STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235038	A. Building B. Wing	04/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Medilodge of Grand Rapids	2000 Leonard N E Grand Rapids, MI 49505

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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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35981 Based on observation, interview and record review, the facility failed to respect residents private space for 3 of 6 residents (Resident #103, #107 & #111) reviewed for privacy/dignity,resulting in feelings of embarrassment and the potential for resulting in negative psychosocial outcomes. Findings include: Resident #103 Review of an Admission Record revealed Resident #103, was originally admitted to the facility on [DATE] with pertinent diagnoses which included: history of stroke. Review of a Minimum Data Set (MDS) assessment for Resident #103, with a reference date of 3/21/24 revealed a Brief Interview for Mental Status (BIMS) score of 11/15 which indicated Resident #103 was mildly cognitively impaired. In an observation on 4/18/24 at 11:00 AM., Certified Nurse Aide (CNA) U performed catheter care and pericare for Resident #103. During Resident #103's catheter care a staff (Lead CNA K) knocked once on the door, opened it quickly and wide open and said to CNA U there is (restaurant name omitted) lunch for us . Resident #103's private parts were exposed as CNA U was finishing up catheter/pericare. In an interview on 4/18/24 at 11:30 AM., Resident #103 reported staff rarely knock, usually they just walk in. Resident #103 reported, it would be nice for them to answer the call light on time, but they don't do that either. During an interview on 4/18/24 at 3:45 PM., Lead CNA K reported earlier when he was letting (CNA U) know there was lunch available for staff, he should have knocked and waited for a response, and not interrupted another staff member to tell them something such as lunch waiting for staff Lead CNA K reported he did not follow procedure on resident privacy. Resident #107 Review of an Admission Record revealed Resident #107, was originally admitted to the facility on [DATE] with pertinent diagnoses which included: lumbar fracture (lower back). (continued on next page)

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

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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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of a Minimum Data Set (MDS) assessment for Resident #107, with a reference date of 2/15/24 revealed a Brief Interview for Mental Status (BIMS) score of 12/15 which indicated Resident #107 was cognitively intact. Further review of Resident #107's MDS-section Section GG - Functional Abilities and Goals revealed Resident #107 was coded as a #1 indicating C. Toileting hygiene: The ability to maintain perineal hygiene, adjust clothes before and after voiding or having a bowel movement. If managing an ostomy, include wiping the opening but not managing equipment In an observation/interview on on 4/16/24 at 1:15 PM., Resident #107 was being toileted in her bathroom with the assistance from CNA F, the bathroom door was open. While Resident #107 was seated on the toilet, one loud knock on the bedroom door was heard, and the door opened. CNA E hollered in for CNA F. CNA F stopped assisting Resident #107, went to the doorway with it being wide open along with the bathroom door open. CNA E began telling CNA F which vitals he was about to do for other residents. During an interview on 4/16/24 at 1:20 PM., CNA F reported staff are suppose to knock and wait for an answer from either the residents in the room, or if non-verbal or no answer knock again, and slowly open the door to check on the resident while announcing who is entering the residents room. CNA F reported when she heard the knock on the door from CNA E) she should have communicated by saying resident care which means do not enter/or open slowly as a resident might be exposed. During an interview on 4/16/24 at 1:55 PM., CNA E reported he should not have knocked and opened Resident #107's bedroom door until he heard an answer. CNA E reported the information that he conveyed to CNA F was not that important and could have waited for CNA F to finish assisting Resident #107. Resident #111 Review of an Admission Record revealed Resident #111, was originally admitted to the facility on [DATE] with pertinent diagnoses which included: history of a stroke. Review of a Minimum Data Set (MDS) assessment for Resident #111, with a reference date of 2/24/24 revealed a Brief Interview for Mental Status (BIMS) score of 15/15 which indicated Resident #111 was cognitively intact. During an interview on 4/18/24 at 1:45 PM., Resident #111 reported the staff rarely knock when they come in, they walk in like the own the place. Resident #111 reported they don't respect privacy at all. Resident #111 reported he likes his door closed because it gets loud out in the hall and he's near the exit door. Resident #111 reported he enjoys his privacy, and would like if staff would at least knock, and wait until he answers that it is ok to come in. Review of a facility Policy titled Resident Rights with a revision date of 10/30/23 revealed: Policy:The facility will inform the resident both orally and in writing in a language that the resident understandsof his or her rights and all rules and regulations governing resident conduct and responsibilities during the stay in the facility. The facility will also provide the resident with prompt notice (if any) of changes in any State or Federal laws relating to resident rights or facility rules during the resident ' s stay in the facility. Receipt of any such information must be acknowledged in writing 11. The facility will ensure that all staff members are educated on the rights of residents and the responsibility of the facility to properly care for its residents further review of the document revealed no information on resident privacy rights.

