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	05/11/2026

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 0689 Level of Harm - Actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** This citation pertains to Intake Number 2999812.Based on interview and record review the facility failed to implement care plan interventions and provide appropriate supervision for feeding assistance for one resident (Resident #2) of three residents reviewed for feeding assistance, resulting in Resident #2 sustaining a burn on the abdominal area.Findings include: Resident #2 (R2):R2 is [AGE] years old and initially admitted to the facility on [DATE], with diagnoses that include muscle weakness, dementia, chronic pain and dysphagia. R2 has a brief interview for mental status (BIMS) score of 5, indicating severe cognitive impairment.On 5/7/26 at 12:27pm, R2 was observed in the dining room for the lunch meal, she is seated in the assisted area of the dining room. R2 is in a Broda chair, positioned upright and centered in the chair. Staff reports that R2 just returned from the wound care clinic. R2 was pleasant and open to conversation, however, R2 is not following the line of questioning and does not answer appropriately.On 5/7/26 at 12:32pm, the facility reported incident (FRI) investigation was reviewed for R2. It revealed that R2 sustained a burn from spilling hot liquids on herself while eating in bed during the breakfast meal. The investigation also revealed that R2's cup still had the top on it when it was found spilling hot liquid out of it and that R2 had a clothing protector in place and the care plan stated to assist resident with eating as allowed, the nutrition care plan said to assist as needed and the adl care plan stated to assist with feeding. As of 12/19/25, the care plan for eating stated, EATING: I require assistance with eating. Please get me up in Broda chair for meals as I will allow. The facility completed a hot liquid evaluation for all residents in the facility and provided education on the updated policy that outlines the hot water temperatures coming from the coffee machine. R2 had a hot liquid screen completed on 4/16/26 and is now a total assistance with eating.On 5/7/26 at 11:45am, record review of SW-Skin Issues revealed that R2 has an in-house acquired full thickness burn located on the left lower quadrant of the abdomen. Measurements obtained on 4/16/26 are Length 19.3cm and Width of 16.72cm. R2 is attending the wound care clinic at a local hospital, in addition to the wound care being performed in the facility.On 5/7/26 at 12:35pm, record review of the care plans for R2 were completed and revealed a care plan titled:I need help with my activities of daily living (ADL's) because of pain. I have limited range of motion (ROM in bilateral knees. As evidenced by (AEB): Self-imposed bed rest.Intervention/Tasks Include:-Covered mug with lid for all liquids every meal r/t risk of injury from hot liquids. Date initiated 11/20/2024-I will benefit from a clothing protector at meals and will wear as I allow. (POA approved wearing of clothing protector). Date initiated 02/01/2023-EATING: I require assistance with eating. Please get me up in Broda chair for meals as I will allow. Date revised 12/19/2025.On 5/7/26 at 12:45pm, record review of the Kardex (the portion of the medical record the aides use to provide care) from 4/14/26 revealed:Category:Eating/NutritionInterventions:-EATING: I require assistance with eating. Please get me up in the Broda chair for meals as I will allow.-Covered mug with lid for all liquids every meal.Category:Resident CareInterventions:-I will benefit from a clothing protector at meals and will wear as I allow. (POA approved wearing of clothing protector).On 5/11/26 at 11:27am, an interview was conducted with certified nursing assistant (CNA) H. CNA H was assigned to the care of R2 when (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

