STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	134120	A. BUILDING _____ B. WING _____	5/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MARSHALL NURSING AND REHABILITATION COMMUNITY	575 N MADISON ST MARSHALL, MI 49068

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F0000 SS=	INITIAL COMMENTS Marshall Nursing and Rehab was surveyed for an Abbreviated survey on 5/29/25. List intakes MI00150402, MI00152066, MI00152359 Census=45	F0000		
F0684 SS= D	Quality of Care § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to assess, monitor, follow physician orders and document on skin wounds for one (R101) of three residents reviewed for non-pressure skin conditions. Findings include: Review of the Face Sheet and Minimum Data Set (MDS) dated 1/21/25, reflected R101 was a 65 year old male admitted to the facility on 1/16/25, with diagnoses that included hypertension (high blood pressure), peripheral vascular disease (decreased blood flow in legs), wound infection and diabetic. The MDS reflected R101 had a BIM (assessment tool) score of 15 which indicated his ability to make daily decisions was cognitively	F0684		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

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.

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	intact, and he required staff assist with bathing and supervision with dressing, ambulation, and transfers. Review of complaint received by the State Agency alleged the facility failed to provide adequate and appropriate interventions to prevent and care for wounds. Review of R101 Nursing Progress Note, dated 1/16/25, reflected, "Resident arrived via ambulance with family at his bedside. Meds reviewed by on call clinician and no issues upon review. Resident is A & o x4[alert and oriented times four]. No complaints of pain noted at this time. Left lower extremity has an unstageable wound with MRSA[methicillin-resistant staphylococcus aureus infection]. Wound covered with\bandage..." Review of R101 Wound Clinic consult, dated 2/4/25, reflected, "Established patient returns in the first week of treatment with worsening of both wounds. Patient reports pain is a 7-8 and was provided with Tylenol prior to wound care visit. Patient reports no Norco[pain medication] since Friday due to lack of supply at the SNF[skilled nursing facility]. Patient reports that the wound dressing were changed yesterday but dressings have note been changed consistently, daily as ordered. Initially presented with wounds to the left lateral lower leg and left lateral foot. The patient was evaluated by the provider on 1/13/25 during hospitalization. Patient was hospitalized from 1/7/2025-1/16/2025 with severe cellulitis, positive MRSA, severe peripheral vascular disease status post angiogram and atherectomy on 1/10/2025. Vascular surgery, cardiology, infectious disease consultations were provided during hospitalization..." Review of R101 Medication Administration			

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	Record (MAR), dated 1/16/25 through 3/31/25 (R101 discharged home from facility), reflected over 30 missed physician ordered treatments as evidenced by holes in documentation, or treatment not completed without supporting documentation such as, "due to condition...guest is NPO[nothing by mouth] for procedure."(related to treatment on left lower leg.) Continued review of the MAR reflected R101 had daily physician ordered wound treatments. During an interview on 5/28/25 at 1:50 p.m., Licensed Practical Nurse (LPN) "E" reported it was the facility policy to perform skin checks and wound assessments weekly. LPN "E" reported often worked with R101 prior to his discharge and never refuse wound treatments. During an interview on 5/28/25 at 2:10 p.m., Wound Nurse (WN) "F" reported she rounds weekly to assess wounds and staff alert her if any new wounds identified. WN "F" reported weekly wound assessments are documented in each resident medical record. Review of R101 weekly wound assessments, dated 3/1/25 through 3/31/25, reflected no evidence of completed wound assessments 3/10/25 and 3/24/25.(no wound assessment was completed on 3/17/25.) During an interview on 5/29/25 at 10:46 a.m., Director of Nursing (DON) "B" reported R101 was seen by the wound clinic and would expect facility staff to complete physician orders and document. During a second interview on 5/29/25 at 12:35 p.m., DON "B" verified R101 did not received physician ordered wound treatments on 2/16/25 according to (..) on Medication Administration Record(MAR). DON "B" verified several missed			

