STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	094012	A. BUILDING _____ B. WING _____	3/4/2025

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CARETEL INNS OF TRI-CITIES	6700 WESTSIDE SAGINAW ROAD BAY CITY, MI 48706

(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 Caretel Inns Of Tri-Citites was surveyed for an Abbreviated Survey exiting on 03/04/25. Event ID: 0LPU11 Intake Numbers: MI00149999, MI00150236 and MI00150339. Census: 50	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: This citation pertains to Intake Number MI00150236. Based on record review and interview, the facility failed to assess, identify, and treat wounds to the feet and a urinary tract infection for one resident (Resident #2) of three residents reviewed for a change in condition. Findings include:	F0684	1. Resident #2 no longer resides in the facility 2. Like residents are identified as any resident with a change in condition. A sweep was conducted on 3/24/2025 to ensure all residents with catheters and any wound had care plan reviews. Like resident medical records were reviewed between 3/22/25 to 3/25/2024 to ensure appropriate interventions were in place for the prevention of skin breakdown and changes in condition were identified timely and reported to the MD appropriately and timely. All future residents admitted with potential risk factors will be identified upon admission and appropriate interventions implemented n the plan of care timely 3. The Policy on reporting changes in condition has been reviewed and deemed appropriate. Licensed nurses were educated by the DON/designee on appropriate interventions implemented in their plan of care timely. Licensed nurses were educated by the DON/designee on appropriate process for initiating timely interventions upon admission with any change n condition between 3/13/25 and 3/21/2025.	3/27/2025

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

Electronically Signed | 03/25/2025

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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	Resident #2: A review of Resident #2's medical record revealed a re-admission into the facility on 11/19/24 with diagnoses that included difficulty in walking, muscle weakness, need for assistance with personal care, diabetes, retention of urine, heart failure and anxiety disorder. A review of practitioner's progress note, the history of Resident's hospital course included, " ...presented to the acute hospital with generalized weakness and SOB (shortness of breath). She was found to have UTI (urinary tract infection) ..." A review of Resident #2's progress notes revealed a Health Status/Progress Note, dated 1/3/25 at 5:42 AM, "Urine appears blood-tinged w(with)/cloudiness. Urinalysis and culture & sensitivity ordered. Physician notified and approved." A review of the medical record revealed no urinalysis results. Further review of Resident #2's progress notes revealed the following: -1/19/25 at 11:39 AM, "Guest is alert ... Urine dark orange in color. Physician aware. Per physician continue to encourage fluids." -1/19/25 at 4:45 PM, "Patient recently started on questran 4 GM (grams) continuing to have loose stools x 5 this shift. Physician contacted. Per physician send stool sample to		4. The QAPI committee has directed the DON/designee to perform random weekly audits to ensure interventions for skin prevention are initiated timely upon admission or any change of condition. The Administrator is responsible for ensuring that substantial compliance is attained through the Plan of Correction and is maintained thereafter. The results will be provided to the QAPI Committee for further follow up and review. Date of compliance 3/27/2025	

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	test for CDIFF tomorrow am. Order to check labs cbc/cmp on Monday 1/20. Urine is dark in color. Encouraging fluids as tolerated. Patient is drinking 120 cc at a time offering fluids and assisting with fluid intake throughout shift." -1/19/25 at 5:09 PM, "Per physician start patient on Flagyl 500 mg every 8 hours for 7 days. Normal Saline 0.9% IV (intravenous) hydration at 100cc/hr for up to 1L (liter) Lactobacillus TID for 14 days. Send Cdiff sample tomorrow WBC (white blood cell count) stool sample. Add BMP to lab draw to be drawn tomorrow." -1/19/25 at 7:23 PM, "Family notified of new orders. Per daughters "we don't want to wait for results for lab work and IV hydration to complete we would like our mother sent to hospital." Physician notified by 2nd nurse. Patient would like to go to ER for treatment..." A review of Resident #2's hospital medical records revealed the following: -Encounter date 1/19/25, Creation Time: 1/24/25, Infectious Disease Progress Note, urine culture positive with Proteus mirabilis, Assessment: "Complicated UTI (Urinary Tract Infection), Urinary Tract Infection Due to Proteus, Acute Cystitis with Hematuria, Hypotension, Acute Hypoxemic Respiratory Failure ...Left foot wound culture growing Staphylococcus aureus, 10. MR left foot			

