

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235002	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/21/2022
NAME OF PROVIDER OR SUPPLIER Oceana CO MD Care Facility		STREET ADDRESS, CITY, STATE, ZIP CODE 701 E Main St Hart, MI 49420	
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	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38659</p> <p>This citation pertains to intakes MI00132628 and MI00132504</p> <p>Past non-compliance was accepted for this citation. Corrective actions identified below.</p> <p>Based on interview and record review, the facility failed to prevent abuse towards 2 residents (R1 and R2) reviewed for abuse, resulting in the residents being abused by a staff member.</p> <p>Findings include:</p> <p>Review of facility policy Abuse, Neglect and Exploitation with a last revised date of 8/31/2022 revealed: It is the policy of this facility to provide protections for the health, welfare and rights of each resident by developing and implementing written policies and procedures that prohibit and prevent abuse, neglect, exploitation and misappropriation of resident property. Verbal abuse is defined as: the use of oral, written or gestured communication or sounds that willfully includes disparaging and derogatory terms to residents or their families, or within their hearing distance regardless of their age, ability to comprehend, or disability. Physical abuse is defined as: includ[ing], but is not limited to hitting, slapping, punching, biting, and kicking. It also includes controlling behavior through corporal punishment.</p> <p>R2</p> <p>Review of face sheet and electronic medical record revealed R2 admitted to the facility on [DATE] with diagnosis that included: hemiplegia and hemiparesis following cerebral infarction, vascular dementia, psychotic disorder with delusions, chronic pain and chronic kidney disease. R2 is not their own responsible party.</p> <p>Review of facility reported incident revealed on 10/2/22 at 11:05 AM, it was reported CNA (Certified Nursing Assistant) A was overheard swearing at R2. The facility investigation revealed CNA A admitted to yelling at R2 don't you ever f---ing punch me like that after he punched her in the ear during cares. R2 did not recall the incident.</p> <p>(continued on next page)</p>		

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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 235002	Facility ID: 235002 If continuation sheet Page 1 of 3

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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of personnel file for CNA A revealed she was hired approximately December of 2007 and did not appear to have a prior history of any abusive behavior. She was issued a Final Written Warning: Unprofessional Conduct i.e. using obscene or improper language or gestures, immoral conduct or indecency related to the incident with R2 on 10/2/22.</p> <p>Per review of the facility provided incident file, following the incident on 10/2/22 CNA A completed multiple reeducation course regarding topics such as abuse and neglect, dementia care, management of challenging resident behaviors, etc. Other facility staff who worked on the dementia unit were also provided with a memo to review regarding tips for providing care for R2 to diminish chance of violent physical outbursts.</p> <p>R1</p> <p>Review of face sheet and electronic medical record revealed R1 admitted to the facility on [DATE] with diagnosis that included: Alzheimer's disease, vascular dementia, pain and other specified disorders of adult personality and behavior. R1 is not their own responsible party.</p> <p>Review of facility reported incident revealed on 11/3/22 at 8:37 AM CNA A was witnessed slapping R1 on the shoulder after he poked her in the chest area. R1 did not recall the incident and was not injured. CNA A did not deny that she slapped R1. CNA A's employment was immediately terminated and local police were called and completed an investigation.</p> <p>A review of video footage of the incident was completed on 11/21/22 at approximately 10:30 AM with the Director of Nursing (DON). CNA A was seen to be standing in the hallway with R1, they were speaking to each other when R1 reached out to touch her in the chest area. CNA A paused for a moment then drew her hand back and slapped R1 in the shoulder area. CNA A immediately hugged and appeared apologetic towards the resident and quickly stepped away.</p> <p>Review of the facility investigation during an abbreviated survey on 11/21/2021 reflected the facility implemented the following interventions that identified the non-compliance:</p> <p>Description of deficient practice: [CNA A] slapped [R1] on the right shoulder in response to [R1] poking [CNA A] on her breast.</p> <p>1. Immediate action(s) taken for the resident(s) found to have been affected include:</p> <p>With respect to allegation of physical abuse towards [R1], the facility was compliant with its Abuse Prohibition policy and procedure with respect to reporting and investigation. The facility was also compliant with its policies and procedures for protecting residents as well as disciplinary action resulting in termination on 11/3/22 for [CNA A's] noncompliance. [R1] was assessed for mood / behavior changes with no psychosocial concerns post incident. A skin assessment was completed with no skin alterations noted. Resident denied pain or discomfort as a result of being slapped. [R1] was placed on continued monitoring for mood / behavior changes. No psychosocial concerns have been noted and resident has continued about his normal routines.</p> <p>2. Identification of other residents having the potential to be affected was accomplished by:</p> <p>The facility has determined that all residents have the potential to be affected.</p> <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>3. Actions taken/systems put into place to reduce the risk of future occurrence include:</p> <p>The facility's abuse and neglect policy and procedure will be reviewed and revised, if appropriate, to ensure compliance with current regulations.</p> <p>On 11/3/22 The Alzheimer's Foundation was contacted for support in education opportunities in relation to Alzheimer's Disease and abuse prevention and an in-service education program was immediately initiated with the staff working on the Alzheimer's Unit by the Social Worker This education focused on scenario's for abuse and responses/reactions, 7 strategies to prevent burnout, and Alzheimer's and Dementia behaviors resources.</p> <p>All staff in-servicing on Abuse Prevention. Staff will not work after 11/16/22 until they have received the outlined education.</p> <p>4. How the corrective action(s) will be monitored to ensure the practice will not recur:</p> <p>The Director of Nursing Services, or designee, will conduct ten (10) random staff interviews regarding facility abuse/neglect policy weekly for four (4) weeks, then (10) random staff interview monthly for at least two additional months. Any concerns will be immediately addressed via individual employee education. A compilation of findings will be presented to the QAA Committee each month in consideration of the plan effectiveness. QAA Committee will determine the date to safely discontinue the interview program.</p> <p>The Director of Nursing will be responsible for compliance.</p> <p>Corrective action completion date: 11/16/22.</p>		