STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235033	A. Building B. Wing	04/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bay Bluffs-Emmet CO Med Care Fac	750 E Main Harbor Springs, MI 49740

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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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45123 Based on interview and record review, the facility failed to revise care plans to reflect the needs of two Residents (R24 and R29) of 12 residents reviewed for care plans. Findings include: Resident #24 (R24) Review of R24's physician order, dated [DATE], revealed an order of DNR (Do Not Resuscitate). Review of the facility document signed by R24 titled, Code Status, dated [DATE], revealed a selection of No Code, indicating R24 did not wish to receive cardiopulmonary resuscitation (CPR) in the event their heart or breathing stopped. Review of R24's care plan, date revised [DATE], read in part, Focus: I could have an alteration in respiratory status and psycho-social wellbeing related to COVID-19, Influenza, RSV [respiratory syncytial virus], etc. [and so on]. I am at high risk due to my age, comorbidities and residing in a facility setting. Goal: I am a full code and wish to be sent to the hospital for suspected or confirmed respiratory illness . On [DATE] at 3:50 PM, an interview was conducted with the Director of Nursing (DON), who was asked if the care plan was to reflect R24's advanced directives and physician orders. The DON replied, Yes, the care plan, advanced directives, and physician order should be the same on the care plan. Resident #29 (R29) Review of R29's progress notes, dated February 2025 through [DATE], revealed R29 experienced a health status decline as evidenced by spending more time in their bed as well as the development of two deep tissue pressure injuries to bilateral (both) heels on [DATE]. Review of R29's Braden scale, dated [DATE], revealed R29 was At risk for developing pressure sores. Review of R29's Minimum Data Set (MDS) assessment dated [DATE], reflected a significant change in status assessment. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of R29's progress note, dated [DATE], read in part, Reviewed nursing assessments .collaborated with unit staff and IDT (interdisciplinary team) to discuss res (resident) usual performance with functional abilities/goals .Data will be reflected on MDS. Review of R29's care plan, dated [DATE], read in part, .Focus: I am at increased risk of skin breakdown r/t [related to] decreased immobility and incontinence. Goal: I will maintain or develop clean and intact skin by the review date. Interventions/Tasks . R29's care plan lacked any new interventions to address pressure injury prevention, such as floating heels, despite spending increased time in bed. On [DATE] at 11:55 AM, an interview was conducted with Registered Nurse/wound treatment nurse (RN) A who was asked if R29 required additional pressure reduction interventions due to an increased amount of time in bed. RN A replied, Yes, I was not made aware that they had declined and were spending increased time in bed. The care plan should have been updated to float heels, and the pressure injuries should have been avoidable. Review of policy titled, Comprehensive Person-Centered Care Plans, dated [DATE], read in part, Policy Statement - A comprehensive person-centered care plan that includes measurable objectives and timetables to meet the Resident's medical, nursing, mental and psychological needs is developed for each Resident, consistent with the comprehensive assessment and Resident Rights. Policy Interpretation and Implementation - 1. The Interdisciplinary Team (IDT), in conjunction with the resident and his/her family or legal representative, develops and implements a comprehensive, person-centered care plan for each resident . 8. The comprehensive, person-centered care plan will . j. Reflect the resident's expressed wishes regarding care and treatment goals . 13. Assessments of residents are ongoing and care plans are revised as information about the residents and the residents' conditions change . c. At least quarterly, in conjunction with the required quarterly MDS assessment .