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	finding: ...Diffuse edema in the subcutaneous soft tissues of the dorsum of the foot extending into the great toe suggestive of cellulitis ... 2. Diffuse marrow edema in the distal phalanx of the great toe suggestive of osteomyelitis ... A review of hospital records revealed Resident #2 presented to the emergency department on 1/19/25 with the following included in the hospital medical records: -History of Present Illness: provided by the patient ... She states that she has been experiencing increased weakness which as caused her to stay in bed all day, starting two weeks ago. She reports that she is unsure what is causing her onset weakness ... -Physical Exam: Gentourinary: Foley catheter in place with minimal output; Musculoskeletal: Patient's right great toe does have foul-smelling discharge. -ED Course: ...Differential diagnosis includes urinary tract infection, electrolyte abnormality, acute kidney injury, potential ACS (acute Coronary Syndrome) or less likely sepsis ... IV antibiotics ordered for UTI and osteomyelitis ... This patient is still symptomatic with urinary tract infection with acute kidney injury and has not achieved medical stability for safe discharge from the hospital ... Diagnosis: Acute Kidney injury, UTI and Dehydration ...			

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	-Hospital Course: ...Urine cultures were positive for Proteus initiated on IV ceftriaxone on 1/20/25 ... Left foot wound cultures obtained on 1/21/25 results showed MRSA (methicillin-resistant Staphylococcus aureus=bacterial infection) ... Patient was started on linezolid on 1/24/25. Podiatry discussed in detail with the patient's daughter at the bedside option was offered for long-term course antibiotics verses partial to total hallux amputation (removal of the big toe) ... 1 February ... Family has changed code status to DNR/DNI (do not resuscitate/do not intubate) and would like to take patient home with hospice which is a reasonable decision as her rehab potential is de minimus ... 03 February, discharge home with hospice. Rationale for hospice includes worsening renal function, encephalopathy, osteomyelitis ... -Consult note Cardiology: ...admitted through the emergency department on January 19, 2025 ... She was found to have a foul smelling discharge from her right great toe ... On evaluation she was found to have urinary tract infection and subsequently osteomyelitis of the right great toe and calcaneus ... -Consult note Podiatry, date of service 1/21/25. Distal tip of the right great toe there is a small scab pre debridement measuring 0.2 x 0.2 x 0.1 cm (centimeters) ... To the distal tip of the left great toe there is a small scab pre debridement measuring approximately			

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	0.5 x 0.5 x 0.1 cm. After spicules and callus were removed, wound now measuring approximately 0.7 x 0.7 x 0.2 cm. Approximately 3 cc of purulence were expressed with removal ... On 2/26/25 at 2:52 PM, an interview was conducted with the Wound Care Nurse/Assistant Director of Nursing (WCN), Nurse "A" and the Administrator (NHA) regarding Resident #2's skin condition. The NHA revealed the Resident had MASD (moisture associated skin damage) to the coccyx area and that it was not opened, and she had come into the facility with it. When asked if the Resident had any documentation of wounds to the toe or treatments, the NHA and WCN reviewed the medical record and indicated no documentation of wounds to the Resident's feet and no treatments. When asked if the Resident was assessed for infections, the NHA, after reviewing the medical record reported I don't see anything like that except the resident was going to be tested for CDiff but was transferred to the hospital prior to labs being completed. The progress note dated 1/3/25 for a urinalysis, culture and sensitivity to be completed, was reviewed. The NHA reviewed the medical record and stated, "I can't find it in the records." The NHA reported the Resident had leaking around the catheter and she had changed it on Christmas eve. The NHA reported having issues with their laboratory services and they were in the			

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	process of "getting a new lab." The NHA was asked what their issue was with the current laboratory services and the NHA reported they don't tell us if there are issues with the specimens. On 2/27/25 at 8:30 AM, an interview was conducted with Confidential Person (CP) "E" regarding the care of Resident #2 at the nursing facility. The CP reported that the Resident had gone to the facility for rehabilitation therapy to get stronger. The CP reported the Resident was declining and the facility did not address the Resident's health status. The CP reported the Resident was having diarrhea and was dehydrated, and was going to be treated with IV fluids and do lab work the next day, but family had insisted she be transferred to the hospital. The CP reported that when the Resident arrived in the emergency room the Resident had a urinary tract infection, was in renal failure and when the Resident's sock was removed, the smell was very foul, band aids were on both great toes, the toenail was bent backwards on the right great toe and fell off and there was a wound on the toe. The CP reported the Infection Specialist wanted to have the toe removed but they were going to try treatment of antibiotics before going through surgery. The CP reported the Resident declined and hospice services were contacted. The Resident passed away. The CP reported that the death certificate indicated the main cause of death was "Acute Osteomyelitis of right foot and ankle.			

