STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235652	A. Building B. Wing	05/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Timbers of Cass County	55432 Colby St Dowagiac, MI 49047

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** This citation pertains to intakes #2998895 and #3000521.Based on observation, interview, and record review, the facility failed to protect a resident's right to be free from resident-to-resident sexual abuse for 1 resident (Resident #2) of 4 residents reviewed for abuse when Resident #4 who had a known history of sexual behaviors and who could propel her wheelchair throughout the facility touched Resident #2 sexually when he did not give consent, resulting in Resident #2 experiencing fear, wanting Resident #4 to stop coming to his room and wanting to discharge from the facility.Findings include: Review of the Facility Reported Incident (FRI) dated 4/15/2026 revealed .Incident Summary On 4/15 at 7:50p (PM), the administrator was notified that {Resident #4 (R4)}, a female resident, was inappropriately touching {Resident #2 (R2)} a male resident, in his room. Female resident stated she was checking to see if male resident was incontinent. Male resident denies asking resident to check him. Police were notified immediately after incident was reported. Residents were separated immediately upon discovery. (R2) when interviewed denies being fearful. He echoed the same sentiment to police. No injuries noted.Review of complaint filed by Anonymous Complainant (AC) EE on 4/15/2026 revealed Resident (R2) was given a gummy {gummy/gummie; edible cannabis products infused with tetrahydrocannabinol (THC) the compound responsible for marijuana's high} by a resident (R4) before she proceeded to sexually assault him. Facility did nothing about (R4) drugging him first in which we could not get him to wake up later. (R4) has touched/sexually assaulted many male residents in facility and I feel the residents are not safe with her present, this has went (sic) on for a long time.Upon further review, another FRI was noted and was reported to the State Agency on 2/3/2026. The FRI revealed On 2/4 at 10:55a (AM), (R4) came to the administrators office and told him that she needed to make a report. She proceeded to tell the administrator that she had been in (R2's) room on 2/3 in the evening. During her visit, she stated that (R2) put his hands on her legs and inner thigh, then proceeded to put his hands on her breasts. She stated that she was upset because she heard the resident that morning telling staff that he no longer wanted to see (R4) as she shows him her privates. When the administrator asked if the contact the previous night was consensual, she paused for several seconds before indicating that it was not. She stated that she had went to speak (sic) with (R2) right before reporting to the administrator what had transpired and asked him why he made the comments he did, to which he responded with we need to stay apart. (R4) expressed that this was a shock to her as she has assisted (R2) before with moving and other things. When discussing the allegations, (R2) stated that he did not touch (R4). When queried on their relationship status, he stated that they were not in a relationship. Discussing the investigation with the officer, the officer indicated that (R4) did not directly mention being touched on her breasts and instead focused her conversation on being hurt over the comments (R2) had made with regards to not wanting to see her anymore. (R4) approached the Administrator on 2/9 stating that she wanted to follow up on the previous incident. She told the administrator that she had gone to (R2) to apologize for blowing things out of proportion. She told the administrator that she had spent the weekend winding down at home and with friends. She told the administrator that she was upset over the comments. The police (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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	report associated with the FRI on 2/3/2026 revealed . (R2) does not want (R4) in this room anymore. (R4) said last night she overheard (R2) talking to one of the nurses and he stated he doesn't want to see that pussy. (R4) Showed great concern and frustration that (R2) did not want her in his room. I had asked (R4) if (R2) had touched her on her breast and she stated yes and it happened last night before (R2) stated he didn't want (R4) in his room. As I was speaking with (R4) I noticed that (R4) did not show any concern regarding being touched and only showed concern with not being allowed in (R2's) room. I would ask (R4) a question regarding the inappropriate touching and (R4) would answer the immediate question and then go back to talking about how she couldn't believe (R2) would say she can't come in his room. I went and spoke with (R2) And informed him the reason I was making contact. I asked (R2) if he had any sort of issue with (R4) and (R2) stated yes. I had asked (R2) if he had touched (R4) and he stated no. I told (R2) exactly what (R4) had told me and he said he never touched her in any way and stated why would he.I spoke with {Nursing Home Administrator (NHA) A }and informed him that (R4) showed no concern about touching of her breast and was only concerned about (R2) saying she can't be in his room.Resident # 2 (R2)Review of the admission Record