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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 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** 35981 This citation pertains to intake: MI00143109 Based on observation, interview, and record review, the facility failed to accommodate a resident's right to make choices that were consistent with their plan of care for 3 of 7 residents (Residents #107, #104 & #111) reviewed for resident choices and preferences, resulting in the potential for residents not meeting their highest practicable level of well-being. Findings include: Resident #107 Review of an Admission Record revealed Resident #107, was originally admitted to the facility on [DATE] with pertinent diagnoses which included: lumbar fracture (lower back). Review of a Minimum Data Set (MDS) assessment for Resident #107, with a reference date of 2/15/24 revealed a Brief Interview for Mental Status (BIMS) score of 12/15 which indicated Resident #107 was cognitively intact. Further review of Resident #107's MDS-section Section GG - Functional Abilities and Goals revealed Resident #107 was coded as a #1 indicating 01. Dependent - Helper does ALL of the effort. Resident does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the resident to complete the activity C. Toileting hygiene: The ability to maintain perineal hygiene, adjust clothes before and after voiding or having a bowel movement . (continued on next page)

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F 0561 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	In an observation/interview on 4/16/24 at 1:15 PM., Resident #107 reported she has no briefs in her room, and she had been sitting in her brief which was soaked with urine since last night. Resident #107 reported she feels wet and dirty. Resident #107 reported she had asked a few staff and no one has helped her or told her where she could find a new brief. This surveyor and Resident #107 were speaking as Certified Nurse Aide (CNA) F walked by, Resident #107 said to CNA F .hey, I thought you were going to help me, and get me a new brief CNA F replied oh, yes head to your room, and I will be in there in a minute On the way to Resident #107's room the nurse said to CNA F . please let me know how her coccyx (upper buttock area) wound dressing looks like, and if it needs to be replaced this surveyor and Resident #107 entered her room. Resident #107 proceeded to go to the toilet, transferred herself from her wheelchair to the toilet. Resident #107 then (while standing and holding the stabilizer bar) began to pull down her pants. Resident #107 used her left hand to pull pants and brief down, and her right hand to hold onto the stabilizer bar. This surveyor observed Resident #107's brief which appeared heavy, and heavily soiled with visible yellow urine along with what appeared to be bowel movement smears. Resident #107 then sat down onto the toilet, urinated and had a bowel movement. CNA F entered the room, and proceeded to look around for Resident #107's briefs. CNA F reported she found one under some clothes in the closet . CNA F then approached Resident #107 while she was sitting on the toilet. CNA F then assisted removing Resident #107's brief by tearing the sides open, and removing it, then placing the brief into the garbage can. CNA F asked Resident #107 if she (Resident #107) was finished using the toilet. Resident #107 was attempting to wipe her bottom with toilet paper, noted on the toilet paper was streaks of bowel movement. Resident #107 responded to CNA F by asking if they (staff) are suppose to use a wipe or anything help her clean her after bowl movement. CNA F at no time offered to assist Resident #107 with cleaning up after having a bowel movement, or respond to the question Resident #107 had about a wipe. CNA F then told Resident #107 to use the red call cord when she was finished, and she would come back, CNA F then exited the room. Resident #107 was left on the toilet attempting to clean her bowel movement with multiple pieces of toilet paper. Resident #107 looked at this surveyor .started to laugh and said .Do it yourself or don't get it done . During an interview on 4/16/24 at 1:35 PM., CNA F reported she did not assist (Resident #107) with ensuring Resident #107's bowel movement was cleaned the way Resident #107 prefers. CNA F reported Resident #107 was a 1 person assist with toileting. CNA F reported she should have made sure Resident #107's buttock was clean before exiting the room. CNA F reported she did not check the wound dressing on Resident #107's coccyx area as the nurse requested because she forgot about it. Resident #104 Review of an Admission Record revealed Resident #104, was originally admitted to the facility on [DATE] with pertinent diagnoses which included: chronic respiratory failure. Review of a Minimum Data Set (MDS) assessment for Resident #104, with a reference date of 2/25/24 revealed a Brief Interview for Mental Status (BIMS) score of 10/15 which indicated Resident #104 was mildly cognitively impaired. (continued on next page)

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F 0561 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an observation/interview on 4/16/24 at 12:30 PM., Resident #104 was awake in her bed watching TV. Resident #104 was dressed floral shirt, and covered with a blanket towards the end of the bed, and had a white flat sheet covering the lower half of her body. Resident #104 appeared disheveled, and she reported she had not received any care today. Resident #104 reported she does not always like to go to the shower room, but would like to be assisted with getting washed up every day. Resident #104 reported she does not get bed baths, and staff do not offer to get her items to clean herself up. Noted Resident #104's linens, and pillow case had blood stains in multiple areas on the top and bottom sheets. Resident #104's pillow case had multiple blood smears on it, some were noted to be a dark dried red, other areas appeared to be lighter color red (as in fresh blood). Resident #104 reported she would like her sheets changed more often especially because of her skin issue. During an interview on 4/16/24 at 1:10 PM., Registered Nurse (RN) P reported Resident #104's linens should be changed daily, especially because of her skin, the scaling and blood. RN P reported Resident #104's skin was dry and flaky, with areas that are open, and areas with scabbing due to her psoriasis. Resident #111 Review of an Admission Record revealed Resident #111, was originally admitted to the facility on [DATE] with pertinent diagnoses which included: history of a stroke. Review of a Minimum Data Set (MDS) assessment for Resident #111, with a reference date of 2/24/24 revealed a Brief Interview for Mental Status (BIMS) score of 15/15 which indicated Resident #111 was cognitively intact. During an interview on 4/18/24 at 1:45 PM., Resident #111 reported the night staff are supposed to be checking on him and emptying his urinals. Resident #111 reported he has to urinate a lot, and has 2 urinals next to his bed. Resident #111 reported as he uses the urinals during the evening and night, by morning they are too full to use without spilling urine onto his bed, or his clothing. Review of Resident #111's Quality Assistance Forms revealed: a Quality Assistance Form dated 2/8/24 and signed by Nursing Home Administrator (NHA) A had a line through the area of Description in the are was written periodically urinals not emptied on 3rd shift . the form was not filled out in its entirety and the writing was not all legible (continued on next page)

