STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235705	A. Building B. Wing	09/26/2024

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 0604 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that each resident is free from the use of physical restraints, unless needed for medical treatment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49735 Based on observation, interview, and record review, the facility failed to ensure freedom from physical restraints for one Resident #10 (R10) of one resident reviewed for restraints. This deficient practice resulted in the restriction of freedom of movement, physical discomfort, and psychosocial distress. Findings include: Resident #10 (R10) Review of R10's Minimum Data Set (MDS) assessment dated [DATE], revealed admission to the facility on [DATE], with active diagnoses that included: Parkinson's disease, hypertension, dementia, and hyperlipidemia. R10 scored a 15 of 15 on the Brief Interview of Mental Status (BIMS) reflective of intact cognition. Review of R10's care plan last revised 5/4/24, read in part .Wander guard to left ankle to alert staff when I am near an exit door. During an interview on 9/26/24 at approximately 9:15 a.m., R10 stated, I don't know why that thing is on my ankle .it is tight on my ankle though and uncomfortable. During a review of R10's Elopement Risk Evaluation dated 8/30/24 revealed R10 scored a 1 out of 11 on the risk assessment, reflective of R10 being a low risk for elopement. During an interview on 9/26/14 at 9:42 a.m., Assistant Director of Nursing (ADON) B stated, R10 has the wander guard on her ankle to turn her around when she is by the door at the end of the hallway . she has never tried to leave .I cannot find a policy on wander guard's or a restraint policy . we don't have one. Review of facility policy titled Abuse Policy, read in part .the following actions or omissions constitute neglect whenever they result in a noticeable deterioration of the residents physical, mental or emotional wellbeing . leaving a resident restrained.

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 09/26/2024
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 0625 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Notify the resident or the resident's representative in writing how long the nursing home will hold the resident's bed in cases of transfer to a hospital or therapeutic leave. 49735 Based on interview and record review, the facility failed to provide written notification of the facility bed hold policy for four Residents/Resident Representatives (R1, R4, R8, and R16) of four residents reviewed for notice of bed hold policy. Findings include: Review of the facility Electronic Medical Record (EMR) confirmed that R1 was discharged from the facility on 8/19/24 Review of the facility EMR confirmed R4 was discharged from the facility on 8/9/24 to acute care Review of the facility EMR confirmed R8 was discharged from the facility on 8/19/24 to acute care Review of the facility EMR confirmed R16 was discharged from the facility on 8/9/24 to acute care During an interview on 10/25/24 at 7:48 a.m., the Chief Nursing Officer A stated, the Director of Nursing (DON) and Assistant Director of Nursing (ADON) B take care of all .discharges, we do not have a social worker. During an interview on 9/25/24 at approximately 10:20 a.m., Administrative Assistant F stated, we have not given or sent a bed hold policy letter to residents or families since July of 2022 .I mail out all the information. During an interview on 9/26/24 at 8:33 a.m., the Chief Nursing Officer A stated, I don't believe we have completed notifications of bed hold policy or transfers in quite some time .I doubt we will be able to find anything. During an interview on 9/26/24 at 9:42 a.m., the Assistant Director of Nursing (ADON) B stated, we do not have any bed hold or transfer forms, we didn't know we had to do that .we do not have a bed hold policy. Review of facility policy titled Discharge and Transfer - Resident last revised on 7/21/24, read in part . purpose .transfer to medical surgical unit . to another facility other than an acute care hospital .for discharge . LPN/Social work designee notifies the family and/or guardian of the facility bed holding policy . The facility did not provide this Surveyor a bed hold policy before exit.