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45123 Based on observation, interview, and record review, the facility failed to prevent the development of deep tissue injuries for one Resident (R29) of one resident reviewed for the pressure ulcers. Findings include: Resident #29 (R29) Review of R29's Minimum Data Set (MDS) assessment, dated 12/12/24, revealed under section M skin conditions, R29 was at risk for developing pressure ulcers/injuries and had no open areas at the time of the assessment. Review of R29's MDS, dated [DATE], revealed under section M skin conditions, R29 had developed and had one unhealed pressure ulcer/injury rated as unstageable (wound bed obscured with dead tissue). Review of R29's progress notes, dated January 2025 through April 16, 2025, revealed R29 experienced a health status decline as evidenced by spending more time in their bed and developed a deep tissue pressure injury on both heels with a start date of 3/6/25. Review of R29's progress note, dated 3/6/25 at 10:45 AM, read in part, Notified by floor staff of new skin concerns to heels. On assessment: Left medial heel DTI (deep tissue injury) measures 2.0 x 2.5 cm (centimeters). There is a serous blister with intact roof leaking serous fluid to adjacent skin .Right lateral heel DTI measures 1.2 x 1.5 cm with no blistering noted. Both sites are faint discoloration at this time . Review of R29's Braden scale, dated 12/12/24, revealed R29 was At risk for developing pressure sores. Review of R29's care plan, dated 5/1/20, read in part, .Focus: I am at increased risk of skin breakdown r/t [related to] decreased immobility and incontinence. Goal: I will maintain or develop clean and intact skin by the review date. Interventions/Tasks . R29's care plan had no new interventions, such as floating heels, for pressure injury prevention despite spending increased time in bed. On 4/16/25 at 11:45 AM, an observation was made of R29 lying in their bed with a foot cradle to keep the sheets off their feet and a heels manager device below their feet. A dressing was observed on R29's left heel dated 4/14/25. Registered Nurse (RN) C' was observed peeling back the dressing revealing an unstageable pressure injury. R29's right heel was without a dressing and the skin was slightly discolored but intact. (continued on next page)

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 4/16/25 at 11:55 AM, an interview was conducted with Registered Nurse/wound treatment nurse (RN) A who was asked if R29 should have had interventions to float heels because of spending increased time in their bed. RN A replied, Yes, I was not made aware that they had declined and were spending increased time in bed. The care plan should have been updated to float heels, and the pressure injuries should have been avoidable. RN A further explained R29's right heel was a discoloration of skin only and the left heel was opened and unstageable.

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F 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures. 45123 Based on interview and record review, the facility failed to ensure monthly pharmacy medication regimen reviews were performed for one Resident (R30) of five residents reviewed for pharmacy services. Findings include: Resident #30 (R30) Review of R30's pharmacy consultation progress notes, dated October 2024 through April 2025, revealed R30 did not have a pharmacy medication regimen review completed for the month of October 2024. On 4/16/25 at 3:50 PM, an interview was conducted with the Director of Nursing (DON), who was asked if R30 had a pharmacy medication regimen review for October 2024. The DON replied, I would have to look and get back with you. It may have not been scanned into the medical record or it could be in the hard chart. On 4/17/25 at 8:00 AM, the DON provided an audit of pharmacy medication regimen reviews for the month of October 2024, which revealed R30 did not have a pharmacy medication regimen review (MRR)/pharmacy consultation progress note completed. The DON stated R30 did not have a MRR for the month of October 2024 and revealed a total of three residents were overlooked during that same time period. Review of policy titled, Medication Regimen Review, dated 3/28/25, read in part, Policy Statement - The Consultant Pharmacist shall review the medication regimen of each Resident at least monthly. Policy Interpretation and Implementation - 1. The Consultant Pharmacist will perform a medication regimen review (MRR) for every Resident in the facility receiving medication. 2. Medication regimen reviews are done upon admission (or as close to admission as possible) and at least monthly thereafter, or more frequently if indicated .