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F 0561 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of Resident Council Minutes from 1/3/24 through 3/19/24 revealed Resident concerns (all resident names omitted) were as follows: 1/3/24: Clinical .trouble getting ice water. (resident) asks for something he needs & is told wait a sec. He says he has to keep asking as the time goes by. (resident) says that her showers are not on a regular schedule & she doesn't ask about them either. But, she said that it takes sometimes 3 weeks before she gets a shower (residents) said that the dining tables are very dirty & its non-appetizing to eat at dirty tables. (resident) said he's noticed that the tables aren't routinely wiped down after each meal .housekeeping .(resident) mentions that her bed doesn't get cleaned under .Dietary . (residents) said that most times they do not get condiments or seasonings for their meals on the tray or sat on the table. Many times, food temp is still an issue, being too cold. (resident) said the serving sizes are too small . As stated last month & again this month, (resident) said that the chicken & rice could be served less & hopes for more variety in food .Resident Council Minutes dated 2/20/24 .Housekeeping: (resident same as 1/3/24) has asked month after month for her floor under her bed to be cleaned. She took me (activity staff) to her room to show me & under her bed is approx. 1/4 inch of gravel & dirt alongside the wall. (resident) also stated that the trash can in her room bath is overflowing every day .Dietary Everyone at the meeting agreed that the French fries are worthless & not eaten, as they arrive cold & disgusting. Several suggested they might as well be taken off the menu altogether if there is no way to arrive hot. Most all residents at this meeting said that 75% of the time all food is cold. (multiple residents) complained that breakfast is cold & the eggs are disgusting. (resident) spoke of her need for the protein egg & yet it's cold. Several complained of the mushy veggies, overcooked, or let sit in hot water too long. They asked if the veggies could be changed out for raw veggies with ranch dip, instead of mushy over cooked soggy veggies. Several said they could eat these raw veggies & dip every single day, plus it can arrive cold Also, many stated that the bread may or may not be placed in a baggie to keep it dry. Regardless of if it comes in a baggie & dry or if bread comes wet, there is no butter & it's like pulling teeth to get any butter Many residents at this meeting indicated that the aides tell them the pantry has no butter. The residents at this meeting are asking for fruit & snacks . any type of fresh fruit, apples, bananas, grapes, plus jello, pudding & ice cream . Resident Council Minutes dated 3/19/24 .Housekeeping . The remark by a few residents was that housekeeping comes & if the room looks clean, they do not touch it & leave Clinical (resident) says that he has given up on the (call) light & just yells for help until he is answered- This scares some residents .Dietary: The residents complained of the tiny chicken they received. And they received a very small amount of rice also. Too small of portions. Residents would like to have fresh fruit as they see & hear that AL (assisted living) is offered on a cart. Suggestion would be for them to ask for it & staff get it for them if there is trouble with leaving it out. They said they would LOVE fresh veggies & dip. Residents are asking for ice-cream & tacos also

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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 0602 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from the wrongful use of the resident's belongings or money. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35981 This citation pertains to intake: # MI00142857 Based on interview, and record review, the facility failed to prevent misappropriation of a residents' narcotic (controlled substances) medications for 1 of 5 residents (Resident #102) reviewed for misappropriation of property resulting in missing pain medication, and the potential for uncontrolled pain and discomfort. Findings include: Review of a Facility Reported Incident (FRI) investigation dated 2/15/24 revealed: Incident Summary On 1-31-24 at 1830 the narcotic count sheet for Oxycodone IR 15 mg had a change made to count from 19 to 14 tabs. 2 nurses signatures were present indicating 4 tabs were wasted Licensed Practical Nurse (LPN Z) stated that while dispensing medications she noted that the blister pack had torn open and 4 pills were loose in the pack. She (LPN Z) stated she removed the 4 pills from the package and placed them in a medication cup to destroy with another nurse so they would not get lost. (LPN Z) stated she was busy so she locked them in the cart until she had time to get another nurse. She (LPN Z) added she signed the sign out sheet with the new number of medications and wrote the other nurses name in so she would remember to get her to destroy them when she had time. (LPN Z) said she continued to pass her medications and at some point she threw the medication cup with the tablets in it away inadvertently Although the facility cannot substantiate that (LPN Z) took the medications her employment was terminated for failure to follow narcotic destruction policy and falsifying a signature. The facility requested that 4 pills be sent from pharmacy as replacement for the pills that were destroyed and billed to the facility. The facility is unable to substantiate misappropriation occurred for the following reasons: 1. Residents, including (Resident #102) stated they are receiving their medications. 2. A review of all narcotics in the center revealed accurate and appropriate counts. 3. A reconciliation of delivery manifests and narcotics counts revealed all narcotics were accounted for . Resident #102 Review of an Admission Record revealed Resident #102, was originally admitted to the facility on [DATE] with pertinent diagnoses which included: multiple sclerosis (MS). Review of a Minimum Data Set (MDS) assessment for Resident #102, with a reference date of 3/30/24 revealed a Brief Interview for Mental Status (BIMS) score of 15/15 which indicated Resident #102 was cognitively intact. Review of Resident #102's Physicians Orders dated 2/6/24 revealed: oxyCODONE HCl Oral Tablet 15 MG (Oxycodone HCl) Give 1 tablet by mouth four times a day for Chronic pain due to Multiple sclerosis . During an observation on 4/16/24 at 10:25 AM., observed medication carts and narcotic count sheets on 2 of 3 medication carts. No noted discrepancies were observed. (continued on next page)