and Minimum Data Set (MDS) dated [DATE] revealed R2 admitted to the facility on [DATE] with pertinent diagnoses including bipolar disorder (chronic mental health condition characterized by severe shifts in mood, energy, activities and daily functioning), muscle weakness, reduced mobility, depression and PTSD (Post Traumatic Stress Disorder; mental health condition triggered by experiencing or witnessing a terrifying, life threatening event). Brief Interview for Mental Status (BIMS) reflected a score of 9 out of 15 which indicated R2's cognition was moderately impaired. Review of R2's current Care Plan revealed (R2) has been assessed upon admission for the presence of traumatic events in his history and found to have been a victim of trauma. Type or event physical assault with steak knife. Resulting in no triggers at this time. Problem Start date 11/19/2024. Review of R2's Progress Note dated 2/10/2026 revealed Spoke with resident regarding a recent allegation situation. Resident stated at this time he does not want the other resident involved in the situation to enter his room. Resident reports he has been trying to ignore her. Resident states he does not feel he is in any type of harm and did not verbalize any safety concerns at this time.Review of R2's Progress Note dated 4/15/2026 revealed . Resident is observed to be more stand-offish with talking about incident. Will talk this writer (sic) stating thank you for helping me with this situation. Resident has also stated I do not want her in my room or around me. Observed to be sad and scared after the police had left asking this writer if he's in trouble and he did want her (R4) to do that to him (touch him). Review of R2's Progress Note dated 4/16/2026 revealed Resident has been low in mood overnight following incident yesterday. Resident seems to have decreased appetite. Asked for a sandwich but did not eat it. Review of R2's Progress Note dated 4/16/2026 revealed Seen (R2) this am, he says he is doing ok. Little tired. Encouraged to go to an activity. He said he really did not feel like it. But maybe later.Review of R2's Progress Note dated 4/16/2026 revealed IDT (Interdisciplinary Team) reviewed incident between this resident and another resident on 4/15/26. Nurse observed this resident in his room being touched by another resident. Resident indicated that the touching was unwelcome and nurse intervened and removed other resident. Resident was assessed with no apparent injuries. Resident denies pain or discomfort. Resident stated that he felt safe and that he just didn't want her in his room anymore. Investigation initiated. Police notified and interviewed resident.Review of R2's Progress Note dated 4/16/2026 revealed Resident has been lethargic all day. Woke up occasionally when encouraged to eat meals. (physician name omitted) aware and verbally asked for resident to be monitored for changes. When aroused, resident is pleasant and cooperative. Vital signs obtained throughout the day and remained within normal limits for this resident. Currently lying in bed quietly with his eyes closed.Review of R2's Progress Note dated 4/17/2026 revealed . Prefers to stay in room. Observed to be more tired than normal does respond appropriately to questions.Review of R2's Progress Note dated 4/20/2026 revealed Talked to (R2) this am, he was lying in bed. Said he is ok, did not want to get up for breakfast, but said he would get up later and go (continued on next page)

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F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	for lunch. Resident #4 (R4)Review of the admission Record and Minimum Data Set (MDS) dated [DATE] revealed R4 admitted to the facility on [DATE] with pertinent diagnoses including obesity, depression and epilepsy (neurological disorder characterized by recurrent unprovoked seizures caused by abnormal electrical activity in the brain) and anxiety. Brief Interview for Mental Status (BIMS) reflected a score of 15 out of 15 which indicated R4 was cognitively intact. Review of R4's Care Plan revealed no behavioral care plan related to sexual behaviors and no interventions that staff could use to help redirect sexual behavior when it was not welcome. Review of R4's Behavior Logs for February to April 2026 revealed only 1 sexual behavior in 3 months and nothing was recorded after 4/7/2026. Review of an outside psychiatric note for R4, dated 5/1/2026, revealed Chief Complaint: Inappropriate physical contact with another resident. Goals: Overall progress: Today's session focused on boundary exploration following an incident of inappropriate physical contact with another resident. The patient discussed her desire to help others which sometimes leads to boundary violations. We explored the distinction between appropriate ways to help versus care related tasks there are staff responsibilities. The patient demonstrated understanding of appropriate boundaries and stated she will not touch other residents. Judgement: Judgment is poor related to inappropriately touching another resident.Review of the Resident Council Minutes dated 4/14/2026 revealed that R4 attended the meeting and Ombudsman (O) Y was at the meeting. In the meeting notes R4 stated I have a friend of the opposite gender, I'm not allowed in this room. I'm not interested in men or women. I'm ok if they touch me. O Y responded Both parties