STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235132	A. Building B. Wing	05/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Majestic Care of Flushing	540 Sunnyside Dr Flushing, MI 48433

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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** 40330 This Citation relates to Intake Number MI00143452. Based on observation, interview, and record review, the facility failed to ensure resident rights pertaining to dignified care for six residents (R3, R13, R24, R39, R55, and R72) and six Confidential Group residents (C1, C2, C3, C4, C5, and C6). This deficient practice resulted in a lack of dignified dining for R55, untimely call light answering for R3, R13, R39, and R72, six confidential group residents, and a lack of dignity related to privacy for R24. Findings include: R39 Review of R39's Minimum Data Set (MDS) assessment, dated [DATE], revealed R39 was admitted to the facility on [DATE], with diagnoses including heart failure and respiratory failure. The assessment revealed R39 required set up with eating, and was dependent for toileting, bed mobility, and transfers. The Brief Interview for Mental Status (BIMS) assessment revealed a score of ,d+[DATE], which showed R39 was cognitively intact. During an interview on [DATE] at 12:57 p.m , R39 stated the facility was short staffed, and she was left wet at times, as her call light was not answered timely or was out of reach. R39 stated, I am a check and change, and I wake up soaking wet .I can't reach my call light to put it on. The girl [unnamed nursing staff] does not come [to answer the call light] and it is often out of my reach and does not work properly . R39 conveyed this made her feel frustrated. R39 was in a bariatric hospital bed, and showed Surveyor how the call light was tightly wrapped around the enabler bar on her right side, and how she could not reach it with her right arm. Licensed Practical Nurse (LPN) F was on the hall and was asked where R39's call light should be placed. LPN F observed R39's call light wrapped out of reach around the right enabler bar, and clipped R39's call light to her hospital gown. LPN F verified R39's call light should be on her gown, in her reach, as she used her call light. Surveyor verified R39's call light was working at that time. R72 (continued on next page)

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

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of R72's MDS assessment, dated [DATE], revealed R72 was admitted to the facility on [DATE], with diagnoses including heart failure, kidney disease, and cancer, unspecified. R72 required set up with eating, maximal assistance for bed mobility, and declined transfers. The BIMS assessment revealed a score of , d+[DATE], which showed R72 was cognitively intact. During an interview on [DATE] at 1:16 p.m., R72 reported they waited two to three hours for their call light to be answered, when they need to have a bowel movement, or needed items in their room, as they had a urinary catheter. R72 conveyed this made them feel frustrated, and this was too long to wait for assistance. R 72 stated, I wish they could be quicker. R72 showed Surveyor how his legs had pitting edema, and reported this was why he was dependent upon staff, as he could not get out of bed due to the marked bilateral edema. The Director of Nursing (DON) was made aware. R13 Review of R13's MDS assessment revealed R13 was admitted to the facility on [DATE], with diagnoses including heart failure, kidney disease, and depression. The assessment revealed R13 required set up with eating, maximal assistance with bed mobility, and was dependent for transfers. The BIMS assessment revealed a score of ,d+[DATE], which showed R13 was cognitively intact. During an interview on [DATE] at approximately 2:45 p.m., R13 reported she had to wait for hours for her call light to be answered and get on or off the bedpan, reporting staff would turn off the call light at night and sometimes not return. R13 clarified she needed a mechanical lift for transfers, and she had to wait to go to bed frequently, as the lifts were not fully changed, and she felt staff should charge them regularly. R13 reported this resulted in feelings of frustration. R24 Review of R24's MDS assessment, dated [DATE], revealed R24 was admitted to the facility on [DATE], with diagnoses including heart failure, atrial fibrillation (heart rhythm disorder), seizure disorder, and manic depression (bipolar disorder). The assessment revealed R24 required set-up for eating, and moderate assistance for toileting and transfers. R24 was frequently incontinent of bladder and always incontinent of bowel. The BIMS assessment revealed a score of ,d+[DATE], which showed severe cognitive impairment. Review of R24's Care Plan, accessed [DATE], revealed R24 had severe intellectual disabilities. During an observation on [DATE] at approximately 2:45 p.m., R24 was observed with her room door open, exposed below the waist and uncovered, wearing a black T-shirt and an incontinence brief, with no privacy curtain closed, while two nursing staff were providing personal care for her roommate, behind a curtain. Two staff walked by, approximately four minutes later, and closed the outer room door. At approximately 2:50 p.m. , the two staff exited the room, and left the outer door open, and did not pull R24's privacy curtain. This left R24 exposed from the door to her room, in view of persons walking by in the hallway, with her incontinence brief showing. Approximately nine minutes later, a staff person walked by and covered R24. R24 did not resist being covered with a sheet, and said, Sheet only. R24 was observed with the sheet covering her a few more minutes and did not attempt to remove it. R24 was unable to be interviewed due to being distracted by her roommate. (continued on next page)

