

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235021	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/06/2025
NAME OF PROVIDER OR SUPPLIER Chelsea Retirement Community		STREET ADDRESS, CITY, STATE, ZIP CODE 805 W Middle Street Chelsea, MI 48118	
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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to ensure opened food items were dated, and had a use by date in a current facility census of 83 residents. Findings Included: During the initial kitchen tour on 8/04/2025 at 9:15 AM with Dietary Director (DD) J in the [NAME] one kitchen it was observed in one of the refrigerators a bag of opened English muffins that did not have a date that the muffins were opened nor a dated that the muffins were to either be used by (UBD-use by date) or discarded. Further observation revealed that in the same refrigerator there were six loaves of opened bread that did not have the date the loaves were opened nor a UBD. During the main Kitchen tour, it was observed in a refrigerator that a carton of opened milk was not dated with the dated the milk was opened nor was the carton dated with a UBD. Further observation of the main kitchen freezer revealed one opened bag of chicken nuggets, one bag of opened chicken tenders, including patties, and wings that were all opened. None of the bags of chicken were sealed closed and all four of the bags of chicken were not dated with the date they were opened nor did any of the bags have a UBD on them. Another refrigerator in the main kitchen revealed a package of opened ham that was not dated with the date the ham was opened, nor did the package of ham have a UBD. During the tour DD J stated that it was her expectation that when the food product was opened the kitchen staff were to place a sticker with the opened date, and the use by date on the product. Review of the facility policy and procedure titled, Date Marking for Food Safety with an effective date of 9/2024, revealed under, Policy Explanation and Compliance Guidelines for Staffing, 2. The food shall be clearly marked to indicate the date or day by which the food shall be consumed or discarded., 3. The individual opening or preparing a food shall be responsible for the date marking the food at the time the food is opened or prepared., 4 The marking system shall consist of an Adhesive Label, the day/date of opening, and the day/date the item must be consumed or discarded . Per the 2022 Food Code U.S. Food and Drug Administration , section 3-501.17 Ready-to-Eat, Time/Temperature Control for Safety Food, Date Marking .refrigerated, READY-TO-EAT, TIME/TEMPERATURE CONTROL FOR SAFETY FOOD prepared and held in a FOOD ESTABLISHMENT for more than 24 hours shall be clearly marked to indicate the date or day by which the FOOD shall be consumed on the PREMISES, sold, or discarded when held at a temperature of 5 C (41 F) or less for a maximum of 7 days. The day of preparation shall be counted as Day 1., and .refrigerated, READY-TO-EAT TIME/TEMPERATURE CONTROL FOR SAFETY FOOD prepared and PACKAGED by a FOOD PROCESSING PLANT shall be clearly marked, at the time the original container is opened in a FOOD ESTABLISHMENT and if the FOOD is held for more than 24 hours, to indicate the date or day by which the FOOD shall be consumed on the premises, sold, or discarded .		

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: 235021	Facility ID: 235021 If continuation sheet Page 1 of 2

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. Based on observation, interview, and record review the facility failed to ensure one out of one resident (Resident 91) received toileting assistance per the plan of care. Findings Included: Per the facility face sheet Resident 91 (R91) resided at the facility since 7/31/2025. R91 had diagnoses of muscle weakness and need for assistance with personal care. In an interview on 8/04/2025 at 11:17 AM, R91 stated that he had some incontinence of urine at times because he could not make it to the bathroom on time and said when that occurred, he had to use the commode/urinal. In another interview on 8/06/2025 at 2:04 PM, R91 stated that he used a urinal at times rather than the toilet, because he could not get to the toilet on time. R91 said staff would not be able to get to assist him on time, because he would have urgency to urinate. R91 stated that he had to wear a brief and occasionally would have a wet brief or would have to use the urinal. R91 said he would rather use the toilet and added that he has gotten up on his own to go to the bathroom. Review of a care plan that was in place and active for R91 revealed, I (R91) have bladder incontinence., dated 8/5/2025. The interventions listed on the care plan included, BRIEF/PULL UP/PAD/LINER: as ordered. dated 8/5/2025, INCONTINENT: Check and change w (with) rounds and prn (as needed). dated 8/5/2025, Wash, rinse and dry perineum. dated 8/5/2025, Offer and assist me to the bathroom UR (upon rising), HS (at bedtime), between meals and prn. Check for incontinence w rounds and assist w care Date Initiated: 08/05/2025. Review of the Certified Nurse Aid (CNA) Kardex (a document that informs the CNAs how to care for a resident based on the resident's plan of care) revealed for R91's toileting needs, Offer and assist me to the bathroom UR, HS, between meals and prn. Check for incontinence w rounds and assist w care. Review of R91's Physician orders revealed that on 7/31/2025 an order was written for R91 to receive, Furosemide Oral Tablet 20 MG (Furosemide) Give 1 tablet by mouth one time a day for edema. Which is a diuretic and causes an increase in urination. Review of the CNA task documentation for R91 from 8/1 through 8/4/2025 R91 only received toileting assistance nine times over the four days. On 8/2/2025 R91 only received toileting assistance one time that day at 11:56 AM. ON 8/3/2025 R91 only received toileting assistance two times once at 2:36 AM and again at 8:04 AM. Further review of the CNA task documentation revealed that on 8/5/2025 when the very specific toileting plan was put into place R91 was only assisted to the toilet two times that day once at 11:28 AM and at 10:26 PM. Per R91's toileting plan he was not offered toileted after breakfast, after lunch, or after dinner per documentation. In an interview on 8/06/2025 at 11:14 AM, Director of Nursing (DON) B stated R91's urination pattern was discussed, and the toileting plan for R91 was put into place by the assessment nurse, and stated the team talked about the protocol weekly for R91 to assure the protocol was being followed and it was working. In an interview on 8/06/2025 at 2:00 PM, CNA K stated that R91 did not have a specific toileting plan/schedule in place but was toileted every two hours. CNA K stated R91 was not incontinent but wore a brief for accidents, and said CNAs had to get to R91 fast in order to get him to the bathroom with a dry brief. In an interview on 8/06/2025 at 2:08 PM, Registered Nurse (RN) G stated that R91 was not on a specific toileting plan/schedule but was toileted every two hours. In another interview with DON B on 8/06/2025 at 3:10 PM, DON B stated that the facility did not usually use a toileting plan/protocol like the one R91 had in place. DON B said the CNAs would toilet R91 more often than they documented, but that was not able to be proven. DON B said R91's toileting plan was an unusual toileting intervention.		