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F 0602 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	In an interview on 4/16/24 at 2:30 PM., Resident #102 reported a few months ago she was informed by the nurse on duty that it was possible that some of her medications were not in the proper place, but assured her that there were back up medications that were available and she would not go without any pain medications. Resident #102 reported she does not have issues with getting her pain medications, and has not missed any doses. During an interview on 4/17/24 at 12:10 PM., Director of Clinical Services (DCS) C reported once the facility identified the discrepancy, we did a sweep of all residents that could have been affected. DCS C reported we went over every medication cart and audited and found no other concerns. DCS C reported we did training and audits with all nurses; we continue to have 2 nurses check in delivered medications from the pharmacy. DCS C reported we continue to use either the DON, or nurse managers to waste any controlled substances. DCS C reported we let the nurse (LPN X) go (terminated). DCS C reported the audits and education were ongoing, and no other medication discrepancies were found during the investigation and audits. In an interview on 4/17/24 at 12:50 PM., Registered Nurse (RN) I reported she informed the previous Director of Nursing (DON) that the narcotic count sheet for (Resident #102's) oxycodone was off back in late January. RN I reported she saw the count sheet and someone had used white out over documentation. RN I reported for controlled substances no white out should ever be used, so it left her confused on why anyone would use it. RN I reported the medication went from 19 tablets to 14 tablets with 2 nurses signatures and no explanation. RN I reported her and the former DON went over all the medications in the all medication carts, all narcotic medications and documentation for controlled substances. RN I reported that it turned out to be a (LPNZ) who signed off (Resident #102's) oxycodone. RN I reported after the review of the documentation it was discovered that (LPN Z) was the first signature listed. RN I reported once that was completed the DON and Nursing Home Administrator (NHA) A started the process of reporting it to the State Agency and an investigation was started. RN I reported during the investigation and education we (all nurses) went over protocols, counted everything again, they did audits, education and always 2 nurses at all times when counting controlled substances. RN I reported process went over there would be no white out used for anything, and only the DON or nurse management only to destroy controlled medications. In an interview on 4/17/24 at 1:19 PM, Licensed Practical Nurse (LPN) Y reported there have been multiple training's and audits of the medication carts, along with ensuring no white out is ever used, 2 nurses together always have to count and destruction of controlled substances are being done by nurse managers. LPN Y reported the pharmacy sends out the medication orders on night shift. LPN Y reported the 2 nurses must both go through pharmacy deliveries and place controlled substances in the medication cart together and both sign. (continued on next page)

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F 0602 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of a facility Policy with a revision date of 10/26/23 revealed: Policy-It is the policy of this facility to promote safe, high quality patient care, compliant with state and federal regulations regarding monitoring the use of controlled substances. The facility will have safeguards in place in order to prevent loss, diversion or accidental exposure. Policy Explanation and Compliance Guidelines: 1. Only authorized licensed nursing and/or pharmacy personnel shall have access to controlled drugs maintained on premises. 2. The Director of Nursing Services will identify staff members who are authorized to handle controlled drugs. 3. Controlled substances must be counted upon delivery. The nurse receiving the delivery, along with the person delivering the medication order, must count the controlled substances together. Both individuals must sign the designated narcotic record. If a discrepancy in the amount delivered is not agreed upon by the deliverer and nurse, the nurse must refuse the delivery by noting refusal on the manifest and keeping a copy. In addition, the nurse must notify the pharmacy and Director of Nursing immediately of the discrepancy. 4. If the count is correct, a control count sheet which accompanies the medication will be placed in the controlled substance binder for the designated medication cart. The medication manifest will be sent to the Director of Nursing. The control count record should contain: a. Name of the resident; b. Name and strength of the drug; c. Quantity received; d. Number on hand; e. Name of physician; f. Prescription number; g. Name of issuing pharmacy; h. Date and time received; i. Time of administration; j. Method of administration; k. Signature of person receiving medication; and i. Signature of nurse administering medications m. Liquid controlled medications are often dispensed in multi-dose containers which indicate approximate volume. It should be noted that absolute accuracy in tracking volume and use of liquid controlled medication may not be possible. The general standard of practice for documenting usage of liquid controlled medications is to record the starting volume from the label, record each dose administered, subtract the dose administered from the previously recorded volume and record the amount 5 Each time a controlled substance and control count sheet is received, it should be added to the shift verification sheet column for number of control count sheets present. 6. Controlled substances must be stored under double lock, in the medication room in a locked container, separate from containers for any non-controlled medications. This container must remain locked at all times, except when it is accessed to obtain medications for residents. 7. All keys to controlled substance containers shall be on a single key ring that is different from any other keys. 8. The Charge Nurse on duty will maintain the keys to controlled substance containers. The keys to this container should not be shared with other staff, including licensed staff without first conducting a complete controlled substance count. The Director of Nursing Services will maintain a set of back-up keys for all drug storage areas including keys to controlled substance containers. 9. Unless otherwise instructed by the Director of Nursing Services, when a resident refuses a non-unit dose medication or it is not given, or receives partial tablets or single dose ampules, or it is not given, the medication shall be destroyed, and may not be returned to the container. 10. All destruction must be conducted in the presence of 2 licensed nurses or pharmacist. 11. Nursing staff must count controlled drugs at the end of each shift. The nurse coming on duty and the nurse going off duty must make the count together. They must document and report any discrepancies to the Director of Nursing Services or His/her designee immediately. Documentation should be made on the shift verification sheet. 12. When a resident with controlled substances is discharged from the facility, or the controlled substance is discontinued the remaining controlled substance and control count sheet will be delivered to the Director of Nursing or designee as soon as possible. This can be accomplished by: a Daily cart checks by the Director of Nursing or designee to retrieve discontinued or discharged controlled substances and control count sheets; 1. In this method the Director of Nursing or designee will sign the shift verification sheet along with the nurse on duty and note the remaining count sheets, b Designated one way lock box (in this instance two nurses must have counted and signed the control count sheet attesting to the amount remaining); 1. In this method the two nurses will sign and note the remaining control count sheets on the shift verification sheet, c Or other approved facility system. 1. In other systems a method to denote remaining control count sheets to the shift verification sheet should be made. 13. Any controlled medications removed from medication carts shall be logged into a destroyed medication ledger kept by the Director of Nursing. The ledger should contain at least the following information: a Name of resident; b Name of controlled substance; c Number/amount of controlled substance received; d Date received; e Date destroyed; f Method of destruction; g Two staff present during destruction