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an observation on [DATE] at 10:05 a.m., R24 was observed in their bed, covered with a blanket. Surveyor observed R24 resting in her bed a few minutes from the hallway. R24 kept the blanket in place and did not attempt to remove the blanket. R3 Review of the Electronic Medical Record (EMR) revealed R3 had a BIMS score of ,d+[DATE], which showed she was cognitively intact. During an interview on [DATE] at approximately 3:40 p.m., R3 reported there were not enough staff in the facility, especially on the weekends, including this past Friday when there was only one aide on her hall for a few hours. R3 stated they waited 30 minutes frequently and 40 minutes a few times for care, which resulted in incontinence, which frustrated her. Confidential Group Residents: During the confidential group meeting to review resident council on [DATE] at approximately 1:45 p.m., the following residents reported extended call wait times: C1: It happens quite regularly. I needed a brief change and I was really wet and I said, 'I need it changed,' and I pressed the button. After an hour, they said, I will be back, and then said she waited five hours. C1 stated, I felt like a piece of crap, as I'm lying in it [urine]. C1 added there were times they wanted to get up for an activity, and there was no one to put them on the lift and transfer them. C1 reported they recently missed a birthday party activity, as there were no staff to get them up. C2: I wait an hour and a half, the weekend before last, and I was in bed, I am totally incontinent and it made me feel like a second-class citizen. C2 added, Sometimes we have one aide for 28 residents on East [hall] and they don't do anything at shift change, and they pass waters, and call lights are not being prioritized. C2 added he had heard them say they only had one aide for 40 residents on the Central Hall a few times. C3: I don't even use my call light, as they explained it was not answered. C4's Family Member (FM) stated: There is only one aide on East Hall sometimes, and I have discussed this with [The Nursing Home Administrator - NHA]. C4's FM reported, Staff shut the call light off and say they will come back later, and they don't come back at all. They forget about it, and stated, It annoys me. C4's FM stated, She [C4] is waiting too long. [C4] sat in it [urine/stool] five hours three months ago, and I was really mad. C4's FM denied them having a new skin concern or pressure injury. C5: Said they had observed the nursing staff sometimes did not charge the lifts for the residents to use, which concerned them for the other resident's safety and well-being. (continued on next page)