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	treatments on R101 MAR and reported staff were educated including for reasons that included, "due to condition." DON "B" reported staff should complete Progress Note if treatment was missed and contact the physician of missed treatment. During a third interview on 5/29/25 at 1:45 p.m., DON "B" reported if residents seen by outpatient wound clinic not seen by in house wound physician. DON "B" reported would expect wound rounds weekly with assessments of wound. DON "B" reported thought R101 was seen by wound on 3/17/25 and that was why weekly wound assessment was not completed. During a telephone interview on 5/29/25 at 2:12 p.m., wound clinic staff verified R101 was not seen for an appointment on 3/17/25. During a telephone interview on 5/29/25 at 2:41 p.m., Wound Clinic clinical staff(WCS) "G" reported R101 would arrive to wound clinic with dressings dated more than 24 hours prior and R101 had physician orders for daily dressing changes. WCS "G" reported R101 said facility staff would say they were planning to do wound treatments but would never come back to do them.			
F0761 SS= D	Label/Store Drugs and Biologicals §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. §483.45(h) Storage of Drugs and Biologicals §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized	F0761		

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	personnel to have access to the keys. §483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review the facility failed to ensure controlled medications were properly labeled and stored per professional standards of practice for one residents (R104) and a medication cart in a current facility census of 45 residents. Findings Included: Review of the Face Sheet and Minimum Data Set (MDS) dated 5/11/25, reflected R104 was a 84 year old female admitted to the facility on 5/5/25, with diagnoses that included chronic obstructive pulmonary disease, pneumonia, weakness and depression. The MDS reflected R104 had a BIM (assessment tool) score of 14 which indicated her ability to make daily decisions was cognitively intact. Review of complaint received by the State Agency alleged the facility failed to appropriately store controlled medications. During an observation and interview on 5/28/25 at 8:23 a.m., Registered Nurse (RN) "C" unlocked the Madison 1 medication cart and controlled drawer. This surveyor observed nine unlabeled			

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	clear plastic bags including eight bags with 10 small white tablets and one bag with 3 small white tabs in a unlabeled clear plastic cup. RN "C" reported unlabelled tablets belonged to R104 who admitted to the facility on hospice services and brought Lorazepam 0.5mg tablets from home and had 83 tablets currently left. RN "C" reported staff repackaged R104's Lorazapam tablets in bags of 10 to easily count at shift change over the weekend and verified the clear baggies were not labeled with resident name, name of medication, directions or description. RN "C" verified empty bottle of Lorazapam 0.5mg in medication cart for R104 was filled on 5/20/25 with 90 tablets. RN "C" reported was unsure who decided to repackage controlled drugs over the weekend. When RN "C" was asked what were the identifying marks on tablets unlabeled small white tables reported was unable to see tablets well enough to say. RN "C" reported during shift change two nurses perform controlled medication counts including counting each tab in each unlabeled plastic bag to verify counts. Review of R104, "Controlled Substances Proof of Use", dated 5/21/25, reflected facility received Lorazepam 0.5mg 90 tablets on 5/21/25 from home supply. The document reflected current (5/28/25 at 8:40 a.m.) count of 83. Review of R104 Physician Orders, dated 5/21/25, reflected order for Lorazapam 0.5mg one tablet every four hours as needed. During an interview on 5/28/25 at 2:05 p.m. Licensed Practical Nurse (LPN) "D" reported controlled narcotic count process completed at each shift change. LPN "D" reported all narcotic medications remain in original packaging from the pharmacy clearly labeled with resident name and medication.			

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	During an interview on 5/29/25 at 10:46 a.m., Director of Nursing (DON) "B" reported would expect expect staff to keep medications including controlled narcotic in original pharmacy packaging. DON "B" verified R104 had Lorazepam 0.5mg 83 tablets divided into eight unlabeled clear bags with 10 tablets each and one with three tables to equal 83 on 5/28/25. DON "B" reported was unsure what staff member decided to repackage R104 narcotics but reported should have been labeled with name, medication, orders and identification. DON "B" reported has begun to educate all staff related proper medication storage and labeling of medications including narcotics starting 5/28/25 after being made aware of situation.			