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F 0602 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During the onsite survey, past noncompliance (PNC) was cited after the facility implemented actions to correct the noncompliance which included process changes to prevent diversion of controlled medications, education with the nursing staff, and collaboration with the pharmacy related to the procedure for medication deliveries. The facility was able to demonstrate monitoring of the corrective action and maintained compliance.

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. 35981 This citation pertains to intakes: #MI00143109 & MI00143578. Based on observation, interview and record review, the facility failed to provide palatable food for 3 of 5 residents (Resident's #102, #104 & #111) reviewed for food palatability, resulting in residents being dissatisfied with the quality, portion size, taste and temperature of their food and the potential weight loss. Findings include: During an observation/interview on 4/16/24 at 1:10 PM., noted the lunch carts in the 3 dining rooms. It was noted that many of the meal trays were observed to have approximately 50%-75% of the meal still on the plates. Certified Nurse Aide (CNA) U reported there have been a lot of issues with the kitchen and the staffing turnover in the dietary department. CNA U reported the residents complain about the food a lot, and don't eat some of the food items served. CNA U reported the residents complain that it is always the same thing, cold, and does not look or taste good. CNA U reported there was an alternative menu, but residents refuse to eat the same thing on that menu too, hamburgers, grilled cheese, peanut butter & jelly or hot dog. Resident #102 Review of a Minimum Data Set (MDS) assessment for Resident #102, with a reference date of 3/30/24 revealed a Brief Interview for Mental Status (BIMS) score of 15/15 which indicated Resident #102 was cognitively intact. In an interview on 4/16/24 at 2:30 PM., Resident #102 reported the facility does not have a lot of food items that are listed on the menus. Resident #102 reported the staff do not refresh her water as they are suppose to. Resident #102 reported about a week ago the facility had no milk. Resident #102 reported the food here is either the same thing over and over, cold or just not even worth eating. Resident #102 reported she has had food items on her meal tray that were served still frozen on the inside. Resident #104 Review of a Minimum Data Set (MDS) assessment for Resident #104, with a reference date of 2/25/24 revealed a Brief Interview for Mental Status (BIMS) score of 10/15 which indicated Resident #104 was mildly cognitively impaired. During an observation/interview on 4/16/24 at 12:15 PM., Resident #104 was in her room eating lunch. Resident #104 reports the food is not great today, and the staff do not served enough water throughout the day. Resident #104 reported the food is usually cold, bland and always the same thing. Resident #104 reported there was another menu she could order from with hamburgers, grilled cheese, and peanut butter and jelly. Resident #104 stated who wants to eat that everyday Resident #111 (continued on next page)