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	C6: I will be in the bathroom waiting a long time. Just the other day, it was afternoon. I was ready to get up and no one came. C6 added, I tried to walk, and I can't walk out alone, and said she could not fasten her pants. She added, I felt rotten, and said, The longest I have been in there was three hours, which was confirmed by their roommate. Regarding her roommate, C6 stated, I have seen her want to get up, and there is not enough staff to get her up, including for an activity she had reportedly recently missed. During an interview on [DATE] at approximately 1:00 p.m., the NHA and the Scheduler, Staff R, were asked about the resident reported extended call wait times, and if there was a system to track call wait times, such as call wait logs. The NHA confirmed there was no system in place to track call light response times and denied awareness of extended call light wait times. Staff R acknowledged there had been staffing concerns about three months prior, but said they were not aware of current concerns. Staff R reported when they were short staffed, it was due to call-ins. When asked about residents reporting one aide for 28 to 40 residents, both the NHA and Staff R denied this, and reported the CNA's were telling the residents this, but it was not accurate. Review of the policy, Call Lights: Accessibility and Timely Response, copyright 2023, The Compliance Store, revealed, The purpose of this policy is to assure the facility is adequately equipped with a call light at each residents' bedside, toilet, and bathing facility to allow residents to call for assistance. Call lights will directly relay to a staff member or centralized location to ensure appropriate response. Policy explanation and Compliance Guidelines: 1. All staff will be educated on the proper use of the resident call system, including how the system works and ensuring resident access to the call light. 2. All residents will be educated on how to call for help by using the resident call system .5. Staff will ensure the call light is within reach of resident and secured, as needed .8. Staff will report problems with a call light or call light system immediately to the supervisor and/or maintenance director and will provide immediate or alternative solutions until the problem will be remedied .10. All staff members who see or hear and activated call light are responsible for responding .11 .f. If assistance is needed with a procedure, summon help by using the call light. Stay with the resident until help arrives. 34568 Resident #55 (R55) On [DATE] at 11:20 a.m. R55 was observed sitting in his wheelchair in the hallway. R55 repeatedly asked multiple staff members to be changed prior to the lunch meal. The Assistant Director of Nursing (ADON) A noticed R55 and he once again requested to be changed. ADON A asked Certified Nurse Aide (CNA) N to assist R55. CNA N became frustrated and stated, I'm not going to change him now because he will end up wanting to stay in bed and he needs to stay up for meals. When ADON A requested again that R55 be assisted back to his room, CNA N stated, I am the only person on the floor and I'm answering all the call lights and helping everyone. I don't have time for this! It was noted that this was in direct view and hearing of R55. Review of the facility's Quality of Life - Dignity policy, undated, read in part, .Residents are treated with dignity and respect at all times .

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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** 38471 Based on interview and record review the facility failed to prevent the misappropriation of narcotic pain medication for one resident (Resident #58) reviewed for storage, acquisition, destruction, and reconciliation of narcotics. This deficient practice resulted in misappropriation of a resident's pain medication and gross inaccuracies with narcotic documentation on the controlled substance log and medication administrator record. Findings include: On 5/21/2024 at 4:33 PM, the North Hall medication cart was inspected in the presence of Nurse B. The controlled substance book was reviewed for accuracy and a discrepancy was found with Resident #58's Tramadol 50 HCL (hydrochloride) MG (milligrams) as one pill was not accounted for. The facility was dispensed 30 pills by their pharmacy, and he was administered one pill on an as needed basis. The following was listed on the controlled substance form: 5/15 at 0125- 29 remaining 5/15 at 800- 28 remaining 5/15 at 2100- 27 remaining 5/16 at 2100 - 26 remaining 5/17 at 2100- 24 remaining 5/18 at 2100- 23 remaining 5/20 at 2100- 22 remaining 5/21 at 800 - 21 remaining The nurse (V) that administered/documented on 5/17/2024 is where the inconsistency was found, as it went from 26 remaining when administered on 5/16 at 2100 to 24 remaining on 5/17/2024 at 2100. Nurse B and the ADON (Assistant Director of Nursing) were alerted to the discrepancy and reviewed the controlled logs and agreed the count was inaccurate. This writer, ADON and Nurse B counted Resident #58's Tramadol pills remaining in the blister pack, and it was 24 pills remaining as indicated on the narcotic form (which verified the pill was missing). We then reviewed the MAR (Medication Administration Record) from 5/15/2024 to 5/21/2024 and found facility nurses only indicated Tramadol was administered to the resident three times in from 5/15/2024 to 5/21/2024 when it was signed out as given eight times on the narcotic sheet: MAR from 5/15/2024 to 5/21/2024: 5/15/24 at 0125 (continued on next page)

