STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235113	A. Building B. Wing	12/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Saginaw Senior Care and Rehabilitation Center, LLC	4322 MacKinaw Road Saginaw, MI 48603

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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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide appropriate treatment and care according to orders, resident?s preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to ensure 1. Medications were not left at bedside for Residents #24 and #28; 2. Medications was administered with physician order for Resident #28; and 3. Timely assessment, intervention and ongoing monitoring were completed for Resident #9's new skin alternation was completed. Findings Include:Resident #9On 12/2/2025 at approximately 1:15 PM, Resident #9 was observed resting in bed, his left eye appeared reddened with thick colored drainage. Cascading down the left side of his mouth, there were multiple clusters of tan colored circular appearing sores. The resident reported the physician assessed both areas the day prior. Nurse E shared the resident was evaluated by the physician yesterday and prescribed antibiotic eye drops for conjunctivitis and the skin area by his mouth was also assessed.On 12/2/2025 at approximately 4:00 PM, a review was conducted of Resident #9's medical record and it revealed the resident admitted to the facility on [DATE] with diagnoses that included, Hemiplegia & Hemiparesis, Chronic Kidney Disease, Hyperlipidemia, Hypertension and Heart Disease. Further review of the records revealed the following:Progress Notes:12/1/2025 at 14:56: (Physician) rounded, Resident has redness and drainage to left eye. Resident denies pain.12/2/2025 at 15:17: Resident continues antibiotics for conjunctiva no adverse reactions notes. There were no progress notes regarding Resident #9's skin alteration. Skin Assessment:12/1/2025: Nothing new noted December 2025 TAR (Treatment Administration Record):There were no treatment orders in the TAR related to Resident #9's skin alterations on his face.On 12/3/2025 at 1:40 PM, Infection Preventionist H shared Resident #9 is being administered an antibiotic for pink eye. Preventionist H was asked if the skin alteration by the left side of his mouth was assessed and she reported she was not aware of any issues. Resident #9 was observed in his wheelchair and the left corner of his mouth was reddened with herpes like lesions cascading down by his jaw line. The right mouth crease area had smaller but similar lesions. Preventionist H reported she was not aware of this, but their Clinical Care Coordinator did round with the physician, and she will gather additional information on if this area was assessed. Preventionist H was asked if documentation on this area would be an expectation and she responded, yes.On 12/3/2025 at 1:50 PM, CNA (Certified Nursing Assistant) M shared Resident #9 has had those circular skin lesions for approximately 3-4 days. She explained them as crusted appearing scabs, which she thought was connected to his eye infection, as its on the same side of face and could have drained down. On 12/3/2025 at 3:45 PM, Infection Preventionist H stated the skin alteration on Resident #9 is now being treated with A&D ointment twice daily for two weeks and a one-time order for today. After speaking with the physician, they think it is MASD (Moisture- Associated Skin Damage). After speaking with the Clinical Care Coordinator, it was stated the assessment on Monday it looked like chapped skin. Resident #24On 12/2/2025 at 11:45 AM, Resident #24 was observed resting with her eyes closed in bed. A small medicine cup with a thick, light brown substance was observed puddled beneath the end of the bed and wheelchair. On 12/2/2025 at approximately 12:00 PM, Nurse E was informed regarding the unknown substance and upon entering the room Nurse E identified the unknown substance as Pro-Stat (supplement to promote wound healing). Resident #24 then stated she accidentally knocked it over. It appeared the entire contents of cup had been spilled out.On (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	12/3/025 at approximately 8:30 AM, a review was conducted of Resident #24's medical records and it indicated she admitted to the facility on [DATE] with diagnoses the included, Idiopathic Hypotension, Parkinson's Disease, Abdominal Aortic Aneurysm, Major Depressive Disorder, Heart Disease and Intestinal Obstruction. Further review of Resident #24's records revealed the following:December MAR (Medication Administration Record):- Pro-Stat AWC- two times a day 30ml (milliliters) prostat [NAME] Marked off on the MAR as administered to Resident #24 on 12/2/2025 upon rising.Progress Notes:There are no progress notes that detailed the resident was not administered the Pro-stat as she spilled it nor that it was readministered to her. Medication Audit Report:The report indicated Resident #24 was administered Pro-stat 30ml on 12/2/2025 at 8:21 AM.It can be noted Resident #24 does not have a physician order or assessment for self-administration of medications. The Pro-stat was left at bedside for approximately three hours without nursing being aware it had not been ingested as the resident had spilled it. Furthermore, the documentation related to this occurrence was nonexistent. On 12/3/2025 at 12:05 PM, an interview was conducted with the DON (Director of Nursing) regarding the observation with Resident #24. The DON reported while the nurse would not have been able to change her initial documentation in the MAR, she could have completed a progress note after the fact to the occurrence. The DON stated Resident #24 is not assessed to administer her own medications nor should medications be left at bedside. On 12/4/2025 at 10:30 AM, the Administrator shared they have educated nursing staff about leaving medications at bedside at their staff meetings on 7/2/2025, 7/29/2025 and 9/16/2025. Resident #28 On 12/2/2025 at 1:40 PM, Resident #28 shared she is prescribed Jardiance and at times it causes flare ups in her perineal area. On Saturday she was uncomfortable, and a nurse provided her with peri cream for that area which was effective. On Sunday morning around 5:00 AM the resident began to feel uncomfortable again and requested the same peri cream from the CNA (Certified Nursing Assistant). The CNA informed Resident #28 she would alert the nurse to her needs. Resident #28 proceeded into the restroom and prepared herself to apply the cream, she heard someone come into the room and place what she believed to be the peri cream on her bedside table. The resident put on gloves, picked up the small cup and began to apply the cream generously to her vaginal area. Resident #28 soon realized she was applying muscle rub to her vaginal area not peri cream. Clinical Care Coordinator/Wound Nurse L was aware of the incident and reviewing the concern form with her for accuracy. Coordinator L shared once she was made aware she took the resident to shower and completed a skin assessment to which she did not find any alterations.On 12/2/2025 at approximately 3:30 PM, a review was conducted of Resident #28's medical records and it indicated the resident was admitted to the facility on [DATE] with the primary diagnosis of Congestive Heart Failure. Resident #28 was able to make her needs known to staff. Further review of Resident #28's medical record yielded the following:Physician Orders:There was no current order for the muscle cream that was left at bedside for Resident #28 to apply. Nor was there an order for self- administration of medications. Assessments:There was no self- administration of medications assessment completed for Resident #28.Progress Notes: There were no progress notes located regarding the resident applying the muscle cream to her vaginal area, steps taken after nursing was informed of the incident and continued assessment and monitoring of the area.On 12/3/2025 at 11:35 AM, an interview was conducted with the DON (Director of Nursing) regarding the incident. The DON stated the CNA assigned to Resident #28's care on night shift stated the resident asks for muscle rub around the same time every shift. When she pressed her call light she asked for muscle cream for her thigh. The nurse (assigned to Resident #28) stated the CNA informed him Resident #28 requested muscle cream for her thigh. The nurse took the muscle cream in the room and placed it down but did not hand it directly to the resident or further assess her need for the cream. Resident #28 called the nurse back to room to inform him that she applied the muscle cream to her vaginal area. The nurse provided her with towels and soap and filled the sink with water, so she was able to wash off the area. He also checked in on Resident #28, and she did not have any further complaints at that time.The DON was asked if the resident was (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	able to self- administer medications to which she replied, No. She also asked if Resident #28 had an order for muscle rub, given it was being applied (per staff account) regularly and she again replied, No. The DON expressed understanding with the concern.Review was conducted of the concern form completed by Resident #28: .Patient stated n 11/29/25 at 0500 patient asked her CENA for some cream for her peri area. Patient was in the bathroom when the nurse set a med cup with a cream