STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235705	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Helen Newberry Joy Hltcu Golden Leaves Living Ctr	502 W Harrie St Newberry, MI 49868

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. 34568 Intake Number: MI00145187 Based on observation, interview, and record review the facility failed to follow resident person-centered care plans and Activity's of Daily Living (ADL) policy for two Residents (R3, and R12) of 11 residents reviewed for ADL care. This deficient practice resulted in R3 sustaining injuries and R12 feeling rushed during ADL care and unmet care needs. Findings include: R3 An interview was conducted with R3 on 6/24/24 at 1:17 p.m. R3 stated that he was mistreated by Certified Nurse Aide (CNA) I. R3 was observed to have bruising, scrapes, and bandages to his right and left lower extremities. Review of the facility's investigation read, in part, 6/16/24 - 07:40 a.m., CNAs were is [sic] with (R3) to prepare him for breakfast and noticed multiple skin tears and bruises on right arm. CNA #1 asked what happened to his arm and (R3) responded that b**** from last night grabbed by [sic] arm hard and squeezed, I didn't have time to tell her to stop CNA #2 is a witness to resident's statement. 07:45 a.m. CNA #1 immediately reported this to RN (Registered Nurse) Supervisor, who went to (R3's) room to assess wounds, she noted multiple bruises and skin tears to right arm, which is his functional arm. (R3) told RN supervisor that NOC (night) shift CNA was being mean and when asked if he was made to feel unsafe, he answered yes. (R3) stated to RN Supervisor that (CNA I) had grabbed his arm, squeezed, and then pulled on him, causing a skin tear. She lost grip and grabbed his hand, causing second skin tear .also noted there was no draw sheet or chucks in use. 3:52 CNA I returned DON (Director of Nursing) phone call and was questioned regarding last night's occurrences. She admits to grabbing resident's arm to assist with transfers, she was on the other side of bed and had to go around bed to assist as he was too close to edge of bed. Grabbed arm and it slipped so she grabbed his hand to pull him over so he could assist with holding self on side. (CNA I) states that she did not notice skin tear until after care was provided. Review of R3's Care Plan read, in part, I have an ADL self-care performance deficit r/t (related to) CVA (Cerebrovascular Accident) with left sided weakness .I require assistance from 2 staff members to provide care during the night .My skin is fragile. Please turn and position me in bed using a draw sheet . (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: 235705	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Helen Newberry Joy Hltcu Golden Leaves Living Ctr	502 W Harrie St Newberry, MI 49868

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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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	An interview was conducted with CNA I on 6/26/24 at 7:30 a.m. CNA I confirmed she did not follow R3's care plan regarding turning, repositioning or the number of staff members required to perform R3's ADL care. R12 An interview was conducted with R12 on 6/26/24 at 8:06 a.m., who stated, I do not feel safe with (CNA I). She is too rough with her cares and treats me poorly. She grabs my arms too aggressively. I don't feel safe. Review of the facility's Standards of Care policy revised 6/1/24 read, in part, .Focus on Resident and not the task .Do not rush .For repositioning use draw sheet unless otherwise specified. Prevent shear injuries .

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235705	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/26/2024
NAME OF PROVIDER OR SUPPLIER Helen Newberry Joy Hltcu Golden Leaves Living Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 502 W Harrie St Newberry, MI 49868	

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 0851 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data. 34568 Based on interview and record review the facility failed to report Payroll Based Journal (PBJ) information to CMS (Centers for Medicare and Medicaid). This deficient practice resulted in inaccurate reporting of staffing levels with the potential to affect all 21 residents. Findings include: Review of the CMS PBJ Staffing Data Report FY (fiscal year) Quarter 2 2024 (January 1- March 31) revealed the metric Failed to have Licensed Nursing Coverage 24 Hours/Day Triggered with Infraction dates being: 1/8, 1/9, 1/10, 1/11, 1/12, 1/15, 1/21, 2/5, 2/11. An interview was conducted on 6/26/24 at approximately 9:00 a.m., with Long Term Care Administrative Assistant/Staff H. Staff H acknowledged she was responsible for submitting information for the CMS PBJ report and when asked why the facility was triggered for failing to have licensed nurse coverage she stated, I was bad that week and messed up. Staff H stated that the facility had a COVID-19 outbreak with multiple staff members calling off sick and while that was happening that Director of Nursing (DON), Assistant Director of Nursing (ADON) were covering any shifts. Staff H stated that the DON and ADON are salary based and do not punch in and confirmed forgetting to take their hours into effect when submitting the CMS PBJ report. Staff H was unable to provide further documentation that proved coverage on those days or shifts.