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F 0602 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	5/17/24 at 1952 5/21/24 at 2117 Nurse B reported they count off the narcotics twice a day (at the beginning and end of the shift) and then sign that the count is accurate. She explained they look at the number of pills left in the blister pack to the number on the narcotic sheet. Nurse B stated it should have been caught on the morning shift of 5/18/2024. This writer informed the ADON of the concern for narcotic diversion. The ADON reported they would begin an investigation as the facility was not aware. It can be noted Nurse V signed out on the MAR that one pill was administered at 1952 on 5/17/2024. While on the controlled substance log, she wrote one pill given at 2100 but docked two from the quantity remaining section. On 5/22/2024 at approximately 11:25 AM, a review was completed of Resident #58's medical record and it indicated he admitted to the facility on [DATE] with diagnoses that included Congestive Heart Failure, Sleep Apnea, Peripheral Vascular Disease, Sarcopenia and Hypertension. Further review was completed and yielded the following results: Physician Order: Tramadol HCL Tablet 50 MG- give 1 tablet by mouth every 6 hours as needed for moderate and severe pain. MAR and Narcotic Sheet Reconciliation from 4/7/2024 to 4/30/24: Tramadol was denoted as administered on the [DATE] times, while on the narcotic sheet it indicated it was administered 34 times. There is a discrepancy of 13. MAR and Narcotic Sheet Reconciliation from 5/1/2024 to 5/20/2024: Tramadol was denoted as administered on the [DATE] times, while on the narcotic sheet it indicated it was administered 23 times. There is a discrepancy of 8. Controlled Substance Shift Inventory: On 5/18/2024 at 6:00 AM two nurses signed which meant there were no discrepancies with their narcotic count to include blister packs. It is evident facility nurses are not accurately documenting medication administered. While only one Tramadol pill is unaccounted for the probability for continued narcotic diversion is highly plausible given current practices. (continued on next page)

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F 0602 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 5/22/2024 at 11:37 AM, an interview was conducted with the DON (Director of Nursing) regarding the process for narcotic reconciliation. The DON stated it is completed at each shift change. The nurses start with how many blister packs are in the narcotic drawer and reconcile each sheet in the narcotic book. The nurse with the book would state the resident name/medication/dosage and person in cart will verify the number in book is correct. They would do this for each narcotic sheet in the book and sign off that it is completed. The DON was asked if the MAR and narcotic sheet should match, and he stated they should. We spoke regarding the unaccounted-for Tramadol pill for Resident #58, and he stated after their investigation the medication is still unaccounted for and there was no documentation that it was wasted. The DON explained the morning of the 5/18/24 during the reconciliation the error should have been caught. He stated the nurse involved is Nurse V and since been suspended pending further investigation. Review was completed of the facility policy entitled, Controlled Substances, revised April 2019. The policy stated, .Controlled substances are reconciled upon receipt, administration, disposition, and at the end of each shift .Upon Administration: a. The nurse administering the medication is responsible for recoding .5. quanity of the medication remaining; and 6. Signature of nurse administering the medication and document med in EMAR .At the End of Each Shift: a. Controlled medications are counted at the end of each shift. The nurse coming on duty and the nurse going of duty determine the count tougher. B. Any discrepancies in the controlled substance count are documented and reported to the Director of Nursing Services immediately . Review was completed of the facility policy entitled, Compliance of Packaged Medications, approved 5/20/2022. The policy stated.A control log will accompany the controlled substance (s)/medication (s) i. The control log is a part of the residents permanent clinical record; d. Every time a controlled substance/medication is administered by licensed nursing staff/authorized personnel it will be singed out on the control log. i. Federal and state laws require each controlled substance/medication be accounted for . Review was completed of the facility policy entitled, Documentation in Medical Record. The policy stated, Each resident's medical record shall contain an accurate representation of the actual experiences of the resident and include enough information to provide a picture of the resident's progress through complete, accurate, and timely documentation. The policy was not dated. Review was completed of the facility policy entitled, Administering Medications, revised April 2019. The policy stated, .The individual administering the medication initials the resident's MAR on the appropriate line after giving each medication and before administering the next ones .

