

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235641	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/16/2024
NAME OF PROVIDER OR SUPPLIER  Chesaning Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  201 S Front St Chesaning, MI 48616	

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 0676</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure residents do not lose the ability to perform activities of daily living unless there is a medical reason.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 22347</b></p> <p>This Citation pertains to Intake Number MI00145893.</p> <p>Based on interview and record review, the facility failed to ensure that one resident (Resident #103), had the required Activities of Daily Living (ADL) care (showers) of 6 residents reviewed for ADL's, resulting in an increased likelihood for offensive odors, skin issues, and decreased self-esteem with isolation.</p> <p>Findings Include:</p> <p>Resident #103:</p> <p>Review of the Face Sheet, Care Plans dated 6/22, and shower sheets (dated 7/3/24, 7/16/24 and 7/23/24), revealed Resident #103 was [AGE] years-old, admitted to the facility on [DATE] and readmitted on [DATE], was cognitively impaired and unable to make healthcare decisions, and required staff assistance with all ADL's. The residents diagnosis included, stroke with severe cognitive impairment, seizures, anxiety disorder, Alzheimer's Disease, mood disturbance, and diabetes.</p> <p>Review of the facility ADL care plan (6/22) stated assist with ADL's.</p> <p>During an interview done on 9/16/24 at 11:18 a.m., the Director of Nursing revealed all facility resident's were to be given 2 showers a week and there was adequate staffing to ensure all showers were done. DON stated, I feel really bad for the patient (Resident #103).</p> <p>Review of the residents care plans dated 6/22, revealed staff were to reproach (the resident) or have other staff provide care, negotiate a time for ADL's, praise resident during care, (and) use 2 people when providing care.</p> <p>Review of all the Resident #103's shower sheets the facility had for 7/24, revealed she received a shower on 7/3/24 and 7/23/24 and refused a shower on 7/16/24 (no documentation of re-approaching the resident or interventions due to refusal was found).</p> <p>During an interview done on 9/12/24 at 1:15 p.m., and review of staffing sheets (dated 9/24) revealed, staff member B said there was adequate staffing to ensure all residents got their scheduled showers and care.</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
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<p>F 0676</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the facility Activities of Daily Living (ADL's) policy dated 8/24, stated A resident who is unable to carry out activities of daily living will receive the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.</p> <p>Review of the facility Resident Showers policy dated 8/24, stated It is the practice of this facility to assist residents with bathing to maintain proper hygiene, stimulate circulation and help prevent skin issues. Residents will be provided showers as per request or as facility schedule protocol's and based upon resident safety.</p>		

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 22347</b></p> <p>This Citation pertains to Intake Number MI00145893.</p> <p>Based on observation, interview and record review, the facility failed to ensure a clean and safe environment for 11 residents' rooms, 2 main hallways, and 1 residential sitting area, resulting in the likelihood for resident injury (bug and spider bites and hand splinters), anger and frustration from family members and residents, cross contamination with illnesses with increased use of antibiotics.</p> <p>Findings Include:</p> <p>During a walk-through of the facility done on 9/12/24 starting at 10:00 a.m., accompanied by the Administrator, the following concerns were observed:</p> <ul style="list-style-type: none"> <li>-room [ROOM NUMBER]: Extreme odor of urine near bed 2; resident in bed at the time.</li> <li>-room [ROOM NUMBER]: Several used tissues were observed on the floor near bed 1, the walls had numerous areas of chipping paint and black scuff marks from wheelchairs.</li> <li>-room [ROOM NUMBER]: The bedside curtain between bed 1 and bed 2 had several stains on it.</li> <li>-room [ROOM NUMBER]: The bedside curtain had several areas of stains and the sink was dripping with round areas of corrosion on the faucet.</li> <li>-room [ROOM NUMBER]: The bedside curtain was stained in areas, the walls had numerous areas of paint chipping off, and the floor near the bathroom door and the room door had been scrapped off. At this point the surveyor went and requested the Administrator join the walk-through. The surveyor showed the Administrator what was observed in rooms 20, 18, 16, 15 and 14.</li> <li>-room [ROOM NUMBER]: The bottom area of the wooden closet had missing wood (from being banged-up by wheelchairs), the heaters right bottom edge was bent forward (a hazard to residents), and the room door had vainer that was lifting on the bottom of it (a hazard to resident's in wheelchairs).</li> <li>-room [ROOM NUMBER]: Two resident's were in the room at the time and 2 electric fans were noted blowing directly on the resident's which had a layer of black dirt and dust on the blades and front covers. An uncovered tooth brush was sitting on the sink behind the faucet, and next to bed 1 was a urinal and approximately 1/3 of it was full of urine. Sitting outside the room was an electric wheelchair/scooter. This wheelchair belonged to bed 1. It was found to be extremely dirty on the sides, back and foot area, and the black seat cushion had several rips in it.</li> </ul> <p>(continued on next page)</p>		

