

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: 235069	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/25/2024
NAME OF PROVIDER OR SUPPLIER Pinecrest Medical Care Facility		STREET ADDRESS, CITY, STATE, ZIP CODE N15995 Main Street Powers, MI 49874	
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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49310</p> <p>All times are in Eastern Daylight Time (EDT) unless otherwise noted</p> <p>Based on interview and record review, the facility failed to revise or update care plans to reflect residents' status for five Residents (R50, R39, R20, R32, and R29) of seventeen residents reviewed for care plans. This deficient practice resulted in the potential for inadequate care and unmet care needs. Findings include:</p> <p>The infection surveillance line list for July 2024 documented eleven residents with signs and symptoms of infections. Ten of the eleven residents received antibiotic therapy for infections. During an interview with the facility Infection Preventionist (IP) on 7/24/24 at 10:47 a.m., the IP was asked if care plans were developed for residents with symptomatic infections or if current care plans were amended and updated to include interventions for infections. The IP responded, some of them. Four of the residents listed on July 2024 line-listing were reviewed with the IP for care plans.</p> <p>Resident #50 (R50) was diagnosed with a Urinary Tract Infection (UTI) and subsequently prescribed the antibiotics Keflex on 7/10/24 and Bactrim DS on 7/15/24. R50 was documented on the July 2024 infection line list as having symptoms of increased fatigue and hematuria (blood in the urine). R50's medical record did not contain a care plan for the infection to provide staff with interventions to address R50's symptoms of infection.</p> <p>Resident #39 (R39) was diagnosed with a UTI and prescribed Rocephin and Macrobid starting 7/10/24. R39 had the following symptoms documented on the July 2024 infection line list: urinary urgency, lethargy, painful urination, mental changes, and decreased appetite. R39's medical record did not contain a care plan for the infection to provide staff with interventions to address R39's symptoms of infection.</p> <p>Resident #20 (R20) was diagnosed with a UTI and prescribed Levaquin starting 7/22/24. The documented symptoms on the July 2024 infection line list reflected R20 had painful urination and mental status changes. R20's medical record did not contain a care plan for the infection to provide staff with interventions to address R20's symptoms of infection.</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

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Resident #32 (R32) was admitted to the facility 6/6/24. A Minimum Data Set (MDS) assessment dated [DATE] documented R32 was infected with a multi drug resistant organism. R32 required Vancomycin administered via peripherally inserted central catheter (PICC - a tube inserted into a vein in the arm that passes to a larger vein near the heart) for Osteomyelitis (bone infection) of the vertebra. R32 was additionally diagnosed with a UTI on 7/22/24 for which he was started on Levaquin in addition to the Vancomycin. R32's medical record did not contain a care plan for the infections or the PICC to provide staff with interventions to address R32's infection or to maintain R32's PICC.</p> <p>40383</p> <p>Resident #29 (R29)</p> <p>R29 was admitted to the facility on [DATE] with diagnoses including dysphasia (difficulty swallowing) , spasms of the esophagus, dementia, heart failure and stroke with left sided paralysis. The Minimum Data Set (MDS) assessment dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 10 of 15 indicating moderate cognitive impairment and the ability to transfer from chair to bed or off toilet required Substantial/maximal assistance - Helper does MORE THAN HALF the effort. This MDS also revealed R29 had a functional limitation in range of motion with impairment on one side for both upper and lower extremities.</p> <p>During an interview on 7/23/24 at 9:06 AM, R29 stated she had hurt her leg during a transfer early in the morning about 5 days ago. There was a question if the lift was used properly or used at all.</p> <p>On 7/23/24 the Nursing Home Administrator (NHA) presented the facility investigation on this concern which had been reported to the State Agency (SA). The investigation revealed that on 7/4/23 R29 had been transferred with the sit-to-stand lift and the resident had reported pain. That same day, R29 was transferred to the hospital for x -rays and further investigation. Upon return to the facility on [DATE], the resident had a leg immobilizer and assessed to need transfers with a maxi lift.</p> <p>During a telephone interview on 7/25/24 at 10:38 AM, Certified Nurse Aide (CNA) F stated she recalled the incident on 7/4/24 when she got R29 up as usual. CNA F stated she used the stand-up (sit-to-stand) lift as I always do.</p> <p>During an interview on 7/25/24 at 8:32 AM, CNA G stated R29 was recently changed to a maxi lift after she got the leg immobilizer. CNA G confirmed R29 used to be transferred with a sit-to-stand lift prior to her immobilizer being applied.</p> <p>The care plan for R29 was reviewed and listed an intervention of TRANSFER: The resident requires (Substantial assistance) by staff to move between surfaces as necessary. Use maxi lift until seen by ortho (orthopedics specialty). (Initiated on) 7/22/2024.</p> <p>During an interview on 7/25/24 at 8:27 AM, the Assistant Director of Nursing (ADON)/Registered Nurse (RN) A noted the care plan showed the sit to stand lift was changed to a maxi lift after the hospitalization on [DATE]. RN A stated the change to non-weight bearing and use of the maxi lift occurred as soon as R29 returned on 7/4/24, but the care plan was not updated until 7/22/24. RN A said the care plan should have been updated with the change in care.</p> <p>(continued on next page)</p>		