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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** 49302 Based on observation, interview, and record review, the facility failed to store, prepare, distribute, and serve food in accordance with professional standards for food service safety as evidenced by: A. Failure to properly label and date food products. B. Failure to ensure expired foods were discarded on or before the identified expiration date. C. Failure to ensure high temperature dish machines were routinely tested for proper sanitizing of food contact surfaces. D. Failure to ensure the kitchen area was restricted to food service staff during meal service. E. Failure to ensure staff washed their hands during identified opportunities for hand hygiene. F. Failure to demonstrate proper testing of sanitizing solution and maintain acceptable concentration parameters for meal preparation countertops and dining room surfaces. These deficient practices had the potential to result in food borne illness among any or all of the 61 residents in the facility. Findings include: The following were observed during the initial tour of the walk-in freezer in the main kitchen on [DATE] at 10:12 AM: 1. Opened frozen pancakes, separated from original packing, undated. 2. Opened frozen waffles, separated from original packing, undated. 3. Hamburger patties in original plastic bag, unsealed and open to air. On [DATE] at 10:18 AM, the following observations were made in the Lilac satellite kitchen: 1. Opened cartons of half and half and liquid egg mix in the reach-in refrigerator without a use-by date. 2. Opened frozen pancakes, separated from original packing, undated, in the reach-in freezer. On [DATE] at 10:24 AM, the following observations were made in the Trillium satellite kitchen: 1. Opened cartons of half and half, liquid egg mix, and chocolate milk in the reach-in refrigerator without a use-by date. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	2. A plastic container labeled Chicken salad with a discard date of [DATE] in the reach-in refrigerator. 3. An unlabeled, uncovered stainless steel bowl containing what appeared to be pancake mix in the reach-in refrigerator. [NAME] J immediately removed the bowl and stated, This goes in the trash .it's from [breakfast service] this morning. 4. Opened frozen pancakes, separated from original packing, undated, in the reach-in freezer. On [DATE] at 10:29 AM, the following observations were made in a temporary food storage room on the 400 unit: 1. An open container of milk, undated. On [DATE] at 10:32, Certified Dietary Manager (CDM) I confirmed all opened food products should be labeled with a use-by date and discarded at that time. The Food and Drug Administration (FDA) 2022 Food Code states: ,d+[DATE].17 Ready-to-Eat, Time/Temperature Control for Safety Food, Date Marking (B) Except as specified in (E) -(G) of this section, 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, based on the temperature and time combinations specified in (A) of this section and: (1) The day the original container is opened in the FOOD ESTABLISHMENT shall be counted as Day 1; (2) The day or date marked by the FOOD ESTABLISHMENT may not exceed a manufacturer's use-by date if the manufacturer determined the use-by date based on FOOD safety. On [DATE] at 11:51 AM, the high-temperature dishwasher in the main kitchen was observed for appropriate sanitation temperatures. CDM I stated a temperature recording was expected for each meal service (3 times per day). Review of the dishwasher temperature log in the past 30 days revealed the following missing entries: [DATE] - lunch service [DATE] - breakfast and lunch service [DATE] - breakfast and lunch service [DATE] - breakfast and lunch service [DATE] - breakfast and lunch service [DATE] - dinner service (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	[DATE] - dinner service [DATE] - breakfast service The FDA 2022 Food Code states: ,d+[DATE].11 Hot Water and Chemical. After being cleaned, equipment food-contact surfaces and utensils shall be sanitized in: (A) Hot water manual operations by immersion for at least 30 seconds and as specified under S ,d+[DATE].111; P (B) Hot water mechanical operations by being cycled through EQUIPMENT that is set up as specified under SS ,d+[DATE].15, ,d+[DATE].112, and ,d+[DATE].113 and achieving a UTENSIL surface temperature of 71 C (160 F) as measured by an irreversible registering temperature indicator. On [DATE] at 11:46 AM, an unidentified staff member entered the main kitchen during the lunch time meal service without a hair net on. On [DATE] at 7:30 AM, Resident Assistant (RA) K was observed walking behind