

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235088	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/24/2026
NAME OF PROVIDER OR SUPPLIER  Grand Traverse Pavilions		STREET ADDRESS, CITY, STATE, ZIP CODE  1000 Pavilions Circle Traverse City, MI 49684	
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)		
<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> This citation pertains to intake 2726722. Based on interview and record review, the facility failed to treat one Resident (#2) with dignity and respect out of three residents reviewed for resident rights. This deficient practice resulted in Resident #2 experiencing emotional distress and feelings of intimidation. Findings include: Resident # 2 (R2) A review of R2's Electronic Medical Record (EMR) indicated R2 was admitted to the facility on [DATE], with diagnosis including depression. R2 was noted to have a Brief Interview for Mental Status (BIMS) score of 15/15, indicating normal thinking. On 2/23/26 at 10:42 AM, R2 was observed sitting in his recliner with portable cooling unit, and fan with ice filled tub behind it. Thermostat in room indicated it was 76 degrees in the room. During an initial interview on 2/23/26 at 10:43 AM, R2 stated the Nursing Home Administrator (NHA) and two maintenance guys came to his room on the morning of 1/26/26. R2 stated the three men did not knock prior to entering the room. R2 stated he had just had his food tray delivered to his bedside table and was about to eat, when the NHA leaned over the food tray and started yelling at him regarding his window being open, calling R2 by his roommate's name. R2 stated the NHA's posture was intimidating to him. R2 stated he corrected the NHA regarding his name, yet the NHA continued to speak to him utilizing his roommate's name. R2 stated the NHA asked where he had come from, so R2 told him the previous facility he had lived at. The NHA proceeded to ask R2 if he was able to open the window at the previous facility, in which R2 stated he could. R2 stated the NHA then told him the facility could see about getting R2 back to his previous facility in a rude way. R2 felt the NHA was trying to kick him out of the facility and R2 had no desire to go back to his previous facility. R2 stated he felt the NHA was condescending, belligerent, and angry when the NHA spoke to him. R2 stated, a few days later, on the morning of 1/30/26, the NHA came back to his room asking if they were cool with everything and stating you aren't going to open your window anymore, in a snide tone. R2 felt threatened and scolded by the NHA and felt if he went out in the hallways, the NHA would see him and yell at him again. On 2/23/26 at 2:28 PM, during an interview, Social Worker A stated it was a few days after the NHA's conversation with R2 before she was aware R2 had a different view on the incident than just a normal conversation. Social Worker A stated R2 felt the NHA spoke to him in an intimidating way using an angry and condescending tone. On 2/23/26 at 2:35 PM, during an interview, Assistant Director of Nursing (ADON) B stated R2 reported to her he was talked to by the NHA on 1/26/26 and indicated he did not like the way the NHA had spoken to him. During a follow-up interview on 1/23/26 at 2:51 PM, R2 stated he felt uneasy about getting yelled at or if he would be called by the wrong name again if saw the NHA. Review of the facility's investigation revealed a statement of event in resident room which was provided by the NHA on 1/30/26. The statement read in part. I told the resident as he sat in his chair, with the tray table between us in a firm voice and he (R2) stated that he could hear me and that the window cannot be opened and that it makes the heating system not work well. I further asked him (R2)</p> <p>(continued on next page)</p>		

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:  235088	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/24/2026
NAME OF PROVIDER OR SUPPLIER  Grand Traverse Pavilions		STREET ADDRESS, CITY, STATE, ZIP CODE  1000 Pavilions Circle Traverse City, MI 49684	
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)		