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	The facility policy titled Care Plan Revisions Upon Status Change dated 2023 read in part: The comprehensive care plan will be reviewed, and revised as necessary, when a resident experiences a status change . The care plan will be updated with new or modified interventions.		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	<p>Provide and implement an infection prevention and control program.</p> <p>49310</p> <p>All times are in Eastern Daylight Time (EDT) unless otherwise noted</p> <p>Based on observation, interview, and record review, the facility failed to implement an infection prevention and control program in accordance with facility policies to prevent the potential transmission of communicable diseases and infections as evidenced by failure to:</p> <ol style="list-style-type: none">1. Document signs and symptoms of infections.2. Conduct departmental surveillance for adherence to infection control practices.3. Handle meal trays for residents in transmission-based precautions in accordance with facility policy.4. Provide barriers for insulin pens during medication administration.5. Ensure urinary catheter drainage bag and tubing remained off the floor. <p>This deficient practice resulted in the potential for the transmission of pathogens between residents and the spread of infectious organisms to all 63 residents in the facility. Findings include:</p> <p>The facility's Infection Prevention and Control Program was reviewed with the Infection Preventionist (IP) on 7/24/24 at 10:47 a.m. The IP explained the facility used a line list as part of a monthly infection surveillance to identify infections and determine if residents' symptoms met McGeer Criteria (a surveillance tool used to define types of infections). The IP explained each resident's signs and symptoms of infection were documented on a monthly line list to identify, track, trend, and correlate infections.</p> <p>The infection surveillance line list for May 2024 was reviewed. The line list contained the names of 13 residents. The column labeled symptoms was blank and did not document the symptoms of infections for any of the 13 listed residents. The IP was asked the location of the documentation of symptoms. The IP said the signs and symptoms of infection would be documented on the line list and said, I don't know how I missed that when shown the blank symptom column on the May 2024 line list.</p> <p>The IP was asked the process for conducting infection surveillance activities throughout the facility. The IP said departmental surveillance was conducted monthly by respective department managers. When asked if departmental surveillance had been completed for May, June, and July of 2024, the IP responded, Probably not. The IP presented a departmental surveillance form dated 7/17/24 by the dietary department. The IP confirmed no other department had conducted infection control and prevention rounds in their department during the quarter requested. When asked if the IP ever conducted surveillance rounds in the departments, the IP responded, No, but I need to.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>The policy Infection Surveillance dated 12/15/23 read, in part: .updated McGeer criteria or other nationally-recognized surveillance criteria will be used to define infections .Surveillance activities will be monitored facility-wide, and may be broken down by department .The facility will collect data to properly identify possible communicable diseases or infections among residents and staff before they spread by identifying: .signs and symptoms .Line charts will be used .</p> <p>45123</p> <p>On 7/24/24 at 8:30 AM, an observation was made of LPN H preparing medication pass for a Resident #14 (R14) and LPN H dropped a tablet of carvedilol on top of the medication cart. LPN H picked it up and threw it in the medication cart trash. LPN H proceeded to dispense medications for R14 and dropped a doxycycline on top of the medication cart and again picked it up and threw it in the medication cart trash. LPN H continued to dispense medications for R14 and dropped twice in a row spironolactone on top of the medication cart and after the second time he dropped the medication on top of the medication cart, he picked the second spironolactone up with his bare hands and placed it in the medication cup he was preparing for R14. LPN H was without explanation of why he used his bare hands, did not perform hand hygiene, or why he used the second dropped spironolactone and placed it in the medication cup for R14.</p> <p>On 7/24/24 at 1:55 PM, medication administration was observed with LPN H for R30. LPN H proceeded to R30's room to administer his medications. LPN H gave R30 his insulin and then placed the insulin pen on his bedside table without a barrier and then handed him his medication cup. LPN H returned the insulin pen back to the medication cart without wiping it off before returning it to the medication cart.</p> <p>On 7/24/24 at 9:45 AM, an interview was conducted with the Assistant Director of Nursing/Registered Nurse (ADON/RN) A and was asked what the proper destruction of medications was and replied, Nurses are required to take them to the medication room and use the drug buster container. RN A was asked if a barrier should be used on top of bedside tables if nurses need to set medications down that will be returned to the medication cart and replied, Yes, barriers are required in resident rooms if medical items are placed on bedside tables per policy.</p> <p>40383</p> <p>Resident #22 (R22)</p> <p>During a room visit on 7/22/24 at 2:55 PM, R22 was sitting in her wheelchair and her catheter tubing was observed extending from her pant leg and resting on the floor.</p> <p>During a dining room observation on 7/23/24 at 1:17 PM, R22 was sitting in her wheelchair and her catheter tubing was observed extending from her pant leg and resting on the floor.</p> <p>During a room visit on 7/25/24 at 10:00 AM, R22 was in bed and her catheter drainage bag was observed to be resting on the floor and not contained in a privacy bag. Licensed Practical Nurse (LPN) H was asked to observe the catheter drainage bag and said the drainage bag should not be touching the ground and proceeded to make corrections to prevent infection.</p> <p>(continued on next page)</p>		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	<p>The Electronic Medical Record (EMR) for R22 revealed a physician order dated 7/19/19 for an ongoing indwelling urinary catheter and diagnoses which included dysuria (difficult or painful urination). The care plan for R22 included, The resident has Indwelling Catheter.</p> <p>During an interview on 7/25/24 at 10:06 AM, when asked about the urinary catheter bag and tubing resting on the floor, RN A agreed the catheter tubing and drainage bag should be kept off the floor.</p> <p>The facility policy Catheter Care dated as reviewed 5/10/24 read in part, It is the policy of this facility to ensure that residents with indwelling catheters receive appropriate catheter care and maintain their dignity and privacy when indwelling catheters are in use . Privacy bags will be available and catheter drainage bags will be covered at all times while in use .</p>		