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F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. 34568 Based on interview and record review, the facility failed to report an injury of unknown source to the State Agency (SA) for one resident (Resident #17) of one resident reviewed for incident reporting. This deficient practice resulted in the potential for undetected abuse or neglect. Findings include: Resident #17 (R17): Review of R17's Progress Notes read, in part, 5/5/24 Resident was assisted to Central unit by another nurse who said resident was visiting another resident and fell . Resident was sitting in his wheelchair with his right hand wrapped in ice. Resident tip of right finger was ben upward .resident to be transferred to ER (emergency room) .5/6/24 patient transferred back to facility via w/c (wheelchair) .X-ray results to right hand indicating has fractures to the third and fourth metacarpals. Cast noted to right hand up to arm is intact . An interview with the Director of Nursing (DON) on 5/21/24 at approximately 4:30 p.m. confirmed R17's injury of unknown source was not reported to the SA. Review of the facility's Abuse Prevention Program revised March 2022 revealed, .When an alleged or suspected (reasonable cause) case of mistreatment, neglect, exploitation, injuries of unknown source, or abuse is reported, the facility Administrator, DON, or individuals designated will immediately (not to exceed 24 hours if the event does not result in serious bodily injury). NO LATER THAN 2 HOURS IF THE EVENT IS AN ALLEGATION OF ABUSE OR WHERE THERE IS SIGNIFICANT INJURY, OR NEGLECT WHERE THERE IS SERIOUSLY BODILY INJURY notify the following persons or agencies of such incident: The State licensing/certification agency responsibly for surveying/licensing the facility .

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F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Respond appropriately to all alleged violations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34568 Based on interview and record review, the facility failed to conduct a thorough investigation for an injury of unknown origin for one resident (Resident #17) of one resident reviewed for incident reporting. This deficient practice resulted in the potential for undetected abuse and/or neglect and the potential for unmet care needs: Findings include: Resident #17 (R17): Review of R17's Electronic Medical Record (EMR) revealed admission to the facility on [DATE] with diagnoses including dementia with other behavioral disturbances. According to the 3/1/24 Quarterly Minimum Data Set (MDS) assessment, R17 received a 4/15 on the Brief Interview for Mental Status (BIMS) score indicating severely impaired cognition. Review of R17's Progress Notes read, in part, 5/5/24 Resident was assisted to Central unit by another nurse who said resident was visiting another resident and fell . Resident was sitting in his wheelchair with his right hand wrapped in ice. Resident tip of right finger was ben upward .resident to be transferred to ER (emergency room) .5/6/24 patient transferred back to facility via w/c (wheelchair) .X-ray results to right hand indicating has fractures to the third and fourth metacarpals. Cast noted to right hand up to arm is intact . On 5/20/24 at 11:52 a.m. R17 was observed in the hallway with his right arm noted to be in a cast wrapped with an ACE bandage. An interview with the Director of Nursing (DON on 5/21/24 at approximately 4:30 p.m. confirmed R17's injury of unknown source did not include witness statements from staff. The DON stated that R17 and the other resident involved were able to tell you what happened despite being cognitively impaired, and that staff were able to see R17 exit the room. The DON stated that R17 was asked to visit this specific resident in more public areas instead of her private room, and that was not followed and the time of the incident. Review of the facility's Abuse, Neglect, Exploitation, Mistreatment and Misappropriation of Resident Property policy dated 2017 revealed, .Investigation of abuse: When an incident or suspected incident of abuse is reported, the Administrator or designee will investigate the incident with the assistance of appropriate personnel. The investigation will include .involved staff and witness statements of events, a description of the resident's behavior and environment at the time of the incident .investigation of injuries of unknown origin or suspicious injuries . (continued on next page)