have to consent. R4 responded with I had an affair. I had a shirt of his, stayed in his room no more than 10 minutes. His roommate called me a slut. Now this man says he never said that. O Y said Talk to me in private.Review of R4's chart revealed that R4 stayed in the room next to R2 from 1/2/2026 to 4/16/2026.Review of R4's Progress Note dated 2/10/2026 revealed Spoke with resident regarding a recent allegation involving another resident. (R4) stated she does not feel she is in harm and believes the other resident will not harm her, stating he is just an old man. Resident reports no safety concerns at this time. Review of R4's Progress Note dated 3/17/2026 revealed Went to see (R4). She recently was in a relationship which is now broken up. She says she is doing ok, but would like to talk to (psych services) will email them. Review of R4's Progress Note dated 3/23/2026 (Recorded as Late Entry on 03/24/2026) revealed Resident reports to this nurse that a resident in room [ROOM NUMBER]-1 (another room, not R2's room) verbally insulted her when she went to the room to visit resident in room [ROOM NUMBER]-5 (415-2). Resident states that as she left the room, resident in bed 1 hurled an insult and told her not to visit the room again. Staff instructed resident not to visit the room as of now until further instructions from the administrator. Resident denied any physical contact w/(with) the resident or any emotional distress at this time. Administrator was notified immediately and came to the building to handle the matter. Resident in her room throughout the rest of the shift w/o (without) concerns.Review of R4's Progress Note dated 3/24/2026 revealed Went and talked to (R4) about going in room [ROOM NUMBER]. I explained to her that neither gentlemen want her coming into their room anymore. She stated she understands and will not go in there anymore. Review of R4's Progress Note dated 3/30/2026 revealed Went to talk to (R4). We talked about her trying to visit the 2 gentlemen she has had recent relationships with. I explained to her they do not want her to visit them nor talk to them anymore. She said ok that's fine. She said she will try to not see them anymore.Review of R4's Progress Note dated 4/03/2026 revealed . Report given to this writer that resident was crying due to her not being able to go into gentleman rooms per gentleman's wish. Resident educated on respecting their privacy/wish of not going into their rooms without permission, resident continued upset and crying showing her discontent, however, resident observed being calmer and more cooperative. Review of R4's Progress Note dated 4/05/2026 revealed .observed resident attempting to propel herself to gentlemen's room this morning after breakfast, asked resident to come get her vitals taken, this nurse asked where she was going, resident stated she was headed to gentlemen's room on 200 hall, resident educated on his wishes of privacy and not going into his room, explained to (R4) that once gentlemen is up and in (continued on next page)

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F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	hallway she can talk, resident became upset and argumentative, uncooperative with taking vitals, began to move wheelchair back and forth, asked resident to please stop, resident closed her eyes and began to lightly tremble arms and eyes, after completing vital signs, resident opened her eyes and propelled herself back towards 100 hall. Review of R4's Progress Note dated 4/07/2026 revealed . Resident becoming more and more argumentative and non-compliant since parameters were set regarding resident entering other residents (sic) rooms without invite or permission from the residents of those rooms.Review of R4's Progress Note dated 4/16/2026 revealed Talked to husband about residents (sic) recent behaviors. He is going to take (R4) out for LOA (leave of Absence) till (until) Monday.Review of R4's Progress Note dated 4/16/2026 IDT (Interdisciplinary Team) reviewed incident that occurred on the evening of 4/15/26. Nurse observed this resident (R4) touching another resident (R2). Per resident, she was checking another resident's brief to see if he needed changed. Nurse intervened and separated residents. Resident informed that she should not attempt to provide care to other residents. In which, resident stated that she can do whatever she wants with anyone else. 1:1 precautions initiated out of caution in response to resident's behavior and disregard to being inappropriate. MD (Medical Director) notified. Resident's husband notified, after obtaining resident's consent.Review of R4's Progress Note dated 5/06/2026 revealed Resident was reviewed by the IDT regarding continued need for 1:1 observation status following a previous incident. At the time, resident stated she would do it again; however, staff assessment determined the statement was made out of anger and emotional escalation. Resident was reassessed on 5/5/2026. During discussion with staff, resident demonstrated remorse regarding the previous incident and stated she would not engage in similar behavior again. Resident was calm, cooperative, and able to verbalize understanding of expectations for appropriate interactions with peers. After IDT review, it was determined resident no longer meets criteria for continuous 1:1 observation. Resident will be