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 09/26/2024
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 0689 Level of Harm - Minimal harm or potential for 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** 49735 Based on observation, interview, and record review, the facility failed to implement appropriate interventions to prevent unsafe wandering and elopement for two Residents (#R9 and #R7) of two residents reviewed for elopement. This deficient practice resulted in continued unsafe supervision and two elopements from the facility. Findings include: This citation pertains to the intake #MI00147126 Resident #9 (R9) Review of R9's Minimum Data Set (MDS) assessment dated [DATE], revealed admission to the facility on [DATE], with active diagnoses that included: dementia, anxiety, depression, and hypertension. R9 scored a 14 of 15 on the Brief Interview of Mental Status (BIMS) reflective of intact cognition. Review of the Facility Reported Incident (FRI) dated 9/17/24, revealed that a Licensed Practical Nurse (LPN) who was backing up out of parking spot at 7:30am and saw resident in the parking lot. Further review of the FRI revealed that the door alert system did not alarm due to R9 removing her tether. The doors leading to the dining room were open for breakfast. R9 was seen by a LPN at 7:20 a.m. Review of the video footage revealed resident exited to the outside at 7:30 and remained near the door until 7:33a.m. Video footage revealed that R9 was being escorted back into the facility at 7:34 a.m. Review of the facility document titled Incident Report dated 9/17/24, revealed that R9 is independent in ambulatory status. The incident had occurred at 7:30a.m. and the incident was discovered at 7:34 a.m. There were no witnesses. During an interview on 9/24/24 at approximately 1:20p.m., The Chief Nursing Officer A demonstrated where the resident had eloped. The Chief Nursing Officer A stated, if the resident was wearing a tether, then alarm would have gone off .I don't know why the two exit doors down the hallway would not alarm when opened. During an observation on 9/25/24 at 11:48 a.m., revealed two doors opened at the end of the hallway with no staff present. R9's bedroom door was located two rooms away from the opened doors. When exiting the opened doors and turning left there was a short hallway that led to an exit door. When turning to the right from the exit door there was another short hallway that led to a second exit door that when opened led to the parking lot. During an interview on 9/25/24 at 11:56 a.m., R9 stated, I was trying to get out of the facility, and I made it . I know how to get out of here again because I can shut the alarm off on my door, it's just a little switch .I left because I wanted to go outside and see the flowers .I told them I chewed that bracelet off, but I used clippers . (continued on next page)

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 09/26/2024
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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an observation at 12:05 p.m., R9 opened her bedroom door and reached for the alarm at the top of her door to shut it off. This citation pertains to MiFri #57798 Resident #7 (R7) Review of R7's MDS assessment dated [DATE] revealed admission to the facility on [DATE], with active diagnoses that included dementia, diabetes mellitus, and renal insufficiency/renal failure/end stage renal disease (ESRD). R7 scored a 00 on the BIMS assessment reflective of severe cognitive impairment. Review of facility document titled Incident Report dated 9/25/24, revealed that at 5:26 p.m., R7 was found down a hallway near the emergency room (ER) doors of the hospital adjacent to the facility. The double doors at the end of the hallway leading to the dining room were opened and the resident exited during mealtime. One of the facility staff was in the dining room and the other staff were in resident rooms providing care. During an interview on 9/26/24 at approximately 8:00 a.m., Chief Nursing Officer A and Assistant Director of Nursing (ADON) B revealed that R7 had eloped from the facility. Chief Nursing Officer A stated, R7 went out the same doors as R9 did but turned to the right and walked down the hallway and was found by hospital staff . he had a tether, and the alarm was going off. During an observation on 9/26/24 at approximately 9:00 a.m., R7 had walked approximately 150 steps and passed 5 exits from the building before being observed by hospital staff walking down the hallway. During an interview on 9/26/24 at 9:44 a.m., Certified Nurse Aide (CNA) H stated, I didn't hear the alarms from the room I was in .the pager would alert me when the alarms go off .I keep the pager in the office as it doesn't work down the hallway anyway . I heard the alarm go off when I stepped in the hallway and saw someone bringing R7 back . I don't know how long R7 was gone. Review of Facility Policy titled Safety last revisited 6/1/24, read in part . exit door leading out of the facility are equipped with an alarm for residents who wear a tether.