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	On 2/27/25 at 3:44 PM, an interview was conducted with the Director of Nursing (DON) regarding Resident #2's care at the facility. The DON was asked if there were any skin issues to Resident #2 feet that had been identified by nursing staff. After review of the medical record, the DON reported no identified wounds to the feet and no treatments ordered. When asked if the Resident had signs and symptoms of UTI upon transfer to the hospital, the DON reviewed the medical record and reported the Resident was to be treated and tested for C. diff, but UTI was not identified. A review of the facility policy titled, "Prevention of catheter-associated urinary tract infection," revealed, "General: Urinary tract infections (UTI) are the most common healthcare-associated infections (HAI), accounting for up to 40% of all HAIs. Most involve urinary drainage devices, such as bladder catheters. The risk of a catheterized patient acquiring bacteriuria increases with the duration of catheterization, the daily rate s 5% so that by 4 weeks almost 100% of patients are bacteriuric. One to four present of patients with bacteriuria will ultimately develop clinically significant infection, e.g., cyctitis, pyelonephritis, and septicemia ..."			
F0690 SS= D	Bowel/Bladder Incontinence, Catheter, UTI §483.25(e) Incontinence. §483.25(e)(1) The facility must ensure that resident who is continent of bladder and bowel on admission	F0690	1. Resident #2 no longer resides in the facility. Resident #4 is long term resident of the facility, care plan was reviewed and was deemed appropriate.	3/27/2025

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	receives services and assistance to maintain continence unless his or her clinical condition is or becomes such that continence is not possible to maintain. §483.25(e)(2)For a resident with urinary incontinence, based on the resident's comprehensive assessment, the facility must ensure that- (i) A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; (ii) A resident who enters the facility with an indwelling catheter or subsequently receives one is assessed for removal of the catheter as soon as possible unless the resident's clinical condition demonstrates that catheterization is necessary; and (iii) A resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible. §483.25(e)(3) For a resident with fecal incontinence, based on the resident's comprehensive assessment, the facility must ensure that a resident who is incontinent of bowel receives appropriate treatment and services to restore as much normal bowel function as possible. This REQUIREMENT is not met as evidenced by: This citation pertains to Intake Number MI00150236. Based on interview and record review, the facility failed to follow policy and procedures for catheter care and obtain urinalysis testing for three residents (#2, #4, and #5), of three residents reviewed for catheter care.		2. Like residents were identified as those with Foley catheters and are at risk for developing urinary tract infections. Like residents medical records were reviewed between 3/22/25 through 3/25/25 to ensure their plan of care includes interventions for the prevention of a urinary tract infection. 3. The policy regarding Indwelling catheter care and maintenance was reviewed and deemed appropriate. Licensed nurses were educated by the DON/designee on appropriate processes for initiating timely interventions upon admission and with any change of condition between 3/13/25 and 3/21/25. 4. The QAPI committee has directed the DON/designee to perform random weekly audits to ensure interventions for catheters maintenance is initiated timely upon admission. The Administrator is responsible for ensuring that substantial compliance is attained through the Plan of Correction and is maintained thereafter. The results will be provided to the QAPI Committee for further follow up and review. Date of compliance 3/27/2025	

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	Findings include: Resident #2: A review of Resident #2's medical record revealed a re-admission into the facility on 11/19/24 with diagnoses that included difficulty in walking, muscle weakness, need for assistance with personal care, diabetes, retention of urine, heart failure and anxiety disorder. A review of practitioner's progress note, the history of Resident's hospital course included, " ...presented to the acute hospital with generalized weakness and SOB (shortness of breath). She was found to have UTI (urinary tract infection) ..." A review of Resident #2's progress notes revealed a Health Status/Progress Note dated 1/3/25 at 5:42 AM, "Urine appears blood-tinged w(with)/cloudiness. Urinalysis and culture & sensitivity ordered. Physician notified and approved." A review of the medical record revealed no urinalysis results. Further review of Resident #2's progress notes revealed the following: -1/19/25 at 11:39 AM, "Guest is alert ... Urine dark orange in color. Physician aware. Per physician continue to encourage fluids." -1/19/25 at 4:45 PM, " ...Urine is dark in color. Encouraging fluids as tolerated. Patient is			