the Trillium satellite kitchen service line with ,d+[DATE] inches of loose hair hanging out of the bottom of her hair net during the breakfast meal service. On [DATE] at 7:32 AM, RA K was observed dropping a straw wrapper on the dining room floor. RA K picked up the wrapper, prepared a cranberry juice, placed it on a breakfast tray, and delivered it to a resident without performing hand hygiene. RA K then delivered another breakfast tray without performing hand hygiene. On [DATE] at 8:29 AM, RA M was observed delivering breakfast trays in the Lilac dining room. RA M was observed pulling her scrub top over her mouth, coughing into her hand, and then proceeded to pour coffee and roll silverware without performing hand hygiene. On [DATE] at 12:01 PM, an interview was conducted with Registered Nurse/Infection Preventionist (RN/IP) O regarding hand hygiene expectations. RN/IP O stated the facility has been providing ongoing education regarding handwashing and will continue to make it a focal point based on dining room observations. Review of the facility policy titled, Handwashing/Hand Hygiene, revised [DATE], read, in part: This facility considers hand hygiene the primary means to prevent the spread of infections .use an alcohol-based hand rub .or .soap .and water for the following situations: .before and after eating or handling food; before and after assisting a resident with meals . The FDA 2022 Food Code states: FOOD EMPLOYEES shall clean their hands and exposed portions of their arms as specified under S , d+[DATE].12 immediately before engaging in FOOD preparation including working with exposed FOOD, clean EQUIPMENT and UTENSILS, and unwrapped SINGLE-SERVICE and SINGLE-USE ARTICLES P and: (A) After touching bare human body parts other than clean hands and clean, exposed portions of arms . Except as specified in ,d+[DATE].11(B), after coughing, sneezing, using a handkerchief or disposable tissue, using TOBACCO PRODUCTS, eating, or drinking . (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	,d+[DATE] Hair Restraints ,d+[DATE].11 Effectiveness. (A) Except as provided in (B) of this section, FOOD EMPLOYEES shall wear hair restraints such as hats, hair coverings or nets, beard restraints, and clothing that covers body hair, that are designed and worn to effectively keep their hair from contacting exposed FOOD; clean EQUIPMENT, UTENSILS, and LINENS; and unwrapped SINGLE-SERVICE and SINGLE-USE ARTICLES. On [DATE] at 7:40 AM, a 6-quart visual compliance sanitation bucket was observed in the Trillium dining room. A test strip submerged in the bucket was observed to be pink in color with a visual caution symbol, indicating the solution was out of compliance. RA L, who was assisting with the breakfast meal, was asked who was responsible for ensuring the sanitation buckets were maintained at the appropriate concentration. RA L stated the resident assistants were primarily responsible for filling the sanitizing buckets before each meal service. When asked if the sanitation bucket met appropriate concentration parameters, RA L retrieved a new test strip, submerged it in the bucket for approximately 2 seconds, and compared it to the graphic on the bucket. RA L stated, It's not as dark as that [graphic on the bucket], but I think it's okay. On [DATE] at 8:46 AM, a 6-quart visual compliance sanitation bucket was observed in the Lilac dining room without an indicator strip in the viewing window. [NAME] N confirmed she had prepared the sanitation bucket prior to breakfast service. When [NAME] N was asked to demonstrate compliance, she dripped a test strip in the solution for approximately ,d+[DATE] seconds. After removing the strip, it was observed to be pink in color with a visual caution symbol, indicating the solution was out of compliance. When asked to interpret the results, [NAME] N stated, Pink means it's good to go. On [DATE] at 2:33 PM, an interview was conducted with CDM I regarding proper testing of sanitizing solution. CDM I stated the test strips should be submerged in the sanitation bucket and the solution should be changed when the test strip turned pink and displayed a caution symbol. CDM I continued, The strips should be submerged .it's not a dip-stick test. Review of the manufacturer's guidelines for the sanitizing solution read: 1. Insert a test strip into the bucket window 2. Fill the bucket with Sink & Surface Cleaner Sanitizer 3. Clean and sanitize hard food contact surfaces according to product label 4. When the product goes out of compliance, the test strip will turn from blue to pink and a caution symbol will appear 5. Empty the bucket, replace the test strip, and refill with fresh solution to stay in compliance.