STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235035	A. Building B. Wing	09/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Corewell Health Rehabilitation & Nursing Center -	4118 Kalamazoo Ave SE Grand Rapids, MI 49508

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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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to follow the standards of infection control for Kangaroo pumps (a portable, electronic medical device used for enteral feeding), and IV poles cleaning for five residents (R1, R2, R25, R47, and R105) of 5 residents reviewed for tube feeding, and oxygen concentrator cleaning for one resident (R118) of 1 resident reviewed for receiving oxygen, resulting in the potential for cross-contamination and the spread of disease to a vulnerable population.Findings include:R1According to R1's Face Sheet, the resident's diagnoses included skin breakdown at gastrostomy tube site, and presence of gastrostomy for nutrition. Review of R1's Order Summary, printed and provided on 9/8/25 by facility, indicated the resident had a J-tube (a tube inserted into a small part of the stomach) to provide nutrients and medications. Observed on 9/08/2025 at 10:26 AM, R1 had at bedside a Kangaroo pump attached to an IV pole. The pump, pole, and base of pole had splatters of a dried substance resembling tube feeding.R2According to R2's Face Sheet, the resident had diagnoses that included multifocal vascular strokes, dysphagia, and PEG status.Review of R2's Order Summary printed 9/8/25 by facility, indicated the resident had a PEG J-tube (a tube inserted into a small part of the stomach) to provide nutrients and medications. Review of R2's Care Plan Altered Nutrition/Hydration dated 7/9/2024, indicated the resident was dependent on a feeding tube for nutrition/hydration with goals that included tolerating the tube feedings. Interventions to meet this goal included feeding tube care per standing orders. Observed on 9/8/25 at 11:55 AM, R2 had at bedside a Kangaroo pump attached to an IV pole. The pump, pole, and base of pole had splatters of a dried substance resembling tube feeding.Observed on 9/9/25 at 2:25 PM, R2 had at bedside a Kangaroo pump attached to an IV pole. The pump, pole, and base of pole had splatters of a dried substance resembling tube feeding.Observed on 9/10/25 at 9:10 AM, R2 had at bedside a Kangaroo pump attached to an IV pole. The top of the pump was completely covered with a dried substance. The pole and base of pole had splatters of a dried substance resembling tube feeding.R25According to R25's MDS dated [DATE], the resident had a PEG tube with diagnoses that included traumatic brain dysfunction and cardiorespiratory conditions. Review of R25's Order Summary printed 8/26/25 by facility, indicated the resident had a PEG J-tube to provide nutrients and medications. Review of R25's Care Plan Altered nutrition and Hydration, dated 11/18/2021, indicated the resident was dependent on a feeding tube for all nutrition and hydration needs. Goals included resident tolerating the tube feedings with an intervention of feeding tube care per standing order. Observed on 9/9/25 at 11:13 AM, R25 had a Kangaroo pump attached to an IV pole at bedside. The pump, pole, and base of pole had splatters of a dried substance resembling tube feeding.Observed on 9/9/25 at 2:05 PM, R25 had a Kangaroo pump attached to an IV pole. The pump, pole, and base of pole had splatters of a dried substance resembling tube feeding.Observed on 9/10/25 at 8:55AM, R25 had a Kangaroo pump attached to an IV pole. The pump, pole, and base of pole had splatters of a dried substance resembling tube feeding.Observed on 9/10/25 at 10:05AM, R25 had a Kangaroo pump attached to an IV pole. The pump, pole, and base of pole had splatters of a dried substance resembling tube feeding.During an interview on 9/10/25 at 10:05AM, Licensed Practical Nurse (LPN) MM stated, Feeding pumps and poles should be cleaned when feedings spill on them to prevent pathogens and (continued on next page)