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 09/26/2024
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 0740 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident must receive and the facility must provide necessary behavioral health care and services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49735 Based on interview and record review, the facility failed to ensure behavioral health services were provided for one Resident #9 (R9) of three residents reviewed for behavioral health services. Findings include: Resident #9 (R9) Review of R9's Minimum Data Set (MDS) assessment dated [DATE], revealed admission to the facility on [DATE], with active diagnoses that included: dementia, anxiety, depression, and hypertension. R9 scored a 14 of 15 on the Brief Interview of Mental Status (BIMS) reflective of intact cognition. Review of R9's behavior notes with the following dates: read in part . 7/29/24, resident made several statements about her extreme guilt she was feeling, regarding certain events in her life .wanting to remain in her room and not come out. 7/30/24, resident has remained in her room today and refused to come out or turn on her tv, which she enjoys watching. Resident normally comes to the dining room for two meals a day. 8/3/24 resident came to nurses station agitated and having racing thoughts, requesting to call the police related to an incident that happened years ago . 8/5/24 resident continues with self-punishment related to her description of herself as I am a liar, I have done bad things and I cannot look anyone in the eye . 8/11/24 resident states, I don't deserve to live 8/20/24 resident pointing to multiple residents telling them, you are going to die . 8/22/24 resident up in hallway yelling we are all going to die because of her and saying she is coming out of her skin. 8/29/24 resident has been up and down all night yelling out in the hallways HELP! HELP! 8/30/24 R9 is very anxious and restless. 9/8/24 Resident started to go into other resident's rooms just before shift change. Resident started yelling out help help .everyone is going to die. During an interview on 9/25/24 at 7:48 a.m., the Chief Nursing Officer A stated, we do not have a social worker/designee for the residents here . we do not have any contract with any behavioral support agency . (continued on next page)

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 09/26/2024
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 0740 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 9/25/24 at 12:29 p.m., the Assistant Director of Nursing (ADON)B stated, R9's moods an behaviors have changed so much .we have not looked into a change of condition, reassessed her BIMS, we haven't added any new interventions into her care plan when her moods and behaviors changed, and we have not sent a referral to Behavioral Care Solutions (BCS) or any outside agencies to assess the change in behaviors . Review of Facility Assessment (FA) read in part .facility resources needed to provide competent support care for our resident population .behavioral and mental health providers, referrals to outlying providers . Review of facility policy titled Behavioral Program last reviewed 1/18/23, read in part . to ensure that residents with increased behaviors are identified and have interventions in place to prevent episodes of verbal or physical aggression .behavioral plan will be reviewed as needed.

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 09/26/2024
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 0745 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide medically-related social services to help each resident achieve the highest possible quality of life. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49735 Based on interview, and record review the facility failed to provide social services for two Residents #3 (R3) and #9 (R9) of three residents reviewed for social services. This deficient practice resulted in the potential for psychosocial decline. Findings include: Resident #3 (R3) Review of R3's Minimum Data Set (MDS) assessment dated [DATE], revealed admission to the facility on [DATE], with active diagnoses that included depression, anxiety disorder, malnutrition, and hypertension. R3's mood interview revealed R3 had little interest or pleasure in doing things nearly every day, R3 felt down, depressed, or hopeless nearly every day and R3 felt bad about their self or felt they were a failure or felt they have let their self or their family down nearly every day. During an interview on 9/23/24 at 3:48 p.m., R3 stated, I have fears about things .and no one has come to see me or talk about my fears .there are things that have happened to me in the past . no one has talked with me about wanting to live near my brother. Review of R3's social service notes revealed no social service assessment, no social service notes, and no plans for R3's discharge. Resident #9 (R9) Review of R9's (MDS) assessment dated [DATE], revealed admission to the facility on [DATE], with active diagnoses that included: dementia, anxiety, depression, and hypertension. R9 scored a 14 of 15 on the Brief Interview of Mental Status (BIMS) reflective of intact cognition. Review of R9's behavior with the following dates: 7/29/24, read in part .resident made several statement about her extreme guilt she was feeling, regarding certain events in her life .wanting to remain in her room and not come out. 7/30/24 resident has remained in her room today and refused to come out or turn on her tv, which she enjoys watching. Resident normally come to the dining room for two meals a day. 8/3/24 resident came to nurses station agitated and having racing thoughts, requesting to call the police related to an incident that happened years ago . 8/5/24 resident continues with self-punishment related to her description of herself as I am a liar, I have done bad things and I cannot look anyone in the eye . 8/11/24 resident states, I don't deserve to live (continued on next page)

