

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235651	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/18/2024
NAME OF PROVIDER OR SUPPLIER Bishop Noa Home for Senior Citizens		STREET ADDRESS, CITY, STATE, ZIP CODE 2900 Third Avenue South Escanaba, MI 49829	

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 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from the wrongful use of the resident's belongings or money.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49735</p> <p>This citation pertains to Intake:MI00147670</p> <p>Based on observation, interview, and record review, the facility failed to prevent the misappropriation of narcotic medication for one Resident (R1) of six residents reviewed for misappropriation.</p> <p>Findings include:</p> <p>Review of the Minimum Data Set (MDS) assessment dated [DATE], revealed admission to the facility on [DATE] with diagnoses including cancer, malignant neoplasm of unspecified ovary, malignant neoplasm of left kidney, cervical disc degeneration, and chronic pain. R1 scored a 7 of 15 on the Brief Interview for Mental Status (BIMS) assessment reflective of severe cognitive impairment.</p> <p>Review of R1's Medication Administration Record (MAR), revealed the following:</p> <p>Morphine Sulfate (concentrate) oral solution 100 mg/ml (milligrams/milliliter). Give 0.5 ml every hour as needed for hospice care patient for air hunger or moderate/severe pain .start date 10/4/24.</p> <p>Review of the Facility Reported Incident (FRI) submitted on 10/13/24 at 6:32 p.m. revealed the following:</p> <p>Incident Summary: Nurse noted morphine solution was discolored. Morphine set aside for pharmacy analysis. Doctor notified and new vial obtained immediately from back up. Resident does not appear to be in uncontrolled pain. No physical pain or mental anguish apparent outside of typical behavior for this resident. To protect residents the suspect nurse has been removed from the schedule.</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 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Facility investigation report submitted on 10/21/24 at 12:19 p.m., read in part . I [Director of Nursing (DON)] was contacted by . RN [Registered Nurse E] supervisor via phone . (R1's) Morphine 100 mg/5 ml concentrate looked tampered with, the color is clear and should be blue . I updated administrator (Nursing Home Administrator [NHA]). (NHA) contacted and updated . (Local Police) of possible drug diversion . I arrived at (the facility). I and (RN F) removed the possibly tampered Morphine 100 mg/5 ml concentrate from the Narcotic box. I . inspected the Morphine contents with (RN F) and noted the concentration to be clear in color. I . DON inspected all other bottles of Morphine concentrate within the building . Resident (R1) was found to be without increase in pain and showing normal behavior for the resident at this time. Resident's (R1's) mother/DPOA (Durable Power of Attorney) was notified of the discrepancy, as well as (local) Public Safety was notified and updated . To protect residents, the suspect nurse, (Licensed Practical Nurse [LPN D]) was removed from schedule . camera footage was reviewed . from 10/11/24 at 7:00 p.m. through 10/13/24 at 7:00 a.m. Which revealed (LPN D) taking the morphine vial, syringes, and medication cups and going into the nurses lounge/bathroom or hall bathroom numerous times and then replacing the vial of morphine in the top drawer of the medication cart. (R1) is the only resident that has Morphine ordered on (unit). Her (R1's) medication administration record (MAR) was reviewed and no charting of receipt of Morphine was administered during the viewed hours of the camera footage. Suspect nurse (LPN D) had no need to obtain the Morphine bottle or syringes. Placement of the bottle and syringes in (LPN D's) pocket and in the top drawer of the medication cart, along with multiple trips to the bathroom, and tampered bottle, lead the facility to conclude that (LPN D), diverted medication. Following the viewed camera footage, (LPN) D was terminated.</p> <p>An attempt to reach (LPN) D by telephone was conducted on 12/17/24 at 3:52 p.m., no connection was made and unable to leave a voicemail.</p> <p>During an interview on 12/17/24 at 3:19 p.m., the NHA acknowledged the facility concluded LPN G diverted morphine.</p> <p>During an interview on 12/17/24 at 4:08 p.m., the DON acknowledged LPN G diverted morphine and stated, The vial of morphine was supposed to be blue and you could see it was clear .the video footage shows that (LPN G) took the vial of morphine out of the medication cart and placed it in her pocket .</p> <p>This Surveyor reviewed video footage received from the Facility and confirmed LPN G obtained a vial out of the medication cart and syringes and placed them in her pocket and then went into the nurses lounge or hallway bathroom and then returned to the medication cart</p> <p>and placed the vial back into the medication cart.</p> <p>Review of facility policy titled [Facility] Freedom from Abuse, Neglect, Mistreatment, Misappropriation or Exploitation last reviewed 5/24, read in part .any allegations or suspicions of abuse, neglect, or misappropriation of property .will be reviewed by the Quality Assurance and Performance Improvement (QAPI) committee for potential education improvements or policy changes.</p>		