discontinued from 1:1 status and transitioned to safety monitoring with 15-minute checks. Staff will continue to monitor behavior, provide support, and notify IDT of any further concerns or behavioral escalation.During an interview on 5/12/2026 at 11:49 AM, R2 sat in his wheelchair and had a flat affect and only nodded during the conversation at first. When discussing R4, R2 discussed a previous incident that occurred in his room several months back where R4 was in a wheelchair and went to his room and pulled her wheelchair next to his, she had her gown on for bedtime and she pulled it up and tried to get him to play with her privates and he told her No. R2 stated that she then parted her vagina and he kept saying No and then a nurse came in and he asked the nurse to get R4 out of his room and R4 left. R2 stated that he didn't touch her but she wanted him to touch her. R2 said she had a room next to him and she tried to come and see him and staff told her she couldn't come in and she kept trying. R2 said R4 would come to his door and say You have a big one and I want it and he told her that couldn't happen. When discussing the recent incident on 4/15/2026, R2 stated he was sitting in bed and R4 wheeled herself up to the bed, she was in her gown again and she pulled her gown up and pulled his cover back and put her hand under his pants and started playing with my penis and then the nurse came by and R4 stopped and the nurse took R4 out of the room. R2 stated that he wanted to go home after the incident because he didn't feel safe and was sad. R2 stated he doesn't want to go to the dining room and see anyone, especially R4 after the incident and staff keeps trying to get him to go. During an interview on 5/12/2026 at 11:38 AM, Certified Nursing Assistant (CNA) I stated R4 had sexual behaviors for a while now. CNA I said R2 didn't go down to the dining room for meals after the incident because he didn't want to run into R4. During an interview on 5/12/2026 at 12:24 PM, CNA S stated she worked on 4/15/2026 but was on break at the time of the incident. CNA S reported that she worked on the day of the incident on 2/3/2026 and R2 called her into his room and said he said didn't want R4 in room anymore because she showed him her privates. CNA S said that R2 was more depressed and sadder after the incident and didn't want to go to meals in the dining room or activities since he wants to avoid seeing R4. During an interview on 5/12/2026 at 12:42 PM, CNA L stated that she had seen R4 go into R2's room and make a pass at him but R4 wasn't allowed in his room (continued on next page)

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F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	that R4 didn't get in his room before the incident on 4/15/2026. RN H said that R2 stayed in his room more since the incident. During an interview on 5/13/2026 at 11:47 AM, CNA K stated that staff didn't have good direction from management about R4 going into rooms and how they should handle it and what interventions they could use. During an interview on 5/13/2026 at 2:31 PM, CNA E stated that he worked on the day of the incident on 4/15/2026 but he did not see anything. CNA E said there was another incident where R4 showed her vagina to R2 and he said no and he didn't want her in his room. After the incident on 4/15/2026, CNA E reported that R4 wheeled herself up to him and was upset that she couldn't stay in R2's room and stated, I can touch any man anytime I want to and then proceeded to touch CNA E's thigh and he said he was cornered and felt uncomfortable. CNA E stated that R4's 15 min checks were not adequate since you are taking care of your residents and then have to find R4 and leave those residents, plus R4 moves quick and a lot can happen in 15 minutes. CNA E said the 15-minute checks weren't enough and they needed other inventions. During email correspondence on 5/13/2026 at 2:35 PM, NHA A mentioned that R4 started on 1:1 observation on 4/15/2026 after the incident involving R2, and it ended on 5/5/2026, at which point supervision of R4 was changed to 15-minute checks.During an interview on 5/13/2026 at 3:42 PM, Registered Nurse who was also the Social Worker (SW) Q stated that she just started in the role of SW recently since the previous SW left. SW Q said she was told about the incident on 4/15/2026 and had to interview staff and R2 and R4. SW Q wasn't aware of other incidents and said that R2 seemed fine when she saw him from the hallway. SW Q stated that she was told R4 gave R2 gummies and he took them, was out of it and didn't feel good the next day. When discussing a specific care plan for R4's specific sexual behaviors and interventions before and after the incident on 4/15/2026, SW Q stated that R4 went from 1:1 observation to 15-minute checks and wasn't aware of any other interventions. SW Q said they have been trying to get other placement for R4 for a long time. During an interview on 5/13/2026 at 4:20 PM, NHA A, DON B and Regional Director of Operations (RDO) X were in the room when discussing the incident between R4 and R2 and R2 feeling unsafe in the facility. NHA A stated that he was unaware that R2 felt unsafe in the facility. When asked about the gummies that R2 stated he took, NHA A said there were no gummies and stated that R2 was generally lethargic and he was told R2 and R4 shared a package of