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 09/26/2024
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 0745 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	8/20/24 resident pointing to multiple residents telling them, you are going to die . 8/22/24 resident up in hallway yelling we are all going to die because of her and saying she is coming out of her skin. 8/29/24 resident has been up and down all night yelling out in the hallways HELP! HELP! 8/30/24 R9 is very anxious and restless. 9/8/24 Resident started to go into other resident's rooms just before shift change. Resident started yelling out help help .everyone is going to die. During an interview on 9/25/24 at 7:48 a.m., the Chief Nursing Officer A stated, we do not have a social worker/designee for the residents here . Review of facility policy titled Social Service Procedure last reviewed 12/5/22, read in part .the social service designee will complete the admission assessment within one week of the residents admission .interview the resident and inform the resident of the social services that are available .on going assessment of the residents adjustment to the facility and therapeutic intervention if problems arise .the social worker designee may assist the resident .in finding and utilizing .mental health services .in addition to the social history, the social work designee will maintain progress notes in the residents medical record .if resident is able to be discharged from the facility, the social work designee will assist in planning alternative living arrangements.

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 09/26/2024

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 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45123 Based on interview, and record review, the facility failed to obtain informed consent for psychotropic medications for two Residents (#7 and #9) out of three residents reviewed for unnecessary psychotropic drug use. Findings include: Resident #7 (R7) Review of R7's face sheet, printed on 9/25/24, revealed admission to the facility on [DATE] with medical diagnoses including diabetes mellitus, dementia, and insomnia. R7's face sheet and medical records revealed a Durable Power of Attorney (DPOA) was activated and was not their own person. Review of R7's Minimum Data Set (MDS) assessment, dated 7/11/24, section C - cognition, revealed R7 had a Brief Interview for Mental Status (BIMS) that was unable to be completed and a score of 00 which indicated severe cognitive impairment. Review of physician order, read in part, Risperidone oral tablet 0.5 mg (milligram), give 1 tablet by mouth at bedtime related to dementia ., started on 4/3/24. Review of physician order, read in part, Risperidone oral tablet 1 mg, give 1 tablet by mouth two times a day related to dementia ., started on 5/28/24. On 9/26/24 at 11:35 AM, an interview was conducted with the (Assistant Director of Nursing) ADON. The ADON was asked if she had obtained informed consent from the family for R7 being placed and or increased risperidone. The ADON replied, I do not have a signed consent for R7 and was not aware that one needed to be obtained. The ADON confirmed that the facility did not have an acting Social Services Director at the time of the abbreviated survey. Resident #9 (R9) Review of R9's face sheet, printed on 9/25/24, revealed admission to the facility on [DATE] with medical diagnoses including hypertension, dementia, and depression. R9's face sheet and medical records revealed they were their own person. Review of R9's MDS assessment, dated 7/14/24, section C - cognition, revealed R7 had a Brief Interview for Mental Status (BIMS) that was unable to be completed and a score of 14 which indicated intact cognition. Review of physician order, read in part, haloperidol injection solution 5 mg, give 2.5 mg intramuscularly one time only related to anxiety disorder for one day ., started on 9/17/24. Review of physician order, read in part, lorazepam oral tablet 0.5 mg, give 1 tablet by mouth two times a day for anxiousness/restlessness ., started on 9/17/24. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235705	A. Building B. Wing	09/26/2024