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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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	infection control, but also to keep bugs from feeding on it.During an interview on 9/10/25 at 11:05 AM, Director of Nursing (DON) B stated, Tube feeding pumps and poles should be cleaned when visibly dirty and between uses for infection control purposes. The pumps and poles are cleaned all the time.R47According to R47's MDS dated [DATE], revealed the resident had a percutaneous endoscopic gastrostomy (PEG) tube with diagnoses that included traumatic brain dysfunction and cardiorespiratory conditions. Review of R47's Order Summary, printed and provided on 9/10/25 by facility, indicated the resident had a PEG J-tube (a tube inserted into a small part of the stomach) to provide nutrients and medications. Review of R47's Care Plan, Altered Nutrition/Hydration, dated 11/10/2021, indicated the resident was dependent on feeding tube for hydration and nutrition needs with a goal to tolerate tube feeding. Interventions used to obtain/maintain goals included feeding tube care per standing orders.Observed on 9/8/25 at 10:05AM, R47 had a Kangaroo pump attached to an IV pole. The pump, pole, and base of pole had splatters of a dried substance resembling tube feeding.Observed on 9/9/25 at 10:25 AM, R47 had a Kangaroo pump attached to an IV pole. The pump, pole, and base of pole had splatters of a dried substance resembling tube feeding.Observed on 9/9/25 at 2:05 PM, R47 had a Kangaroo pump attached to an IV pole. The pump, pole, and base of pole had splatters of a dried substance resembling tube feeding. Observed on 9/10/25 at 9:15 AM, R47 had a Kangaroo pump attached to an IV pole. The pump, pole, and base of pole had splatters of a dried substance resembling tube feeding.R105According to R105's Face Sheet, the resident had diagnoses that included chronic necrotizing pancreatitis with multiple chronic intra-abdominal abscesses and duodenal and colonic fistula and Total parenteral nutrition (TPN). Review of R105's Order Summary printed 9/8/25 by facility, indicated the resident had a PEG J-tube (a tube inserted into a small part of the stomach) to provide nutrients and medications. Review of R105's Care Plan Altered Nutritional/Hydration dated 2/23/2024, indicated the resident was TPN dependent with goals that included tolerating the TPN. Interventions included receiving TPN as ordered. Observed on 9/8/25 at 12:00 PM, R105 had at bedside a Kangaroo pump attached to an IV pole. The pump, pole, and base of pole had splatters of a dried substance resembling tube feeding.Observed on 9/9/25 at 10:17 AM, R105 had at bedside a Kangaroo pump attached to an IV pole. The pump, pole, and base of pole had splatters of a dried substance resembling tube feeding.Observed on 9/9/25 at 1:55 PM, R105 had at bedside a Kangaroo pump attached to an IV pole. The pump, pole, and base of pole had splatters of a dried substance resembling tube feeding.Observed on 9/10/25 at 9:05AM, R105 had at bedside a Kangaroo pump attached to an IV pole. The pump, pole, and base of pole had splatters of a dried substance resembling tube feeding.Oxygen FiltersAccording to R118's Face Sheet, the resident had diagnoses that included chronic respiratory failure, centrilobular emphysema, restrictive lung disease, obstructive sleep apnea, lung nodule, and shortness of breath (SOB). Review of R118's Order Summary dated 1/19/2024, revealed, Oxygen therapy 2 lpm (liters per minute), nasal cannula continuous.Review of R118's Care Plan, Cardiology, dated 6/1/25, revealed the resident would not experience SOB as a goal. Interventions included administer oxygen as ordered. Observed on 9/08/2025 at 2:34 PM, R118 was in bed wearing oxygen running at 2.5 lpm (liters per minute) via nasal cannula (NC). The oxygen tubing was dated 9/3. The filter on the back of the oxygen concentrator was covered with dust, lint, and a dried substance resembling applesauce. There were streaks of dried substances on the concentrator. Observed on 9/9/25 at 2:00 PM, R118 was in bed wearing oxygen running at 2.5 lpm (liters per minute) via nasal cannula (NC). The filter on the back of the oxygen concentrator was covered with dust, lint, and a dried substance resembling applesauce. There were streaks of dried substances on the concentrator. It was noted on 9/8/25, the oxygen tubing was dated 9/3 and the concentrator filter was in the same condition as observed the day prior. Observed on 9/10/25 at 9:00 AM, R118 was in bed wearing oxygen running at 2.5 lpm (liters per minute) via nasal cannula (NC). The filter on the back of the oxygen concentrator was covered with dust, lint, and a dried substance resembling applesauce. There were streaks of dried substances on the concentrator. The concentrator filter was in the same condition as observed the two days prior. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview and record review on 9/9/25 at 2:10 PM, Respiratory Therapist, Z stated, (R118) has emphysema, right sided paralysis, and restrictive lung disease. (R118) also receives nebulizer treatments. Oxygen tubing is changed once a month unless a humidifier is used then the tubing is changed once a week. The concentrator filters should be checked and cleaned at the same time as the filters or if something is spilled on the concentrator. The filters could become clogged.During an interview on 9/10/25 at 11:07 AM, Director of Nursing (DON) B stated, The respiratory team audits all oxygen concentrators and tubing. They check the machines and should check the filters at the same time for respiratory hygiene and infection control.

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F 0561 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to and the facility must promote and facilitate resident self-determination through support of resident choice. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** This citation pertains to intake # 2603853Based on observation, interview and record review, the facility failed to ensure all residents maintained their right to self-determination for 1 (Resident #74) of 1 resident reviewed for choices, resulting in Resident #74 not receiving feeding assistance while others ate around him, missed opportunities to experience joy while eating, and a loss of autonomy.Findings include:Review of Alternative Nutrition and Hydration in Dysphagia Care, American Speech-Language-Hearing Association, https://www.[NAME].org/practice-portal/clinical-topics/adult-dysphagia/alternative-nutrition-and-hydration-in-dy revealed .Recommendations for supplemental feeding may include pleasure feeding. This option is often limited to the patient consuming tastes or small amounts of food types while following clear precautions; pleasure feeding is administered (or taken) to improve quality of life.Patient autonomy, or the right to self-determination, is a key factor in health care decision making.Resident #74Review of an admission Record revealed Resident #74 was originally admitted to the facility on [DATE] with pertinent diagnoses which included: traumatic brain injury (TBI), oropharyngeal dysphagia (a disorder or impairment in initiating a swallow) and functional quadriplegia (complete inability to move due to severe disability).Review of a Minimum Data Set (MDS) assessment for Resident #74 with a reference date of 8/18/25, revealed a Brief Interview for Mental Status (BIMS) score of 00/15 which indicated Resident #74 could not complete the evaluation. Further review of the MDS revealed Resident #74 had short- and long-term memory deficits and never/rarely made decisions for himself. Section GG of the MDS revealed Resident #74 was dependent (helper provides more than 50% of the effort) for eating.Review of a Care Plan for Resident # 74 with a reference date of 8/7/25, revealed a problem/goal/interventions of: Problem: (Resident #74) is at risk for Altered Nutrition and Hydration.Goal: (Resident #74) desires no significant changes in weight, will consume po(oral) diet for pleasure. Interventions.requires enteral feeding.diet as ordered, honor food preferences, meal location-see Resident Care Summary, assist with meals as needed/Provide assistance per Resident Care Summary, provide additional calories.chocolate pudding, Greek yogurt.Review of a Resident Care Summary for Resident #74 with a reference date of 8/13/25 revealed Eating Safety: 1:1 (one patient per one staff member); Swallow strategy- 1 Bite, 1 Swallow; Up in Chair for Meals.Review of Physician Orders for Resident #74 with a reference date of 2/18/25 revealed Adult Diet Type.pureed.no liquids.In an interview on 9/9/25 at 9:06am, Durable Power of Attorney (DPOA)/Family Member (FM) EEE reported Resident #74 was dependent on staff for eating and was supposed to be helped with a pleasure feeding at every meal. DPOA/FM EEE reported she arrived on 8/24/25 at approximately 10am and assisted Resident #74 with eating a snack. DPOA/FM