cookies not gummies. When discussing that there wasn't a sexual behavior care plan for R4 and asked what interventions were put in place after the incident on 2/3/2026 to help protect R2, NHA A stated that everything was in his FRI report and to read what the report said. When discussing interventions after the incident on 4/15/2026, NHA A stated that R4 was put on 1:1 observation and then it was changed to 15-minute checks since they decided as an IDT that R4 was doing well. RDO X stated that he was caught off guard with my information. During an interview on 5/14/2026 at 10:24 AM, R2 was lying in bed and said he wanted to leave again. R2 said that he wants R4 to stay away from him and not have her come to his room. R2 said after the incident when her hands were down his pants and stroking him, R4 had tried to see him a few times since then. When clarifying what R4 gave him before stroking him, R2 stated it was gummies, and when I asked if it was cookies, he said No and when asked how many gummies he took, he showed 4 fingers. During an interview on 5/14/2026 at 10:42 AM SW Q stated after our conversation the day before, she discussed with DON B R4's care plan and how there wasn't anything about R4's sexual behaviors and interventions for staff to use to help deal with it and they were working on it. SW Q wasn't sure what interventions were put in place after the incident on 2/3/2026 since she wasn't in the SW role at that time.During an interview on 5/14/2026 at 11:43 AM, DON B was asked about R2 and his lethargy on 4/16/2026 and she said that R2 took time to wake him up and arouse in the morning and wasn't sure why he was worse that time. When discussing that R2 told staff (LPN R) about the gummies and then she (LPN R) told DON B about it and asked what she did about it, DON B stated that since they couldn't confirm that R2 was given gummies, the physician told her to tell staff to monitor him like for any other situation. DON B reported that they did not do a THC test. DON B stated she was working on a sexual behaviors care plan for R4 and when asked about interventions put in on the care plan after (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235652	A. Building B. Wing	05/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Timbers of Cass County	55432 Colby St Dowagiac, MI 49047

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	the incident on 2/3/2026 when R4 showed R2 her privates and R2 mentioned several times he did not want R4 in his room, she stated she would have to look back because it happened after hours and NHA A was at the building.During another interview on 5/14/2026 at 1:55 PM, DON B stated after the incident on 2/3/2026, R4 went on a leave of absence with her husband and she was fine when she came back so they continued with the current plan and did not need to be on 1:1 observations or 15-minute checks at that time. Review of the Abuse Prevention Program Policy and Procedure with a review date of 1/2024 revealed . Sexual abuse, is defined as non-consensual sexual contact of any type with a resident. Sexual Abuse is non-consensual sexual contact of any type with a resident. Sexual or perineal area. Situations where a resident is sedated, is temporarily unconscious, or is in a coma that cannot give consent. VI. PROTECTION Residents are protected from physical and psychosocial harm during and after the investigation. This include: Responding immediately to protect the alleged victim and integrity of the investigation; Examining the alleged victim for any sign of injury, including a physical examination or psychosocial assessment if needed; Increased supervision of the alleged victim and residents; Room or staffing changes, if necessary, to protect the resident(s) from the alleged perpetrator; Protection from retaliation; and Providing emotional support and counseling to the resident during and after the investigation, as needed. Revising the resident's care plan if the resident's medical, nursing, physical, mental or psychosocial needs or preferences change as a result of an incident of abuse.Review of the Comprehensive Resident Care Plan Policy with a review date of 1/2025 revealed . Social Service will incorporate residents mental and psychosocial well-being and related social needs into each resident's person centered plan of care.3. Each resident's comprehensive care plan is designed to incorporate identified problem areas; incorporate risk factors associated with identified problems; . identify the professional services that are responsible for each element of care.6. Care plan interventions are designed after careful consideration of the relationship between the resident's problem areas and their causes. When possible, interventions address the underlying source(s) of their problem areas, rather than addressing all these symptoms or triggers.7. Identifying problem areas and their causes, and developing interventions that are targeted and meaningful to the resident are interdisciplinary processes that require careful data gathering, proper sequencing of events and complex clinical decision making. No single discipline can manage a task in isolation. The resident's physician (or Primary Health Care Provider) is integral to this process.17. Social services will review and update each resident's care plan quarterly, and as changes occur in the resident's care needs.