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	drinking 120 cc at a time offering fluids and assisting with fluid intake throughout shift." The facility document for Resident #2's Task: Indwelling Catheter, that would indicate when the Foley care was performed and how much output the resident had, was requested but was not provided by the facility. On 2/27/25 at 3:20 PM, the Administrator (NHA) reported that the Foley catheter task was never implemented for Resident #2, and for the CNA's to document catheter care, when it was emptied, or the amount of urine. Resident #4: A review of Resident #4's medical record revealed an admission into the facility on 1/22/21 and re-admission on 6/12/24 with diagnoses that included muscle weakness, staphylococcal arthritis of left hip, retention of urine, chronic kidney disease, obstructive and reflux uropathy, and neuromuscular dysfunction of bladder. Further review of the medical record revealed the Resident had a Foley catheter. A review of the MDS revealed was independent with cognitive skills for daily decision making and was dependent on helper for mobility and toileting hygiene. A review of Resident #4's Task: Indwelling Catheter from 1/28/25 to 2/25/25 revealed documentation that on 1/28, 1/30, 1/31, 2/1, 2/6, 2/8, 2/9, 2/10, 2/11, 2/18, 2/20, 2/21, and 2/23 the Foley catheter was emptied once a day and no documentation that it was			

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	emptied on 2/24. On 1/30 the amount documented was 1200 and on 2/5 was 1200. There were no resident refusals documented from 1/28 to 2/25. On 2/26/25 at 11:20 AM, an observation was made of Resident #4 lying in bed, awake. The Resident was interviewed, answered questions and engaged in conversation. The Resident was asked about any concerns regarding her care. A concern the Resident had was with staff not emptying out her Foley catheter. The Resident stated, "It can fill right up in the bag like its going to burst," and reported staff need to empty the Foley catheter bag more often. An observation was made of the Foley catheter hanging on the side of the bed, partially filled with urine, and had sediment with urine in the tubing. Resident #5: A review of Resident #5's medical record revealed an admission into the facility on 1/9/25 and readmission on 2/13/25 with diagnoses that included difficulty in walking, diabetes, urinary tract infection, sepsis, and retention of urine. A review of the medical record revealed the Resident had a Foley catheter. A review of Resident #5's Task: Indwelling Catheter from 2/14/25 to 2/25/25 revealed documentation that on 2/19, 2/20, and 2/22 the Foley catheter was emptied once a day and no documentation that it was emptied or			

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	catheter care was provided on 2/17, 2/23, and 2/24. On 2/26/25 at 2:52 PM, an interview was conducted with the Administrator (NHA) and Assistant Director of Nursing, Nurse "A" regarding Foley catheter care. A review of Resident #4's and Resident #5's task documentation for the indwelling catheter was reviewed with the lack of documentation of the catheter being emptied. The NHA reported it could be a lack of documentation of the CNA's (certified nursing assistants) and when asked that they may not be emptying the catheter twice a day the NHA stated, "That too, could be." When asked if they should be emptying the catheter twice a day and documenting, the NHA stated, "yes". A review of the progress note dated 1/3/25 for a urinalysis, culture and sensitivity to be completed. The NHA reviewed the medical record and stated, "I can't find it in the records." The NHA reported the Resident had leaking around the catheter and she had changed it on Christmas eve. The NHA reported having issues with their laboratory services and they were in the process of "getting a new lab." The NHA was asked what their issue was with the current laboratory services and the NHA reported they don't tell us if there are issues with the specimens. On 2/27/25 at 9:37 AM, an interview was conducted with the Administrator (NHA) regarding Resident #2's lack of urinalysis (UA)			

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(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
	testing results. The NHA reported the UA had been collected and sent and stated, "We got confirmation that the urine was sent but we never got any results." The NHA reported they had not followed up on the testing and stated, "It was a lab issue, and we also didn't follow up on it." The NHA was asked for the Foley care policy due to the policy sent was for insertion of a Foley catheter. The NHA had the policy and with review of the policy revealed the policy indicated to empty the drainage bag every shift and as needed. A review of facility policy titled, "Indwelling Catheter care and maintenance," reviewed 10/2021, revealed, " ...1. Indwelling catheters should be cleansed a least daily; with focus on the site where the catheter enters the body, and the tubing ... 6. Empty the drainage bag every shift and as needed." A review of the facility policy titled, "Prevention of catheter-associated urinary tract infection," revealed, "General: Urinary tract infections (UTI) are the most common healthcare-associated infections (HAI), accounting for up to 40% of all HAI's. Most involve urinary drainage devices, such as bladder catheters. The risk of a catheterized patient acquiring bacteriuria increases with the duration of catheterization, the daily rate s 5% so that by 4 weeks almost 100% of patients are bacteriuric. One to four present of patients with bacteriuria will ultimately develop clinically significant infection, e.g., cyctitis, pyelonephritis, and septicemia ...			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	094012	A. BUILDING _____ B. WING _____	**3/4/2025**

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	Emptying of bag: Empty the bag every 8 hours or when at least 2/3 full ..."			