in it on pt (patient) bedside table. The patient thought this was cream for her peri area. So she took the cream in the bathroom and applied it to her labia and entire peri area. She soon realized it was the wrong cream. Patient reported this to her CENA and nurse on Saturday as well as Sunday and states no assessment was done. Situation brought to wound care nurse on Monday 12/1/2025 at 1430. Review was conducted of the facility policy entitled, Medication Administration-General Guidelines, dated September 1, 2023. The policy stated, .Medications are administered in accordance with written orders of the prescriber.Residents can self-administer medications when specifically authorized by the attending physician and in accordance with procedures for self-administration of medications.The resident is always observed after administration to ensure the dose was completely ingested.topical medications used in treatments are listed on the treatment administration record. Review was conducted of the facility policy entitled, Self-Administration of Medications dated June 2019. The policy stated, Residents who desire to self-administer medications are permitted to do so if the facility's interdisciplinary team has determined that the practice would be safe for the resident and other residents in the facility, and there is a prescribers order to do so.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. Based on observation, interview and record review, the facility failed to identify open dates on multi-dose medications in 3 of 3 medication carts for Resident's #38, #42, #57, #62, #83, and #84, resulting in opened and undated multi-dose medications.Findings include: Observation and interview on 12/03/2025 at 7:35 AM Review med storage of the 3rd drawer of the medication cart 100 hall revealed of Resident #83's ophthalmic drops noted: timolol 5%, and Latanoprost 0.005% both are open and used with no open dates on boxes or bottles. licensed Practical Nurse (LPN) Q stated that she is a float nurse and that she just started her shift and she did not open those medications or use them. Observation of multi-dose medications noted a white sticker with open date and expiration date that the nursing staff are to fill out upon opening the medication. Record review of Resident #83's December 2025 Medication Administration Record revealed Timolol 5% ophthalmic solution install 1 drop in both eyes two times a day for glaucoma was administered upon rising and at bedtime on 11/29/2025, 11/30/25, 12/1/25, and 12/2/25. Latanoprost 0.005% ophthalmic solution install 1 drop in both eyes at bedtime for glaucoma was administered at bedtime on 11/29/2025, 11/30/25, 12/1/25, and 12/2/25.Observation during medication administration pass on 12/03/2025 at 8:02 AM of the 400 hall Medication cart revealed that Resident #62 had two (2) Fluticasone-Salmeterol Inhalation Aerosol powder breath activated 250-50 mcg/act devices for the resident that were opened and the seals broken with no open/used date on the device or the box. There were two (2) Fluticasone-Salmeterol inhalations devices both opened/used and not dated. Inhaler Device #1 had 60 doses, with 17 doses left to use, and the #2 inhaler device had 60 doses with 59 doses left on the inhaler device to be used. Record review of Resident #62's Medication Administration Record for November 2025 revealed that the resident had Fluticasone-Salmeterol Inhalation Aerosol powder breath activated 250-50 mcg/act one inhalation inhaled orally two times a day for COPD (Chronic Obstructive Pulmonary Disease) 1 puff BID. Order start date: 8/4/2025. Record review of Resident #62's November 2025 and December Medication Administration Record revealed that the resident had Fluticasone-Salmeterol Inhalation Aerosol powder breath activated 250-50 mcg/act one inhalation inhale orally two times a day for COPD (Chronic Obstructive Pulmonary Disease) 1 puff BID.In an observation and interview on 12/04/2025 at 7:56 AM with the Director of Nursing (DON) in the 100/200 medication room refrigerator noted 2 insulin pens located on the bottom of the refrigerator on the lowest surface of the refrigerator. The DON stated that no those should not be on the bottom of the refrigerator, they should be on the shelf with the other insulins. She did not know why the 2 insulin pens were resting on the floor of the refrigerator. Observation and interview on 12/04/2025 at 8:10 AM of the 300/500 hall medication cart with Licensed Practical Nurse (LPN) R revealed R#84 had Albuterol sulfate 90mcg inhaler was opened and did not have an open date on device or box. R#57 had inhaler Anoro Ellipta inhaler 62.5/25 mcg device was opened and used and did not have an opened date on device or box. R#38 had