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of a Minimum Data Set (MDS) assessment for Resident #111, with a reference date of 2/24/24 revealed a Brief Interview for Mental Status (BIMS) score of 15/15 which indicated Resident #111 was cognitively intact. In an interview on 4/18/24 at 1:45 PM., Resident #111 reported the food here is absolutely disgusting. Resident #111 reported it is cold, we have had chicken come back raw, or things served that are still frozen. Resident #111 reported they just don't pay attention to detail. Resident #111 reported they always serve chicken. Resident #111 reported we never get any kind of a good protein; the lasagna today was such a small portion he was still hungry. Resident #111 reported the kitchen ran out of milk recently, so everyone went without milk for a day or so. In an observation on 4/17/24 at 12:50 PM., this surveyor observed all 3 meal carts on the 3 units which were going to be taken back to the kitchen after lunch service was over. Noted the lunch service carts with many trays that had barely been touched by the residents. It was noted over half of the trays on each meal cart (approximately 12-20 meal trays) less than approximately 25% of the meals had been eaten by residents. In an interview on 4/17/24 at 1:00 PM., CNA H reported residents tell us the food is not very good at all. CNA H reports the dietary staff has been a struggle for a long time, and many residents either won't eat what is served, and they are tired of the same things on the alternative menu. CNA H reported we are suppose to have a lot on the alternative menu, but when we call the kitchen, the staff either does not answer, or tells us that the only options are hamburgers, grilled cheese, peanut butter and jelly, or hot dog. CNA H reported the alternative menu does look good, but the chances residents who reside on the Long Term Care (LTC) area of the facility, not in the Assisted Living area are able to get those items never happens. CNA H reported residents complain daily about the food, and personally she had to return frozen food to be cook more. In an interview on 4/18/24 at 12:10 PM., Regional Registered Dietician (RRD) J reported we're making some changes for the LTC portion of the facility. RRD J reported we were out of milk last week because a staff member left the entire cart of milk out including individual milk containers and all the gallons of milk. RRD J reported she agreed that the residents are not eating much down here due to the kitchen basing its menu off the Assisted Living (AL) residents. RRD J reported our long-term care (LTC) residents have much less tolerance for spicy foods, and some of the breading added to meats chicken etc . RRD J reported she has noticed a good majority of food not being eaten on the long term care units, and the amount of food on the trays coming back from LTC to the kitchen is alarming. RRD J reported the kitchen has been challenging due to the turnover of staff.