EEE reported Resident #74 ate the entire snack and appeared hungry. DPOA/FM EEE reported when she told Certified Nursing Assistant (CNA) C that Resident #74 ate an entire snack, CNA C admitted Resident #74 had not been assisted with eating his pleasure feeding at breakfast.In an interview on 9/9/25 at 2:31pm, CNA C reported she cared for Resident #74 on 8/24/25 and realized sometime mid-morning that Resident #74 had not been assisted with breakfast. CNA C reported she was busy assisting other residents with their breakfast, assumed another CNA would assist Resident #74, and did not feel comfortable assisting Resident #74 due to his swallowing issues. CNA C reported she had witnessed other staff skipping assisting Resident #74 with eating before, because it was just a pleasure feeding. CNA C confirmed she was aware Resident #74 should be assisted with eating at each meal.In an interview on 9/10/25 at 10:41am, Licensed Practical Nurse (LPN) MM confirmed Resident #74 was not assisted with eating his pleasure feeding at breakfast on 8/24/25. When further queried, LPN MM reported the resident was supposed to receive pleasure feedings at every meal but the CNA caring from Resident #74 did not ensure the resident was assisted. LPN MM reported at (continued on next page)

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F 0561 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	breakfast time that day, Resident #74 was seated near the dining room, where the resident likely heard the sounds of mealtime and smelled the food. LPN MM reported he felt Resident #74 enjoyed being offered food and had seen the resident nod his head and point when he liked the taste of something that was being offered. LPN MM stated even if most of the food falls out of his mouth, he enjoys tasting it.In an interview on 9/10/25 at 10:59am, CNA DD reported she had assisted Resident #74 with eating his pleasure feeding meals many times in the past. CNA DD reported it was obvious the resident enjoyed eating because he would smile when he ate certain foods and would consistently communicate his food preferences by making small movements either with his finger or by lifting his right leg. CNA DD reported when Resident #74 was very excited about a food he was tasting, he would lift his right leg up and down repeatedly. When further queried, CNA DD reported she had witnessed other staff members not assisting Resident #74 with eating when they were assigned to be his care partner. CNA DD reported when that happened, Resident #74 would be left in the dining area while others ate. CNA DD reported it was the expectation that Resident #74 be assisted with eating at every meal, even though his primary source of nutrition was an enteral feeding.During an observation on 9/10/25 at 12:05pm, Resident #74 sat in the dining room and was assisted by an unknown CNA who placed small amounts of pureed food in his mouth via spoon. Resident #74 lifted his right leg in response when the CNA inquired if the resident liked the food. The CNA asked Resident #74 if he wanted more of the food and the resident again raised his right leg. The CNA placed another small amount of food in Resident #74's mouth and the resident responded with a slight chewing motion.In an interview on 9/10/25 at 9:04am, DPOA/FM EEE reported the facility had agreed to assist Resident #74 with pleasure feedings three times per day. DPOA/FM EEE having normal mealtime experiences was important to Resident #74 because he had always enjoyed eating, had a big appetite, and mealtime was an enjoyable part of his daily life prior to his injury.Review of an Oral Intake Flowsheet for Resident #74 with a reference date range of 8/11/25-9/9/25 revealed 11 of 90 meal opportunities in which there was no record of a pleasure feeding being offered.In an interview on 9/10/25 at 2:12pm, Director of Nursing (DON) B indicated she was not aware Resident #74 was supposed to be assisted with pleasure feedings at every meal, or that it was not always being offered.Using the reasonable person concept, though Resident #74 could not verbalize his desire to eat, the resident clearly displayed a feeling of joy when he was assisted with pleasure meals and his DPOA, who was appointed to make decisions on his behalf, had expressed the desire for the resident to have support with oral intake at each mealtime.