<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>where he came from and he stated (former facility). I further asked if he (R2) had his window open at (former facility) .he did not respond. Further, if he wanted his window open.then perhaps he would like to go back to (former facility) where they could accommodate his desire.Further review of the incident report indicated a phone interview conducted with a Certified Nursing Assistant (CNA) who had worked R2's unit on 1/29/26 read in part .upon greeting him (R2) he said, I'm alright. She (CNA) continued to explain he (R2) is usually joking around with staff, his (R2) personality felt off. Are you okay? and he (R2) shrugged his shoulders. CNA explained R2 said NHA was loud and aggressive, NHA wouldn't use my name after I (R2) told him what it was, he leaned over my table and yelled at meOn 2/24/26 at 2:14 PM an interview was conducted with the NHA, who stated he went into R2's room with two maintenance men. The NHA stated one of the maintenance men informed him R2 was the roommate's name. The NHA stated he had called R2 by the roommate's name.The NHA stated he had asked R2 where he had lived before and R2 told him (former facility) where R2 could open his window. The NHA stated that perhaps (former facility) was a better place for him.Review of the facility's Abuse Prohibition and Prevention Program policy, stated,Our organization is committed to protecting our residents.f. not limited to, humiliation, harassment, threats of punishment.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235088	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/24/2026
NAME OF PROVIDER OR SUPPLIER  Grand Traverse Pavilions		STREET ADDRESS, CITY, STATE, ZIP CODE  1000 Pavilions Circle Traverse City, MI 49684	
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)		
<p>F 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to and the facility must promote and facilitate resident self-determination through support of resident choice.</p> <p>This citation pertains to intake 2734782Based on observation, interview, and record review, the facility failed to follow resident choices for one Resident (#7) of three residents reviewed. This deficient practice resulted in feelings of hopelessness and frustration.Findings include:Resident #7 (R7)Review of R7's Electronic Medical Records (EMR) revealed admission to the facility on 2/17/26 with diagnosis including aftercare following joint replacement surgery. R7 was noted self-responsible for his medical and financial decisions.An interview was conducted with R7 on 2/23/26 at 11:01 a.m. R7 stated that he has been feeling very frustrated since his admission, I wake up between 6:00 a.m. and 7:00 a.m. I put on my call light to get dressed and ready for the day. Over the weekend, they did not get me up and dressed until 9:00-9:30 a.m. The staff came in and told me I had to wait because they don't get people up that early, or I wasn't a priority for them to get up. I even missed my shower today because of waiting. Also, I had an accident over the weekend and soiled myself because of staff not getting me up. It was embarrassing. R7 confirmed with this surveyor, he had discussed with staff what time he would like to get up in the morning, They don't listen and they refuse to get me up.A review of R7's Bowel and Bladder record showed R7 was noted to be incontinent of bowel and bladder on 2/22/26. A follow-up interview was conducted with R7 on 2/24/26 at 9:00 a.m. R7 was noted to be sitting in his recliner chair, visibly upset. R7 stated, I woke up again around 6:30 a.m., and they refused to get me up. I didn't receive any help until 7:45 a.m. Then by the time they got me ready my breakfast was here, but they sent me down to get weighed so when I came back it was already cold. I don't understand why they won't help me. Why won't they listen?An interview was conducted with the Director of Nursing (DON) on 2/24/26 at 11:15 a.m. The DON stated the admitting nurse is responsible to interview residents for their preferences on what time to get up, and those preferences would be listed on the residents Kardex sheets. A request was made for R7's Kardex.An interview was conducted with Registered Nurse (RN)/Education Director G on 2/24/26 at 11:35 a.m. RN G stated all staff are educated on resident rights and choices, with the Social Services Directors and Assistant Director of Nursing on each unit responsible for noting residents' personal preferences.Review of R7's Kardex dated 2/24/26 read, in part, Dressing: The resident is totally dependent on (2) staff for dressing. Further review of R7's Kardex did not indicate his preferences regarding what time he would like to get up in the morning.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235088	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/24/2026
NAME OF PROVIDER OR SUPPLIER  Grand Traverse Pavilions		STREET ADDRESS, CITY, STATE, ZIP CODE  1000 Pavilions Circle Traverse City, MI 49684	
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)		