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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** 35981 Based on observation, interview, and record review, the facility failed to implement infection control practices to provide sanitary conditions for resident shared equipment, and implement Enhanced Barrier Precautions (EBP) for a residents with an MDRO (multi drug resistant organism) during care for 3 of 4 residents (Resident #103, #104, & #107) reviewed for infection control, urinary catheter care, wound dressing changes, resulting in the potential for the spread of infection, cross-contamination, and disease transmission for residents residing in the facility. Findings include: Resident #103 Review of an Admission Record revealed Resident #103, was originally admitted to the facility on [DATE] with pertinent diagnoses which included: history of stroke. Review of a Minimum Data Set (MDS) assessment for Resident #103, with a reference date of 3/21/24 revealed a Brief Interview for Mental Status (BIMS) score of 11/15 which indicated Resident #103 was mildly cognitively impaired. Review of Resident #103's Care Plan revealed: Focus- (Resident #103) requires enhanced barrier precautions (EBP) related to urinary catheter .Interventions: Use gown and gloves when providing direct care. Face protection may be needed if performing activity with risk of splash or spray. Utilize Enhanced Barrier Precautions when providing high contact resident care activities (dressing, bathing, transferring, personal hygiene, changing linens, changing briefs/assisting with toileting, device care: central lines, urinary catheters, feeding tubes, tracheostomy/ventilators, wound care, dialysis) Date Initiated: 04/08/2024 In an observation on 4/17/24 at 8:50 AM., Resident #103 was awake in his bed. Upon entering Resident #103's room, there was a strong smell of dried urine. Resident #103's bedside table visibly soiled with dried cup marks, crusted spillage and food crumbs. Resident #103's TV remote control was heavily soiled with grime on its entirety (channel buttons-volume-surface area). In an observation on 4/17/24 at 9:10 AM., Certified Nurse Aide (CNA) U performed catheter care and pericare for Resident #103. CNA U gathered supplies needed and set them up on the bedside table which was visibly soiled. CNA U went to the sink, washed her hands, put on gloves and proceeded to provide care to Resident #103. CNA U performed catheter care for Resident #103 wearing only gloves. CNA U did not don (put on) a gown, and or the required Personal Protective Equipment (PPE) per the Enhanced Barrier Precautions (EBP) guidelines at any time while providing care for Resident #103. During an interview/observation on 4/18/24 at 11:00 AM., CNA U reported she did not follow the new guidance for EBP while providing care to (Resident #103) who has a catheter. CNA U reported she had heard about EBP, but she has not receive any formal training on when EBP was suppose to be use. This surveyor and CNA U observed a Transmission Base Precautions (TBP) cart in Resident #103's room near the door. On the top of the cart it was noticed by both this surveyor and CNA U the recommendations for EBP. CNA U reported she did not notice the TBP cart, or sign until just now. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Resident #104 Review of an Admission Record revealed Resident #104, was originally admitted to the facility on [DATE] with pertinent diagnoses which included: psoriatic arthritis (symptoms that affect both the skin and the joints/ psoriatic arthritis often have psoriasis, a chronic skin condition characterized by red, scaly patches-skin lesions can appear anywhere. Review of a Minimum Data Set (MDS) assessment for Resident #104, with a reference date of 2/25/24 revealed a Brief Interview for Mental Status (BIMS) score of 10/15 which indicated Resident #104 was mildly cognitively impaired. Review of Resident #104's Care Plan revealed: Focus- Resident has impaired skin integrity as evidenced by: Psoriasis throughout body Interventions: Notify Nurse of any new areas of skin impairment noted during bathing or daily care (e.g., redness, blisters, bruises, discoloration, impairment related to medical device/tubing) .Notify Physician/NP/PA of noted worsening skin condition or any new areas of skin impairment Date Initiated: 02/19/2024 .Notify Physician/NP/PA of signs/symptoms of infection (new or change in type/amount/color of drainage, bleeding, foul odor) During an observation/interview on 4/16/24 at 12:30 PM., Resident #104 was awake watching TV in her bed. Noted Resident #104's linens, and pillow case had blood stains in multiple areas on the top and bottom sheets. Resident #104's pillow case had multiple blood smears on it, some were noted to be a dark dried red, other areas appeared to be lighter color red (as in fresh blood). Resident #104 reported she has psoriatic arthritis which is why she has scaly skin. Noted Resident #104's forehead had an open area with dried smeared blood. Resident #104's arms and lower legs had multiple open areas on her skin, multiple dried crusted areas of scabbing, and various degrees of healing. Resident #104's bedside table was visibly soiled with dried crusted substances, dried cup ring marks and food crumbs. (noted Resident #104's meal tray-lunch on the bedside table with the meals plate, cups, used items, and utensils none of which were placed on the actual bedside table where it was noted to be visibly soiled). Resident #104 reported staff do not changed her bedding very often. During an interview on 4/16/24 at 1:10 PM., Registered Nurse (RN) P reported Resident #104 was not on any sort of TBP for her psoriasis. RN P reported her skin has multiple areas of scaling, and at times the skin has areas that open and bleed. RN P reported Resident #104's linens should be changed daily, especially because of her skin, the scaling and blood. RN P reported she was not informed by anyone or educated on EBP for residents who have open areas on their skin. Resident #107 Review of an Admission Record revealed Resident #107, was originally admitted to the facility on [DATE] with pertinent diagnoses which included: pressure ulcers of the sacral region (tail-bone), unstageable. Review of a Minimum Data Set (MDS) assessment for Resident #107, with a reference date of 2/15/24 revealed a Brief Interview for Mental Status (BIMS) score of 12/15 which indicated Resident #107 was cognitively intact. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of Resident #107's Care Plan revealed: Focus-Resident requires enhanced barrier precautions (EBP) related to pressure ulcer .Interventions: Use gown and gloves when providing direct care. Face protection may be needed if performing activity with risk of splash or spray. Utilize Enhanced Barrier Precautions when providing high contact resident care activities (dressing, bathing, transferring, personal hygiene, changing linens, changing briefs/assisting with toileting, device care: central lines, urinary catheters, feeding tubes, tracheostomy/ventilators, wound care, dialysis) Date Initiated: 04/08/2024 In an observation on on 4/16/24 at 1:15 PM., Resident #107 was toileted by CNA F. CNA F assisted Resident #107 with removal of a urine soaked brief, and after a bowel movement. Resident #107 has a coccyx wound covered by a dressing, which can become soiled with a bowel movement. CNA F did not put on Personal Protective Equipment(PPE) which was observed in a cart near the doorway of Resident #107's bedroom door. This surveyor observed Resident #107's brief which appeared heavy, and heavily soiled with visible yellow urine along with what appeared to be bowel movement smears. CNA F approached Resident #107 while she was sitting on the toilet. CNA F then assisted removing Resident #107's brief by tearing the sides open, and removing it, then placing the brief into the garbage can. During an interview on 4/16/24 at 1:45 PM., Certified Nurse Aide (CNA) F reported she should have used a gown and the proper Personal Protective Equipment (PPE). CNA F reported Resident #107 was on EBP which require a gown, gloves and face mask. During an interview on 4/16/24 at 1:55 PM., CNA E reported staff who use the lifts were suppose to clean/sanitize the lifts and/or resident shared equipment before and after each use. CNA E reported the wipes are not always re-stocked in the plastic bags hanging on the lifts. CNA E reported they did not know who was suppose to restock the wipes, but they are rarely readily available, so at times the lifts are not sanitized between uses/residents. In an observation on 4/16/24 at 3:00 PM., noted an electric wheelchair which was heavily soiled and had strong smell of urine coming from the wheelchair seat cushion. The wheelchair seat cushion was visibly soiled with dried crusted substances. The frame, arm rests, base (mechanicals) were noted to have a heavy accumulation of dust, dried spillage, dark dried substances and overall, heavily soiled motorized wheelchair. In an observation on 4/16/24 at 3:55 PM., the bath-shower room near room [ROOM NUMBER] door was open upon entering the shower room it was noted 2 mechanical lifts (sit to stands) parked next to the tub. Both lifts were visibly soiled on the base with dust, debris and food crumbs. Noted on the knee area (where residents legs/shins are placed to stabilize during lift) were noted to have multiple areas of dried crusted substances, and were both visibly soiled with what appeared to be dry dead skin flakes and multiple strings of hair. On the floor in the shower room was a pair of blue gripper socks strewn about, with a soiled single blue glove on the floor near the garbage can. Both privacy curtains were noted to be soiled in various areas with dark spots/stains. On the tub was a pair of gray thick wool like gripper socks larger in size hanging over the end of the tub which were visibly soiled and had multiple strands of hair intertwined in the fabric. The tub itself was noted to be visibly soiled. 2 hairbrushes on the sink with heavy accumulation of hair noted on one with black bristles. A hoyer lift parked near sink was noted to be soiled on the base, handle, and frame. Noted a sit to stand in the hall near the clean linen and soiled utility room the base, and knee area (black noted to be visibly soiled with dust and debris. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	In an interview on 4/16/24 at 4:12 PM., CNA H reported cnas and nurses who use the lifts were suppose to clean them before and after each use. CNA H reported staff tries to sanitize them but cleansing wipes are not always available. In an observation on 4/18/24 at 10:30 AM., noted a sit to stand lift near room [ROOM NUMBER]. The base of the lift was visibly soiled with dust and debris, the knee pad black in color was visibly soiled with a dried white substance. Review of a facility Policy with a revision date of 12/27/23 revealed: Policy: Infection Prevention and Control Program- This facility has established and maintains an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections as per accepted national standards and guidelines .e. Environmental cleaning and disinfection shall be performed according to facility policy. Staff have responsibilities related to the cleanliness of the facility and should report problems outside of their scope to the appropriate department .12. Linens: a. Laundry and direct care staff shall handle, store, process, and transport linens to prevent spread of infection .