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 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 9/26/24 at 10:45 AM, an interview was conducted with the ADON. The ADON was asked if she had obtained informed consent from the resident R9 before being placed/given lorazepam or haloperidol. The ADON replied, I do not have a signed consent for R9 and was not aware that one needed to be obtained. The ADON confirmed that the facility did not have an acting Social Services Director at the time of the abbreviated survey. Review of policy, titled Psychotropic Medication Use, dated 8/6/24, read in part, Purpose: Physicians and providers will use psychotropic medications appropriately working with the interdisciplinary team to ensure appropriate use, evaluation and monitoring .Notify family/responsible party of any changes in medications .

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 09/26/2024
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 0825 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide or get specialized rehabilitative services as required for a resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49735 Based on interview and record review, the facility failed to implement rehab services for one Resident #3 (R3) of three residents reviewed for rehab services which resulted in a delay in assessment, treatment and a decline in physical mobility. Findings include: Resident #3 (R3) Review of R3's Minimum Data Set (MDS) assessment dated [DATE], revealed admission to the facility on [DATE], with active diagnoses that included depression, anxiety disorder, malnutrition, and hypertension. Review of MDS Section O-Special Treatments and Programs revealed zero minutes from Occupational Therapy (OT) and zero minutes from Physical Therapy (PT). Review of Discharge Summary from UP Health Systems [NAME] dated 8/26/24, read in part . Discharge Plan . physical deconditioning continue PT/OT. Review of facility Progress note dated 8/27/24, read in part . History and Physical (H & P) [Resident] continues to have weakness and gait difficulties and is quite deconditioned. [Resident] needs aggressive PT and OT. During an interview on 9/23/24 at 3:48p.m., R3 stated, I have not been seen by rehab, I want to walk and I need more assistance .I can't sit up by myself and I know I am getting weaker .I am afraid I will end up in a wheelchair and never improve .the staff said I can do more for myself but I can't. I have fallen because I am getting weaker. During a follow-up interview R3 stated, My balance is getting worse .I wobble when I walk .I am afraid of falling and hurting myself. During an interview on 9/24/24 at 2:08p.m, The Assistant Director of Nursing (ADON) B stated, The physical therapist and occupational therapist are on off and cannot be reached. During an interview on 9/24/24 at approximately 3:00p.m., Administrative Assistant F stated, I cannot find any therapy notes or assessment regarding R3 .I cannot find her admission paperwork. During an interview on 9/24/24 at 4:13 p.m., Chief Nursing Office A stated, There are standing orders for PT/OT .the Director of Nursing (DON) reviews the admission paperwork to ensure the Doctors orders are followed up on . I don't know where the admission paperwork is for R3 .there was a delay in therapy services for R3. During a phone interview on 9/25/24 at 8:03a.m., the DON stated, I don't remember when R3 was first admitted or if I reviewed her paperwork .I don't know what happened to the paperwork from the hospital .I couldn't tell you where R3's admission paperwork is located. During a phone interview on 9/25/24 at 8:13 a.m., this surveyor called UP Health Systems hospital for R3's paperwork sent to the facility. (continued on next page)

Printed: 02/11/2025
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235705	A. Building B. Wing	09/26/2024

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 0825 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 9/25/24 at 9:05 a.m., Licensed Practical Nurse (LPN) G stated, I was the admitting nurse for R3, and I did not ask the doctor to order PT/OT for R3 .PT and OT are not on the list of standing orders when residents are first admitted . I may have a copy of the standing orders somewhere. Review of facility policy titled Physicians Standing Orders last revised 3/23, read in part . Standing Orders: Physical Therapy, Occupational Therapy .evaluation and treatment as indicated. Review of facility policy titled Rehabilitative and Restorative Programs last revised 3/19/24, read in part . Residents receive a functional assessment on admission that serves as a basis for a formulation of resident care plan .those residents those PT and OT assessment reveals a need for a specific restorative program will be placed in one or more programs .