<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> This pertains to intakes 2687925 and 2741873. Based on observation, interview, and record review the facility failed to ensure adequate supervision and/or implement appropriate interventions to prevent falls for three Residents (#1, #3, &amp; #5) of three residents reviewed for falls, resulting in Resident #3 sustaining a right hip fracture which required hospitalization and surgical intervention. Findings include: Resident #3 (R3) A review of a fall report dated 12/9/25, at 5:03 am, indicated R3 fell in the bathroom. The incident description indicated . CNA heard loud sound from room and when he went into room, he observed the resident on the floor in the bathroom. Resident Description: Resident does not remember what happened but thinks she messed up her footing and slipped on the floor. She stated she did not look (sic) consciousness but did hit her head. Other Info: Patient did not have proper footwear on and told CNA she was okay to be left alone before sitting down onto the toilet. Pt (patient) believes she lost her balance and slipped on the floor but doesn't remember exactly what happened. She was admitted partially for orthostatic hypotension. A review of R3's Electronic Medical Record (EMR) indicated R3 was admitted to the facility on [DATE] with diagnoses including weakness, malaise, and orthostatic hypotension (a sudden drop in blood pressure occurring when standing up from a seated or lying position). A review of the Minimum Data Set (MDS) assessment for R3 dated 12/5/25 had a Brief Interview for Mental Status (BIMS) score of 12/15, indicating moderate cognitive impairment. A score of 12/15 according to the Clevelandclinic.org indicates moderate problems with thinking and memory and suggested a resident would need increased assistance with daily activities and monitoring for cognitive decline. A statement provided by the facility from the CNA that ambulated R3 to the bathroom on 12/9/25 stated, I answered the call light, and she (R3) said she needed to use the bathroom. I put her gait belt and ambulated her to the bathroom. When we got there, she pulled her own pants down and told me I could leave. As I was leaving, she missed the toilet and landed on the floor. Several attempts to interview this CNA regarding this event were unsuccessful. A 'Progress Note' documented by Registered Nurse (RN) D on 12/9/25 at 5:28 AM revealed the following: Pt was ambulating to the bathroom with assistance from the CNA but before sitting all the way down, the patient told the CNA she was okay to be left alone. When the CNA closed the door, he heard a loud noise from the behind the door and observed the patient on the floor. RN arrived and observed the patient on the floor laying on her right side with walker laying next to her. CNA and RN were able to get patient up and onto the toilet. Patient stated she did hit her head and that her right hip was painful. Once patient was done using the bathroom, she was wheeled back to her bed in a wheelchair. Vital signs were stable. RN assessed head and hip, no injuries noted, just pain. Tylenol given. Physician notified (sic) On 12/9/26 the on-call physician did a telehealth visit and ordered a right hip x-ray. On 12/9/26 an alert note indicated Xray positive for fracture in right hip, patient notified, provider gave order to send to ER (emergency room). On 2/23/26 at 4:19 PM during a phone interview, RN D stated she was unsure exactly how the fall of R3 went, as she was not present in the room when R3 fell. RN D recalled the CNA had stated he had just about got the door closed when he heard the loud noise from the bathroom. RN D stated R3 complained of pain of about a two, post fall. A review of R3's care plan indicated a focus was initiated on 12/5/25 stating the resident is at a high risk for falls r/t (related to) weakness. Interventions initiated on 12/5/25 included Do not leave resident alone in the bathroom and ensure that the resident is wearing appropriate footwear when resident is ambulating or mobilizing in wheelchair. R3 did not have proper footwear on to ambulate. Resident #1 (R1) A review of the EMR for R1 revealed the latest admission date to the facility on 1/9/24, with diagnoses including</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235088	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/24/2026
NAME OF PROVIDER OR SUPPLIER  Grand Traverse Pavilions		STREET ADDRESS, CITY, STATE, ZIP CODE  1000 Pavilions Circle Traverse City, MI 49684	
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)		
<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>neurocognitive disorder with Lewy Bodies (a progressive dementia characterized by abnormal protein deposits (Lewy bodies) in the brain, causing fluctuating cognition, detailed visual hallucinations, sleep disorder, and movement issues), major depressive disorder, bipolar disorder (a chronic mental health condition causing extreme, intense mood swings), Post-Traumatic Stress Disorder (PTSD) (a mental health condition that develops after experiencing or witnessing a traumatic event) and repeated falls. R1 had a Brief Interview for Mental Status (BIMS) score of 5/15, indicating severe cognitive impairment. The EMR indicated R1 had a fall in her room on 2/3/26 while on one-to-one observation by