a Symbicort160/4.5 mcg inhaler with 110 doses left out of a 120 dispensed left on the device. There was No open date on device or box. Record review of Resident #84's December 2025 'Medication Administration Record' revealed Albuterol sulfate 90mcg inhaler 1 puff inhaled orally four times a day related to chronic obstructive pulmonary disease was administered on 12/01/25, 12/02/25 and 12/03/25. Record review of Resident #57's December 2025 'Medication Administration Record' revealed Anoro Ellipta inhalation aerosol powder breath activated 62.5/25 mcg, one inhalation inhaled orally in the morning for chronic obstructive pulmonary disease was administered on 12/01/25, 12/02/25 and 12/03/25. Record review of Resident #38's December 2025 'Medication Administration Record' revealed Budesonide-Formoterol Fumarate Inhalation Aerosol 160-4.5mcg (Symbicort), two puffs inhale orally tow times a day for chronic obstructive pulmonary disease was administered on 12/01/25, 12/02/25 and 12/03/25. Record review of the facility (continued on next page)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	pharmacy 'Storage and Stability of Selected Medications' list undated, located within the medication carts ring binders noted that inhalers, nasal spray, & nebulizer treatments date when opened. Ophthalmic & Otics date when opened.

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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** Based on observation, interview and record review, failed to ensure 1. maintain adequate biohazard receptacle (with lid) on the 300 and 500 halls in 2 of 2 soiled utility rooms reviewed for biohazard receptacles, and 2. proper infection control procedure during toileting and peri care for 1 resident (Resident #72) of 3 resident's reviewed for ADL care, resulting in the potential to affect the health and safety of the facility water for a census of 68, increase the risk of cross contamination of blood borne body fluids and contaminated soiled linen bags. Findings Include: Based on observation, interview, and record review, the facility failed to have an active and ongoing plan for reducing the risk of legionella and other opportunistic pathogens of premise plumbing. Findings include: Biohazard Receptacle: Observation was made on 12/2/25 at approximately 9:45 a.m., on Hall 300 in the soiled utility room accompanied by Nurse, RN K revealed a cardboard box sitting on the floor with trash and a tied off red biohazard bag sitting inside without any top on it. During an interview done on 12/4/25 at 8:50 a.m., Infection Control Nurse, RN H said the procedure should be if body fluids, CNA's do initial clean up, housekeeping sanitizes. The red bag (containing blood and body fluids) should be put in the soiled utility rooms (on 300 and 500 hall) in a identified biohazard container with a top on it. When the biohazard container is full the facility contracts with a biohazard pick up company for removal. This surveyor repeatedly requested this policy/procedure for red bag (blood and body fluids) disposal throughout the survey. A booklet of operating procedure for an OnSite Waste disposal machine (used per booklet for sharps) was given to this surveyor. According to the operating booklet, another machine was available if requested by the facility for reg bag disposal. No policy/procedure was given to this surveyor during the survey regarding biohazard waste containment or disposal. On 12/4/25 at 9:00 a.m., the Director of Nursing and this surveyor went with CNA's C and D as they walked us through how to dispose of a red biohazard bag. Both CNA's walked to the 300-hall soiled utility room, opened the door and said there was supposed to be a biohazard container in the room for red bags. Both of the CNA's were surprised it was not there. Both halls, 500 and 300 biohazard containers, were missing. When this surveyor asked the CNA's what they would do if they had a red bag at that time, they both agreed they would put it in the regular trash bin in the soiled utility room. During an interview done on 12/4/25 at 8:50 a.m., Infection Control Nurse, RN H stated Central Supply/Stocker N took it (the biohazard container with the red bag and trash in it) to the trash, it's in the dumpster (outside regular trash dumpster). During an interview done on 12/4/25 at 10:30 a.m., Central Supply/Stocker N stated The Infection Control Nurse threw the biohazard container out in the dumpster. There should be a biohazard container with a lid on it in all soiled utility rooms (Halls 300 and 500). There should also be a trash can in the soiled utility rooms. I have never had this happen before; there has always been a biohazard container for them (staff) to use. During an interview done on 12/4/25 at 11:00 a.m., the DON stated There should be a biohazard container, I was not aware that the containers were removed from the soiled utility rooms. My plan is to educate staff about PPE (personal protective equipment) and biohazard containers. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Resident # 72: Review of the Face Sheet, Minimum Data Set/MDS dated 9/25, nursing progress notes dated 10/25 through 12/4/25, and care plans dated 9/5/25, revealed Resident #72 was [AGE] years old, admitted to the facility on [DATE], had confusion with a responsible party in place, and required assistance with all Activities of Daily Living/ADL's. The residents diagnosis included, Dementia, behavioral disturbances, visual deficit, chronic kidney disease, malnutrition, psychosis, and adjustment disorder. Observation made on 12/3/25 at 9:01 a.m., revealed Nursing Assistant/CNA C toileting and dressing Resident #72 in her room's bathroom. CNA C toileted, did peri care and dressed the resident (wearing gloves), then put the soiled linens in a clear plastic bag sitting on the floor in the bathroom. She then picked up the bag of soiled lines with her gloves still on and set it by two other bags of soiled linens near the exit door of the room. CNA C then proceeded to remove her contaminated gloves, washed her hands and then directly picked up the three bags of soiled linens off the floor and walked out of the residents' room directly to the soiled utility room on hall 500, opened the door and put the bags in the room in the soiled linen plastic container. Review of the residents ADL and Urinary incontinence care plans dated 8/24/25 and 9/5/25, revealed total dependance on staff for toileting, dressing and hygiene care. During an interview done on 12/3/25 at 8:15 a.m., CNA C said she did not realize she did not remove her gloves and wash her hands before she touched the outside of the soiled linen bags. CNA C said she knew she made a mistake, and the facility did educate her on infection control measures, handwashing and gloving. During an interview done on 12/4/25 at 11:00 a.m., the Director of Nursing/DON stated, I think the CNA (CNA C) needed a little more training, and IC (Infection Control Nurse) should be doing a bit more auditing. The DON said CNA C should have removed her gloves and washed her hands prior to touching the outside of the soiled linen bags. Review of the facility staff education done on 9/16/25, revealed an in-service titled Nursing Basics 101 was done which included basic ADL care. On 12/03/2025 at approximately 1:00-1:30pm during the environmental tour with the Maintenance Director A, observed uncapped shut off valves and an unused atmospheric vacuum breaker in the shower room located in the 200 hallways. On 12/03/2025 at approximately 1:55-2:15pm, during the housekeeping and laundry tour with the Housekeeping and Laundry Manager B, observed a hopper with a spray nozzle off to the side that appears to be unused in the soiled utility room adjacent to the laundry room. When interviewed on whether the hopper is used, the Housekeeping and Laundry Manager B stated that they don't use the hopper. On 12/03/2025 at approximately 1:55-2:15pm, during the housekeeping and laundry tour with the Housekeeping and Laundry Manager B, observed an unused atmospheric vacuum breaker upstream capped plumbing lines and an unused spray nozzle with accumulated dust on the nozzle in the soiled utility room located in the 500 hallways. On 12/03/2025 at 2:15-2:30pm, interviewed the Maintenance Director A on flushing the spray nozzle (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	to the hopper in the soiled utility room adjacent to the laundry room, and he stated that the spray nozzle is not flushed. When interviewed on whether the spray nozzle in the soiled utility room in the 500 hallways was flushed, he answered that it wasn't flushed. According to the facility's Dead End Water Pipe Policy, it states, The organization is committed to .identifying and assessing all dead end pipework in the building's water distribution system and removing or mitigating dead legs to ensure water safety. In addition, under the Corrective Actions section, it states Removal of Dead Legs .wherever possible, dead legs should be physically removed .capping off is discouraged because stagnant water can still accumulate. According to Controlling Legionella in Potable Water Systems by the Centers for Disease Control and Prevention dated January 3rd, 2025, Flushing: Flush low-flow piping runs and dead legs at least weekly. Flush infrequently used fixtures regularly as needed to maintain water quality parameters within control limits and Eliminate dead legs, which are sections of no- or low-water flow.

