37 cm were incorrect, and confirmed the first accurate measurements of the pressure injury were documented on 3/12/24, three days after R1 was admitted . The DON was asked regarding the frequency of wound assessment documentation. The DON said pressure injuries are expected to be assessed and documented at least weekly. The DON was asked about the discrepancies in staging R1's pressure injury. The DON reviewed the forms and said, There's no way that's a Stage 3 - It's unstageable and should have remained staged as unstageable until closure. The DON said she had a past noncompliance (PNC) for pressure injuries. On 5/29/24 at 12:42 p.m., the PNC was reviewed with the DON. The DON said she developed a PNC when she identified a concern with pressure injuries developing in the facility. The DON said the PNC started on 4/3/24. Review of the PNC revealed R1 was not included in the identified concerns. When asked why R1 was not included in the PNC, the DON replied the PNC was only for residents who developed pressure injuries in the facility, not for residents admitted with pressure injuries. The facility policy Skin Management Program dated 8/23/23 read, in part: 4. Guests admitted with skin impairment will have: . Wound location, measurements and characteristics documented weekly .13. Guest's [sic] with pressure injury will be assessed, measured and staged weekly in accordance with practice guidelines until healed .