facility staff. An incident witness statement on 2/3/26 from Certified Nursing Assistant (CNA) C stated 1:1 w/(with) res (resident) (sic) in. Resident went to grab phone and slipped of bed. Resident proceeded to climb back in bed. An incident report on 2/4/26 12:22 AM stated in part This nurse was notified by CNA that resident had a fall. Upon arriving to the room, resident was already in bed. Head involvement. No pain or injury reported or observed upon assessment. Initial VS obtained, neuros intact. Resident remained in bed after assessment to rest. Resident Description: I was reaching for my phone and slipped off the bed, but I am good. On 2/24/26 at 9:14 AM, R1 was observed laying across her bed with legs hanging off, head against the wall, making resident half on half off her bed. Tray table to right about 12 inches away from the bed, no phone noted on tray table. On 2/24/26 at 9:31 AM a phone interview was conducted with CNA C, who stated R1 had sat up in bed, stated she was looking for her water, then the remote, and then turned and reached for her phone when R1 started to slide out of bed. R1's care plan was reviewed and revealed a focus was initiated on 10/24/23 R1 is at HIGH risk for falls related to confusion, gait and balance problems. Interventions on 4/28/25 Keep my frequently used items within my reach and on 2/9/26 I require 1:1 supervision due to poor safety awareness were initiated. R1 did not have frequently used items within reach. Resident #5 (R5) A review of the EMR for R5 indicated admission to the facility on 2/17/26, with diagnosis including secondary malignant neoplasm of other specified sites (cancer that has spread), squamous cell carcinoma of skin, scalp and neck (cancer arising from flat cells in a layer of skin), Diabetes Mellitus Type II (body develops insulin resistance and cannot use insulin efficiently, leading to high blood sugar levels), chronic kidney disease stage 4 (kidneys are significantly damaged, functioning at 15-29% of capacity), benign prostatic hyperplasia (enlarged prostate gland), and essential tremor (neurological disorder causing involuntary, rhythmic shaking, in the hands, head, or voice during movement). R5 was responsible for his own medical and financial decisions. On 2/17/26 at 3:00 PM, a fall risk evaluation indicated R5 was . alert oriented x 3. requires use of assistive devices (i.e. cane, wheelchair, walker, furniture). Gait / balance: Gait / balance Normal. Fall Risk Score: 13.0 Indicating R5 as a moderate risk for falls. On 2/17/26 at 3:02 PM, a clinical admission indicated . Mental Status: Alert &amp; Oriented x3, communicated verbally, speech is clear, is able to understand and be understood when speaking. Level of cognitive impairment: Alert (some forgetfulness). On 2/18/26 at 1:47 PM a therapy note indicated R5 is Assist of 1 to walk with walker. The fall report was completed on 2/21/26 at 7:34 PM, . Nursing Description: The CNA reported to RN that upon entering the room to do vitals, the patient was observed on the floor next to his bed. Neuro assessment completed. Patient denies hitting his head. Patient is noted to have a small skin tear on his right lateral knee area with scant amount of blood. Patient Description: Patient stated he was trying to get up to go to the bathroom. Other Info: Patient requires assistance with ambulation. Patient does at times ambulate with walker without assistance, but this time walker was left in the bathroom, and he wasn't able to get to it so he attempted to ambulate without it. On 2/21/26 at 8:07 PM an incident report documented a statement which read as follows: Patient fell, no head involvement. Alert with clear speech. Able to move all 4</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235088	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/24/2026
NAME OF PROVIDER OR SUPPLIER  Grand Traverse Pavilions		STREET ADDRESS, CITY, STATE, ZIP CODE  1000 Pavilions Circle Traverse City, MI 49684	
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 0689  Level of Harm - Actual harm  Residents Affected - Few	extremities, Vitals are stable.A review of R5's care plan indicated a focus was initiated on 2/17/25 stating the resident is at high risk for falls r/t poor safety awareness, with interventions including ensure all necessities are within reach of the patient, encourage proper ambulatory assist device if applicable. R5 did not have his walker, a necessity within reach.The facility's policy titled Fall and Injury Reduction Policy dated 7/8/24, stated its purpose was To prevent or minimize resident falls and injury, while promoting the highest level of resident independence possible.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235088	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/24/2026