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-room [ROOM NUMBER]: Two non-labeled blue plastic razors were found sitting on the sink area. Bed 2 had a large folded, blanket and a bed pillow sitting on the floor near the head of the bed. No chair was found in the room to sit anything on. Also, bed 2 had 2 opened bags of chips sitting on the floor near the right side of the bed. The bathroom door and inside walls had an excessive amount of areas with black wheelchair scuffs and paint chipping off. Also in the bathroom there was an area where the base board was lifting up.</p> <p>-room [ROOM NUMBER]: No resident's were in the room at the time of observing a CPAP mask connected to tubing hanging from the bedside stand which had no covering or bag on it. Bed 1 had a pink plastic basin with 2 urinals approximately 1/3 full of urine sitting on the floor right next to the bed.</p> <p>During a second observation of environment done on 9/19/24 starting at 11:40 a.m., accompanied by the Director of Nursing/DON, the following concerns were found:</p> <p>Some of the concerns in resident rooms were the same ones observed by this surveyor and the Administrator on 9/12/24.</p> <p>-room [ROOM NUMBER]: The sink faucet was still dripping and had corrosion on it still.</p> <p>-room [ROOM NUMBER]: The resident in bed two had his CPAP on and working with his fan that was approximately 16 to 18 inches from him, blowing directly toward his face. The front and back covers and the blades had a heavy coating of black dirt and dust.</p> <p>-room [ROOM NUMBER]: Bed 2, had a blowing fan on them was black dirt and dust covering the front and back covers and the blades. The faucet had heavy corrosion at the base. The window seal was excessively dirty with bugs, dirt and dust between the screen and the glass.</p> <p>-room [ROOM NUMBER]: 3 fans were noted to be blowing; bed 2 resident was in his bed at the time. All 3 fans were noted to have thick black dirt and dust coating on the blades and the front and back covers. Also, bed 2 had a Foley with urine in it without any privacy bag on it. The window seal (between the screen and glass) was found to have an excessive amount of dirt, dead bugs and spider webs.</p> <p>-room [ROOM NUMBER]: This room was clean and ready for use. A new resident was scheduled to arrive at the facility on 9/16/24, to move into the room. The bed 2 privacy curtain was partly hanging, several areas of light-colored brown/tan circles were noted above bed 2 on the ceiling near the head of the bed, and it appeared like they had been painted over with white paint. There was dust noted on the walls above bed 2 and the floor had several pieces of papers on it. The dresser had several areas where the finish had been wore off. The window seal (between screen and glass) was found dirty with spider webs, dead bugs and dirt.</p> <p>During an interview done on 9/16/24 at 12:20 p.m., Housekeeper F was asked by this surveyor who was responsible for the privacy curtains and she stated I don't know.</p> <p>During an interview done on 9/16/24 at 12:30 p.m., the DON said she was not happy with the condition of the facility and she was not aware of the environmental concerns found.</p> <p>(continued on next page)</p>		

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