

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 235438	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/10/2020
NAME OF PROVIDER OF SUPPLIER AUTUMNWOOD OF MCBAIN		STREET ADDRESS, CITY, STATE, ZIP 220 HUGHSTON ST MC BAIN, MI 49657	
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 0921 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to provide a safe functional and sanitary environment as evidenced by two areas identified as leaks into the ceiling area of resident areas. This condition has the potential to result in mold and mildew in the ceiling areas above the leaks, result in reduced structural capacity of the wood roof trusses, negatively impact insulation above the ceiling, and negatively impact the quality of life of residents in the one room and other resident areas identified having wet ceilings. Findings include: On 9/9/20 at 3:20 PM, observations were made of the facility along with the Maintenance director A, related to allegations of a leaking roof. Resident room [ROOM NUMBER] was observed having a soft and wet area in the plaster type ceiling material directly above the side of one of the beds. Additionally, the dining room area for the Maple hall was observed to have a significant percentage of the area damaged by water, and was soft and moist to the touch. An interview with Staff A verified the two areas actively leaked when it rains. Observations were made on the roof with Staff A. The roof is a wood truss, asphalt shingled deck. Flat metal roof vents were observed over each resident room. Over the Maple wing, the roof vents were observed to be damaged and partially flattened. The sealant around the roof vents was observed being cracked, and possibly allowing water to enter from these points. Staff A stated it was not possible to identify the source of the leaks, as they appeared to not be directly above the observed damaged areas in the rooms below. A review of documents showed the facility had received 5 estimate/bids in February and March of 2020. It was reported by the Administrator, due to the COVID-19 shutdown of contractors and available workers and materials, the roof replacement had not begun.		
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.