STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235052	A. Building B. Wing	07/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aberdeen Rehabilitation and Skilled Nursing Center	5500 Fort St Trenton, MI 48183

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Reasonably accommodate the needs and preferences of each resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** This citation pertains to MI001221903.Based on observation, interview, and record review, the facility failed to ensure that a call button was within reach for one resident (R110) out of four residents reviewed for call light access. Findings include: It was reported to the State Agency that residents' call lights were placed out of reach.On 7/16/25 at 3:05 PM, R101 was observed sitting in her wheelchair in her room. R101 was heard calling for help. R101 stated, I'm hurting, and I need to get in bed.On 7/16/25 at 3:06 PM, Activity Aide (AA) H entered R101's room and stated, (R101) likes to lay down. R101's call button was positioned approximately three feet from where R101 was sitting in her wheelchair. AA H said that R101 was not able to reach her call light.On 7/16/25 at 3:40 PM, the Director of Nursing (DON) joined the Surveyor in R101's room. R101 was observed sitting in her wheelchair but no longer stated she was in pain and needed to get in bed. The call light remained approximately three feet from where R101 was sitting in her wheelchair. The DON stated, The call light was not within her reach.A review of the clinical record for R101 documented an admission date of 12/7/24 and readmission date of 6/16/25. R101's diagnoses included chronic obstructive pulmonary disease, hemiplegia and hemiparesis, muscle weakness, and difficulty in walking. A Minimum Data Set assessment dated [DATE] documented severe cognitive impairment and the use of a wheelchair for mobility. Record review of R101's risk for fall care plan, dated 6/16/25 documented, Keep call light in reach at all times while I am in my room.A review of the facility policy titled, Answering the Call Light, dated 3/10/2010, documented When the resident is in bed or confined to a chair be sure the call light is within easy reach of the resident.On 7/17/25 at 12:45 PM during the exit conference, the Nursing Home Administrator and DON did not offer additional documentation or information when asked.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. This citation pertains to MI1221903.Based on observation, interview, and record review, the facility failed to ensure the Unit 300 shower room was maintained in a clean and sanitary manner, resulting in the residents' environment not being homelike and the potential for spread harmful pathogens. Findings include:It was reported to the State Agency that the facility was not maintained clean and sanitary.On 7/16/25 at 2:54 PM, observations of two shower stalls located in a Unit 300 shower room were made with Certified Nurse Aide (CNA) G. A wet, used face cloth and gloves were on the floor of the shower stall typically used with a shower chair. On the floor of the shower stall typically used with a shower gurney was a used patient gown and two wet used face cloths. CNA G said she was at the end of her shift and neglected to clean the shower. CNA G said the shower rooms should not have been left that way.On 7/17/25 at 11:53 AM, the Director of Nursing (DON) said approximately 18 residents use the shower room on Unit 300. The DON said staff were supposed to clean the shower room after every shower for infection control purposes. Used linen should be placed in a bag and put in the soiled utility room.A review of the facility policy titled, Showers, dated 9/2018, documented in part the following:- Pick up all towels, bath cloths, soiled clothing, etc. Discard in the soiled laundry container inside the bath area. (Note: Laundry/linen soiled with visible blood should be discarded in a biohazard container [e.g., red bags].) - Clean equipment used. Use a disinfectant solution.On 7/17/25 at 12:45 PM during the exit conference, the Nursing Home Administrator and DON did not offer additional documentation or information when asked.