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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** Based on observation, interview and record review, failed to ensure 1. the water program was maintained properly, 2. maintain adequate biohazard receptacle (with lid) on the 300 and 500 halls in 2 of 2 soiled utility rooms reviewed for biohazard receptacles, and 3. proper infection control procedure during toileting and peri care for 1 resident (Resident #72) of 3 resident's reviewed for ADL care.Findings Include:Resident #18: Review of the Face Sheet, Minimum Data Set, dated 12/25, nursing progress notes dated 12/1/25 through 12/4/25, and orders dated 11/25, revealed Resident #18 was [AGE] years old, readmitted to the facility on [DATE] after a hospital transfer, required assistance with all Activities of Daily Living/ADL's, had a history of urinary tract infections/UTI's, was confused and unable to interview due to decreased cognition. The residents' diagnosis included, Dementia, Diabetes, Vascular Disease, Neuromuscular Dysfunction of Bladder, and had a feeding tube placed with and a suprapubic catheter. Review of physician orders and nursing progress notes dated 11/10/25, revealed Resident #18 was started on Doxycycline antibiotic for a UTI. Review of the residents Suprapubic Catheter care plan dated 11/25, revealed the catheter was to be checked every shift (including checked for tubing placement and having a privacy bag). Observation was made on 12/2/25 at 12:42 p.m., of Resident #18 wheeling herself slowing down hallway 500 toward the main dining room. The residents catheter tubing was noted to be dragging on the floor under her wheelchair. There was no privacy bag on the catheter bag connected to the tubing, and she was headed toward the dining room for lunch. During an interview done on 12/4/25 at 8:03 a.m., the Director of Nursing/DON stated We are supposed to change the catheter when they get back from the hospital, she was at the hospital. We don't have any privacy bags, we need them, I am going to order some. The DON agreed this was a dignity and protentional infection concern. Review of the facility Quality of Life Dignity policy dated 2009, stated Staff shall promote, maintain and protect resident privacy, including bodily privacy during assistance with personal care and during treatment procedures. Helping the resident's to keep urinary catheter bags covered.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235113	A. Building B. Wing	12/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Saginaw Senior Care and Rehabilitation Center, LLC	4322 MacKinaw Road Saginaw, MI 48603

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. Based on interview and record review, the facility failed to follow pharmacal procedure/policy regarding collection of discontinued narcotics, with a double/witness nurse signature when removed from medication carts, resulting in the potential for missing/misappropriation of narcotic medications. Findings include:Observation and interview on 12/2/2025 during the screening process of the annual survey of Resident #19, was observed to be lying in bed watching television. Resident #19 made good eye contact and revealed that the resident was admitted /transferred from another nursing home and that he was on pain medications when he first came to the facility. Record review of Resident #19's November 2025 Medication Administration Record (MAR) revealed that on 11/18/2025 the resident was started on Tramadol 50mg tablet narcotic/opioid by mouth for pain scheduled four times a day at 8:00am, 12:00pm, 4:00pm, 8:00pm. The 11/18/2025 Tramadol pain medication was discontinued on 11/26/2025. Then on 11/26/2025 Resident #19 was ordered Tramadol 50mg tablet oral four times a day scheduled at 00:00am (midnight), 06:00am, 12:00pm, 18:00pm. Record review on 12/5/2025 of the facility provided a large 4-inch white three ring binder, which held the 'Controlled Substance Proof-of-Use' forms dated from January 2025 through December 5, 2025 revealed that at the bottom of each proof of use form 'Disposition of Unused Drugs' required: Date discontinued, amount remaining, authorized signature, date disposed, disposal, and witness (second person). Record review of the large 4-inch ring binder noted a hundred or more 'Controlled Substance Proof-of-Use' form with the bottom disposition of unused drugs portion as blank. Within the large white ring binder, it was noted that Resident #19's Tramadol 50mg tablet 'Controlled Substance Proof-of-Use' form from April 12th, 2025, revealed Tramadol 50mg tablet narcotic/opioid by mouth every 8 hours. The 'Controlled Substance Proof-of-Use' form for Resident #19 noted that on 4/28/2025 the resident received one tablet that was signed out by the nurse with 12 (tablets) remaining. There were no signatures other signatures noted on the