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F 0689 Level of Harm - Actual harm Residents Affected - Few	the burn was sustained. CNA H was asked to describe what happened leading to the burn. CNA H stated, we had a busy morning that day and I was unable to get her out of bed for breakfast. I asked her if she wanted to stay in her room for breakfast and she said yes. I had a clothing protector on her and I fed her breakfast. I left her cup of liquids (hot tea) with her, within arm's reach and it had a lid on it. I left the room to provide care for another resident, then I heard her (R2) yelling and I didn't think much of it right away because she is irritable at times and yells. Then my unit manager came and said she spilled hot tea on herself. CNA H was asked if they have fed R2 or had her eat in her room before. CNA H stated, yes, she is care planned to choose whether or not to get out of bed. CNA H was asked if R2 has ever had any issues with handling the cup. CNA H stated, no, and she is able to feed herself as well. But we do assist her if she needs it. My unit manager told me it looks like she fell asleep and spilled it on herself. CNA H was asked if she ever left R2 alone in her room with hot liquids before. CNA H stated, I want to say yes, I have left her in her room alone before and there has never been an issue. On 5/11/26 at 1:16pm, an interview was conducted with the Nursing Home Administrator (NHA). The NHA was asked about the care plan intervention, I require assistance with eating,. The NHA stated, that is what we came to the conclusion on during the investigation, the care plan interventions were confusing. Some residents can eat on their own, but if they get tired then they would need assistance. We have updated certain residents to being a total assist with eating.On 5/11/26 at 1:22pm, an interview was conducted with the Director of Nursing (DON). The DON was asked what does I require assistance with eating, on the Kardex mean to the floor staff providing care. The DON stated that it means, they (the staff) have to assist her completely with feeding and it is also on the dietary ticket. The DON was asked if R2 should have been left alone with the hot liquid, even with a lid on the cup. The DON stated, no, she should not have been left alone with a hot liquid because she is a total assist with feeding. The DON was asked when hot liquid screens were being completed. The DON stated that initially they were being completed on admission and now they are being done on admission, quarterly and if there is a change. On 5/11/26 at 2:07pm, an interview was conducted with unit manager (UM) E. UM E was asked how long it was from the time you heard R2 yelling until you entered the room of R2. UM E stated, I got to work at 8am and I was down that hallway around 8:45am and I went into the room to figure out why she was crying. UM E stated I saw her cup with the lid, turned upside down and I immediately pulled back the covers to see what was wrong. UM E stated, I undressed R2 and applied cold washcloths to her stomach. Then I went to notify the DON about what was going on. UM E was asked if R2 had a clothing protector on. UM E stated, I truly don't recall if she had one on or not at the time. UM E then stated, I don't remember removing a clothing protector from her. She had a blanket, a sheet and she had a t-shirt on, but I don't remember removing a clothing protector. UM E was sked if they were the first staff member in the room and did you undress R2 alone. UM E stated, yes, there was no one else with me, I looked out into the hallway at one point to ask for something and a CNA helped me.On 5/11/26 at 2:51pm, an interview was conducted with Registered Nurse (RN) G. RN G was asked if they would you leave R2 alone in her room with a cup of hot liquids without supervision. RN G stated, no, I would be more comfortable supervising her in case it was to tip or if she lost a grip on it. RN G was asked what the care plan intervention I require assistance with eating, mean to you. RN G stated, the resident requires assistance with all meals. There are times when she can hold the cup and pull it up to her mouth to drink from the straw, she can do finger foods as well. But I would still want to supervise her. On 05/11/2026 at 3:30pm, during the onsite survey, Past Non-Compliance (PNC) was cited after the facility implemented actions to correct the non-compliance which included: 1. The facility implemented interventions for the resident involved.2. All facility residents are at risk for sustaining a burn from hot liquids.3. The nursing policy on hot liquids was reviewed and updated. All nursing staff were educated on the policy between 4/14/26 and 4/20/26. The dietary hot liquid policy was reviewed and updated along with a dietary hot liquid log. All dietary staff were educated on the policy and the log between 4/14/26 an 4/20/26.4. Audits are being completed to ensure compliance.5. Date (continued on next page)

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F 0689 Level of Harm - Actual harm Residents Affected - Few	of compliance: 4/22/26.Staff education was provided to include:Assisting with meals: ensure you stay with the resident until they have finished with their meals and liquids.Review of the policy titled, Hot Beverage or Liquids, revealed:Procedure:1. Screeninga. Residents will be screen on admission for the use of assistance in managing hot beverages/liquids based on but not limited to the following criters:-Cognition-Functional Abilities-Contractures-Strength-Posturec. Be screened quarterly or with a change in condition to implement appropriate changes for safe care.3. Care and Care Plansc. care plan will be updated with new assessments and/or for changes in cared. care plan will be reviewed quarterly