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F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. 35981 This citation pertains to intake: #MI00143109 & MI00143578. Based on observation, interview, and record review the facility failed to maintain a safe, functional, and sanitary environment by not properly cleaning resident rooms, common areas, and commonly touched items for 2 residents (Resident #102 & #104) of 7 reviewed for homelike environment, resulting in strong odors in the facility, and an increased potential of infection, affecting residents in the facility. Findings include: Review of Resident Council Minutes from 1/3/24 through 3/19/24 revealed: Resident concerns (all resident names omitted) were as follows: 1/3/24: (residents) said that the dining tables are very dirty & its non-appetizing to eat at dirty tables. (resident) said he's noticed that the tables aren't routinely wiped down after each meal .housekeeping .(resident) mentions that her bed doesn't get cleaned under .Resident Council Minutes dated 2/20/24 Housekeeping: (resident same as 1/3/24) has asked month after month for her floor under her bed to be cleaned. She took me (activity staff) to her room to show me & under her bed is approx. 1/4 inch of gravel & dirt alongside the wall. (resident) also stated that the trash can in her room bath is overflowing every day .Resident Council Minutes dated 3/19/24 .Housekeeping . The remark by a few residents was that housekeeping comes & if the room looks clean, they do not touch it & leave In an observation on 4/16/24 at 2:00 PM., noted on the Birchwood unit near the TV area. Observed multiple cloth reclining style chairs, and/or cloth fabric chairs. This surveyor walked by the area multiple times, and noted a strong smell of dried urine. The multiple chairs were noted to be visibly soiled on the seats, and arms with stains, dried crusted substances and an overall dirty/dingy appearance. Resident #102 Review of a Minimum Data Set (MDS) assessment for Resident #102, with a reference date of 3/30/24 revealed a Brief Interview for Mental Status (BIMS) score of 15/15 which indicated Resident #102 was cognitively intact. In an observation/interview on 4/16/24 at 2:30 PM., Resident #102 reported her room does not get cleaned daily, and usually does not get swept and mopped often, especially under her bed. Resident #102 reported she has given both nursing staff, as well as cleaning staff permission to move some of her belongings to properly clean. Resident #102 reported she can smell the stale urine from when staff does not clean up the urine that drips out when her catheter is emptied. This surveyor noted a strong smell of urine in Resident #102's room, and the floor was visibly soiled with dried urine spots, dust and debris. Noted a heavy accumulation of thick dust underneath Resident #102's bed. Resident #104 (continued on next page)

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F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of a Minimum Data Set (MDS) assessment for Resident #104, with a reference date of 2/25/24 revealed a Brief Interview for Mental Status (BIMS) score of 10/15 which indicated Resident #104 was mildly cognitively impaired. In an observation/interview on 4/18/24 at 11:33 AM., noted Resident #104's bedroom floor which was visibly soiled with food crumbs, dust, debris, and random wrappers. The floor was noted to be sticky while walking on it. Resident #104 asked this surveyor if it was possible to find her TV remote control. This surveyor looked around, and then underneath Resident #104's bed. The TV remote was on the floor, under the bed near the head of the bed. The floor underneath the bed had a heavy accumulation of thick dust and debris. There were other random items under the bed which were also full of a thick dust. In an interview on 4/23/24 at 11:00 AM., Housekeeper (Hsk) W reported it was the housekeeping departments responsibly to clean residents rooms, and all common areas. Hsk W reported we usually don't double back unless someone (nurses or cnas) ask if we can help them clean something up. Hsk W reported the residents entire room should be wiped down, swept underneath everything that we can reach, and or the residents allow us to move for them. Hsk W reported underneath the beds should be swept daily, but the housekeeping department is short staffed so sometimes sweeping and mopping does not get completed for every resident. Review of a facility Policy with a revision date of 10/30//23 revealed: Policy: .Cleaning Schedules- It is the policy of this facility to identify the functional areas in the facility that require cleaning and to use cycle cleaning schedules to outline the frequencies and maintain regularly scheduled environmental service tasks Policy Explanation and Compliance Guidelines: 1. Routine cleaning of environmental surfaces and non-critical resident care items shall be performed according to a predetermined schedule and shall be sufficient enough to keep surfaces clean and dust free. 2. Surfaces that are frequently touched by hands of health care personnel and residents, may require more frequent cleaning. 3. The facility will have a routine schedule that designates the cycle of areas to clean. 4. Specific areas include: a. Hallways/Dayrooms/Dining Rooms b. Offices/Support Rooms/Exterior c. Showers/Utility/Bathrooms d. Resident Rooms 5. The frequency of cleaning and disinfection of the facility environment may vary according to the: a. Type of surface to be cleaned b. The number of individuals in the area c. Amount of activity in the area d. Risk to residents e. Amount of soiling .