form. There were no witness signatures that the remaining narcotic/opioid medication was removed from the secure medication cart or by whoever had removed the narcotic medication. Record review of Resident #19's second 'Controlled Substance Proof-of-Use' form Tramadol 50mg tablet narcotic/opioid dated 4/12/2025 noted 60 tablets, again the disposition of unused drugs was left blank. Record review of Resident #19's third 'Controlled Substance Proof-of-Use' form Tramadol 50mg tablet narcotic/opioid dated 4/24/2025 noted 30 tablets, again the disposition of unused drugs was left blank. Record review of the facility provided 'Disposal of Medications and Medication-related supplies, Controlled Substance Disposal' dated 9/1/2023, revealed the facility complies with federal and state requirements for the disposal of medications included in the Drug Enforcement Administrations (DEA) classification of controlled substances . (C.) Controlled medications are disposed of in a manner which minimizes the risk of accidental exposure and/or diversion. (D.) All controlled substances remaining in the facility after a resident has been discharged or the order is discontinued are disposed of 1.) In the facility by two licensed nurses or a licensed pharmacist. (E.) Disposition of a resident's-controlled substances . is documented on the individual controlled substance count sheet. (G.) The nurse's and/or pharmacist witnessing controlled substance destruction ensures that the following information is entered on the controlled substance count sheet: Date of destruction, resident's name, Name and strength of medication, prescription number, quantity of medication destroyed, signatures of witnesses. (H.) Controlled substance count sheets are maintained with medication supply until they are destroyed and then they are stored for 5 years.In an interview and records review on 12/04/2025 at 9:20 AM with the Director of Nursing (DON) of Narcotic reconciliation and disposal process, the state surveyor observed discontinued narcotic/opioid medications were kept in a file cabinet in DON's office. Observation of the file cabinet drawer noted two (2) bottles of morphine sulfate liquid (Roxanol). Record review of the 'Controlled Substance Proof-of-use' forms for Morphine liquid (Roxanol) were noted to be blank under the heading (continued on next page)

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	of 'Disposition of Unused Drugs'. Record review of the Large white binder of 'Controlled Substance Proof-of-use' forms, noted a hundred or more forms in the binder. The Director of Nursing (DON) stated that 'we destroy the medications with drug buster chemical substance. We put three trash bags in a trash can, so there are three layers of trash bags, we scan the bar code on the pharmacy label, and then we punch out the medications into the trash bag and pour the drug buster stuff over the medications and throw the bag in the trash. The DON explained that the controlled substance proof of use forms (yellow forms) come from the pharmacy with each controlled medication, the sheet is used for counting the medication at each shift and the used medications are signed out on the sheets. Disposition of unused drugs: at the bottom of the pharmacy yellow sheet is blank, there are none with a two nurse witness signatures noted in the large white binder from January 2025 through today 12/4/2025 noted, there were few with single signature noted at the bottom of the forms. Process is that the narcotic medications are removed from carts by DON, stored in the file cabinet until disposal, the DON did not have the floor nurses witness the removal of the medications. The DON stated, I go to the cart to get the destruction meds, pick them up, put them in lock file cabinet, and my goal is to destroy meds very couple of weeks, so that my report to pharmacy is longer, instead of just one or two meds destroyed. I grab a manager, come into the office, match the medications with the matching sheets, I use the bar code scanner, the bar code on the med pack, we double check the med card, then punch the medications into the trash can, once we are done we pour the drug buster over the top of the medications and throw the bag away in the trash, It should go in the hazard bags, but we throw it in the trash. In an interview on 12/05/2025 10:01 AM with the Director of Nursing (DON) stated that I only have a second nurse sign at the time of the actual destruction on the pharmacy generated report that I print off sheet and have the second nurse sign at that time. Record review of the large white binder with the DON revealed that none of the controlled count substance count sheets (yellow forms) had two nurse signatures on the forms, there were hundreds of yellow forms to review with no signature, only a single signature noted on 'Controlled Substance Proof-of-use' forms.

