

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:  235056	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/15/2025
NAME OF PROVIDER OR SUPPLIER  Hoyt Nursing & Rehab Centre		STREET ADDRESS, CITY, STATE, ZIP CODE  1202 Weiss St Saginaw, MI 48602	
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	<p>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.</p> <p>22927</p> <p>Based on observation interview and record review, the facility failed to ensure informed consent for psychotropic medications used to treat mood and behavior disorders for 4 residents (#101, #102, #103, #104) of 4 sampled residents, resulting in the lack of informed consents prior to the initiation or change in dosage of a psychoactive medication and the likelihood for uniformed care and a knowledge deficiency related to medication.</p> <p>Finding include:</p> <p>Record review of facility 'Use of Psychotherapeutic Medications' policy/procedure dated 6/23/2019 revealed a resident will not receive psychotherapeutic medications unless such medication is needed to treat a specific condition as diagnoses and documented in the clinical record with clearly defined target behaviors and non-pharmacological interventions are not effective. Psychotherapeutic medications include antianxiety, antidepressant, antipsychotics, and hypnotics. Procedure: Document informed consent from the resident and/or responsible party along with education regarding potential side-effects.</p> <p>Record review of facility 'Change of Condition-Resident Family/Responsible Party Notification' policy dated 4/16/2014 revealed the family and/or responsible party are notified anytime there is a change in condition or change in medication</p> <p>Resident #101:</p> <p>Record review of Resident #101's December 2024 Medication Administration Record (MAR) revealed behavior and mood medications:</p> <p>Anti-psychotic medication: Abilify (Aripiprazole) 10mg give 1 tablet by mouth in the morning related to bipolar disorder/schizophrenia. Start date 12/20/2024.</p> <p>Anxiolytic medication: Buspirone (Buspirone HCl) 5mg given by mouth two times a day related to generalized anxiety disorder start date 6/6/2024 and discontinued on 12/14/2024</p> <p>Anxiolytic medication: Buspirone (Buspirone HCl) 10mg by mouth two times a day related to generalized anxiety disorder start date 12/14/2024.</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:  235056	Facility ID:  235056  If continuation sheet Page 1 of 3

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Anti-psychotic medication: Seroquel (Quetiapine Fumarate) 50mg give one tablet by mouth two times a day related to schizoaffective disorder/bipolar disorder. Start date 10/22/2024 and discontinued 12/7/2024.</p> <p>Anti-psychotic medication: Seroquel (Quetiapine Fumarate) 100mg give one tablet by mouth two times a day related to schizoaffective disorder/bipolar disorder. Start date 12/8/2024.</p> <p>Resident #102:</p> <p>Record review of Resident #102's January Medication Administration Record (MAR) revealed behavior and mood medications:</p> <p>Anxiolytic medication: Buspirone (Buspirone HCl) 75mg give 1 tablet by mouth in the morning related to major depressive disorder start date 6/14/2024.</p> <p>Antidepressant medication: Zoloft (Sertraline HCl) 150mg by mouth one time a day related to major depressive disorder, start date 8/1/2023.</p> <p>Anxiolytic medication: Ativan (Lorazepam) 0.5mg give 1 tablet every 8 hours for anxiety, start date 10/15/2024.</p> <p>Anticonvulsant medication: Depakote (Divalproex sodium) 250mg give 1 tablet by mouth every 8 hours related to hallucinations, start date 3/11/2024.</p> <p>Resident #103:</p> <p>Record review of Resident #103's January Medication Administration Record (MAR) revealed behavior and mood medications:</p> <p>Antidepressant medication: Remeron (mirtazapine) 15mg give 1 tablet by mouth at bedtime related to schizoaffective disorder, start date 9/28/2024.</p> <p>Anticonvulsant medication: Valproic acid (Depakote) 250mg give 4 capsules by mouth every 12 hours related to schizoaffective disorder.</p> <p>Antihistamine Medication: Vistaril (hydroxyzine pamoate) give 1 capsule by mouth every 8 hours related to nervousness, start date 9/28/2024.</p> <p>Resident #104:</p> <p>Record review of Resident #104's January Medication Administration Record (MAR) revealed behavior and mood medications:</p> <p>Anti-psychotic medication: Risperdal (Risperidone) give 1 tablet via peg-tube at bedtime related to schizophrenia, start date 11/15/2024.</p> <p>Antidepressant medication: Zoloft (Sertraline HCl) 25mg give 1 tablet via peg-tube in the morning related to major depressive disorder. Take along with 50mg tab to equal 75mg. start date 11/26/2024.</p> <p>(continued on next page)</p>		

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Antidepressant medication: Zoloft (Sertraline HCl) 50mg give 1 tablet via peg-tube in the morning related to major depressive disorder. Take along with 25mg tab to equal 75mg. start date 11/26/2024.</p> <p>Anxiolytic medication: Buspirone (Buspirone HCl)) 10mg give 1 tablet via peg-tube every 12 hours related to vascular dementia with anxiety. Start date 11/16/2024.</p> <p>Anxiolytic medication: Ativan (Lorazepam) 0.5mg give 1 tablet via peg-tube every 8 hours for anxiety, start date 11/16/2024.</p> <p>In an interview and record review on 1/15/2025 at 10:20Am with Social work designee C about psychotropic medication consents stated I go from the physician order, I have not gotten an outside guardian consent, but we would put a note in the progress to call the guardian and let them know about the change, and they say yes or no to the medication change. (Behavior Contracted services) would recommend the medication, the physician would order or agree, and pharmacy reviews the medication. No, I don't have any consent forms for medications. We don't use them it's just a verbal consent. I have never gotten a consent written, just verbal. I don't even have a paper consent form, reviewed the file cabinet. Social work designee C looked through the medical records of Resident #101, #102, #103, #104 and her file cabinet for forms or paper consents. None were found.</p> <p>Interview and record review on 1/15/2025 at 10:28AM with Social Services Director B of Resident #101's electronic medical record for consents stated that Abilify is an anti-psychotic medication. It does need a consent, we use 2 forms, Psychoactive medication monitoring sheet and then the psychotherapeutic medication information sheet. Process for anti-psychotic we do consult with IDT in morning contact guardian/responsible party, physician orders specify why on medication, the 2 forms, and contact pharmacy services, and use (Behavior Contracted services) recommendation form. Record review of Resident #101, #102, #103, #104 behavior and mood medication consents revealed that there were no recent updated consents for medication changes or initiation of new medications since</p> <p>In a second interview and record review on 1/15/2025 at 11:13 AM with Social Services Director B reviewed Resident #101's signed consent for Abilify? review of the medical record revealed medication was ordered on 12/18/2024, no consent for the medication found. Resident #101 Has been receiving Abilify since 12/19/2024 through today (1/15/2025) roughly a month. Review of the forms in the miscellaneous heading of Point Click Care electronic record, none found. Social Services Director B stated There should have been a consent when medication was ordered, the SW designee should have opened up the 2 facility forms psycho active monitoring and therapeutic information sheets, and guardianship services to contact for consent. Record Review the nurse note dated 12/19/2024 (Behavior Contracted services) recommend Abilify. Notify of guardian was not done on 12/19/2024 of new medication starting.</p> <p>Review of Resident #101's medical record revealed there was no consents for medications changes or start of new medications since 7/21/2023.</p> <p>Record review of Resident #102's medical record revealed there was no consents for medications changes or start of new medications since 3/4/2024.</p> <p>Record review of Resident #104's medical record revealed there was no consents for medications changes or start of new medications since 9/24/2024.</p>		