NAME OF PROVIDER OR SUPPLIER  Grand Traverse Pavilions		STREET ADDRESS, CITY, STATE, ZIP CODE  1000 Pavilions Circle Traverse City, MI 49684	
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)		
<p>F 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options.</p> <p>This citation pertains to intakes 2734782, Based on interview and record review, the facility failed to honor resident food preferences for three Residents (R2, R7, R8) of four residents reviewed for nutritional services. This deficient practice resulted in residents continuing to feel frustrated over their daily meal choices. Findings include: An interview was conducted with R7 on 2/23/26 at 11:01 a.m. R7 stated, The food here is horrible. You never get what you want or ask for, then they try to correct it with an alternate but it's almost too late by the time you get your meal. I am not picky, but when you ask for something and you don't get it, it's frustrating. An interview was conducted with R8 on 2/23/26 at 11:16 a.m. R8 stated, I have issues with the food often. They (staff) either get me something that I don't want or didn't order. Then I have to send my tray back and wait for the kitchen to give me my correct food. It's frustrating. On 2/24/26 at 9:00 AM, an interview was conducted with R2. He stated the kitchen does not get his food preferences correct all the time. He stated he cannot have spinach because of the vitamin K, due to medications he is taking, and he still receives it on his tray. He stated it goes in streaks on whether he gets things he doesn't like or doesn't want, then he will have to send the meal back. An interview was conducted with Nutrition Assistant/Staff H and General Manager (GM)/ Food Director I on 2/24/26 at 10:34 a.m. Staff H stated that upon admission, they will interview residents for their likes/dislikes and food preferences and will prepare an individualized meal ticket based on that interview. Staff H states that they update the residents' preferences yearly. GM I stated that the current procedure in place is to take orders in advance for the next day, with floor staffing utilizing the individual ticket with the menu printed. Then those tickets are to be returned to the kitchen. GM I stated that there have been known issues where either the tickets to not get returned to the kitchen, or floor staff are just circling items without discussing them with the resident. In these instances, GM I stated that the kitchen prepares what was circled or the main meal for that resident. We know there is a margin of error for the system we have right now. We continue to have issues with this including last night's dinner meal and this morning's breakfast meal. An interview was conducted with Registered Nurse (RN)/Education Director G on 2/24/26 at 11:35 a.m. RN G stated that staff are educated to go to each unit's pantry and pick up food order tickets for the following day, and to discuss and help select residents' meal choices in advance. RN G stated that floor staff are responsible for returning the tickets back promptly so the kitchen can prepare enough food for the residents. Education was provided on what a tray ticket looks like, and what staff should be mindful of when taking residents' orders. RN G did state that there have been instances where meal tickets are returned promptly and that the kitchen staff will prepare the main meal for a resident, who may not like that choice, but RN G stated then a call is made to the kitchen to prepare an alternate or ask for additional food for that resident. Review of the facility's Nutritional Assessment and Monitoring revised on 7/2/25 read, in part, The Registered Dietitian or Nutrition Assistant will obtain Food preferences as soon as possible, preferably within 72 hours of admission. Dietary staff will continue to follow up until preferences are completed. Food preferences will be re-viewed periodically. Review of the facility's Food Services policy, undated, read, in part, The Organization provides each resident with a nourishing, palatable and well-balanced diet that meets the daily nutritional and special dietary needs. The administrative staff of the Food Services Department has responsibility for: integrating the nutritional aspects of resident care through communication and the sharing of specialized information with the interdisciplinary treatment team. identification, monitoring and evaluation of quality indicators to enhance nutritional care and services being delivered to the</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235088	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/24/2026
NAME OF PROVIDER OR SUPPLIER  Grand Traverse Pavilions		STREET ADDRESS, CITY, STATE, ZIP CODE  1000 Pavilions Circle Traverse City, MI 49684	
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)		
<p>F 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>residents.</p>		