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F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure medication error rates are not 5 percent or greater. Based on observation, interview and record review, the facility failed to ensure medication error rate was less than 5% when two medication errors were observed from a total of 25 opportunities for two sampled residents (#70 and #83). This deficient practice resulted in a medication error rate of 8% and the potential risk for decreased medication efficacy. Findings include: Resident #70:Observation on 12/3/2025 at 9:37AM of Resident #70's medication administration with Licensed Practical Nurse (LPN) Q of Ammonium Lactate External Cream 12%, was applied to the back area of the resident while seated up in chair at bedside. Voltaren 1% gel was applied to the bilateral knees and oral medications were given at the same time. Record review of Resident #70's ?Medication Admin Audit Report' dated printed 12/3/2025 at 12:52PM revealed that the medications Ammonium Lactate External Cream 12%, to the back was scheduled for 7:00AM and Voltaren arthritis pain external gel 1% was scheduled for 8:00AM administration. The 12/3/2025 administration time was documented as 9:30AM. Resident #83:Observation on 12/3/2025 at 9:03AM of Resident #83's medication administration with Licensed Practical Nurse (LPN) Q of Metformin oral 1000mg tablet for diabetes was administered at this time. The residents already had ingested their breakfast meal. Record review of Resident #83's ?Medication Admin Audit Report' dated printed 12/3/2025 at 12:52PM revealed that Metformin 1000mg by mouth two times day for diabetes take with food was scheduled for 8:00AM administration. The 12/3/2025 administration time was documented as 9:03AM. Record review of the facility 'Medication Administration- General Guidelines' policy dated 9/1/2023, revealed section B. Administration: Medications are administered within 60 minutes of scheduled time .In an interview and record review on 12/03/2025 at 12:04 PM with the Director of Nursing (DON) reviewed Resident's #70 and #83's ?Medication Admin Audit Report' revealed that Resident #70's Ammonium Lactate External Cream 12%, to the back was scheduled for 7:00AM and Voltaren arthritis pain external gel 1% was scheduled for 8:00AM administration. Resident #83's medication Metformin 1000mg tablet was scheduled to be administered at 7:00AM. Documented times of medication administered at 9:05. The DON stated that scheduled medications can be given 1 hour before and 1 hour after designated scheduled time. In an interview on 12/04/2025 at 1:16 PM with Resident #70 revealed that the staff do put mole cream on her back and a different kind arthritis cream on her knees and down my legs and on my toes too, all over. It helps and feels better. The mole cream, the one nurse will put it on before breakfast and then the next nurse will put it on later in the day after breakfast, and then they put it on again before bed. Observation and interview on 12/03/2025 at 8:21 AM with Registered Nurse O during the medication administration task revealed a resident list/report sheet with medications and vital signs left on top of the medication 400 cart open to all residents/staff/visitors that pass by. Registered Nurse O stated that she should have turned over the papers before leaving the cart to give medications to Resident.