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F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the facility's Abuse Prevention Program revised March 2022 revealed, .Should an incident or suspected incident of .injury of unknown source be reported, the Administrator, or his/her designee, will appoint a member of management to investigate the alleged incident. The individual conducting the investigation will, at a minimum: Review the resident's medical record to determine events leading up to the incident; Interview the person(s) reporting the incident; Interview any witness to the incident; Interview the resident (as medically appropriate); Interview the resident's Attending Physician as needed to determine the resident's current level of cognitive function and medical condition; Interview staff members (on all shifts) who have had contact with the resident during the period of the alleged incident; Interview the resident's roommate, family members, and visitors .Review all events leading up to the alleged incident .

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38471 This Citation pertains to Intake Number MI00143579 Based on interview and record review the facility failed to administer and document medications per professional standards of practice for two residents (Resident #58 and Resident #293) reviewed for accuracy of medication administration, resulting in misappropriation of Resident #58's narcotics and erroneous medication documentation and administration. Findings include: Resident #58: On 5/21/2024 at 4:33 PM, the North Hall medication cart was inspected in the presence of Nurse B. The controlled substance book was reviewed for accuracy and a discrepancy was found with Resident #58's Tramadol 50 HCL (hydrochloride) MG (milligrams) as one pill was not accounted for. The facility was dispensed 30 pills by their pharmacy, and he was administered one pill on an as needed basis. The following was listed on the controlled substance form: 5/15 at 0125- 29 remaining 5/15 at 800- 28 remaining 5/15 at 2100- 27 remaining 5/16 at 2100 - 26 remaining 5/17 at 2100- 24 remaining 5/18 at 2100- 23 remaining 5/20 at 2100- 22 remaining 5/21 at 800 - 21 remaining The nurse (V) that administered/documented on 5/17/2024 is where the inconsistency was found, as it went from 26 remaining when administered on 5/16 at 2100 to 24 remaining on 5/17/2024 at 2100. Nurse B and the ADON (Assistant Director of Nursing) were alerted to the discrepancy and reviewed the controlled logs and agreed the count was inaccurate. This writer, ADON and Nurse B counted Resident #58's Tramadol pills remaining in the blister pack, and it was 24 pills remaining as indicated on the narcotic form (which verified the pill was missing). It can be noted Nurse V signed out on the MAR that one pill was administered at 1952 on 5/17/2024. While on the controlled substance log, she wrote one pill given at 2100 but docked two from the quantity remaining section. (continued on next page)

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Majestic Care of Flushing	540 Sunnyside Dr Flushing, MI 48433

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 5/22/2024 at approximately 11:25 AM, a review was completed of Resident #58's medical record and it indicated he admitted to the facility on [DATE] with diagnoses that included Congestive Heart Failure, Sleep Apnea, Peripherial Vascular Disease, Sarcopenia and Hypertension. Further review was completed and yielded the following results: Physician Order: Tramadol HCL Tablet 50 MG- give 1 tablet by mouth every 6 hours as needed for moderate and severe pain. Controlled Substance Shift Inventory: On 5/18/2024 at 6:00 AM two nurses signed which meant there were no discrepancies with their narcotic count to include blister packs. On 5/22/2024 at 11:37 AM, an interview was conducted with the DON (Director of Nursing) regarding the unaccounted-for Tramadol pill for Resident #58, and he stated after their investigation the medication is still unaccounted for and there was no documentation that it was wasted. The DON explained the morning of the 5/18/24 during the reconciliation the error should have been caught. He stated the nurse involved is Nurse V and since been suspended pending further investigation. Resident #293: On 5/21/2024 at 10:56 AM, an interview was conducted with the complainant regarding Resident #293's Melatonin. The complainant explained Nurse V attempted to administer the resident Melatonin without an order for it. Resident #293 refused to take the medication as she was not going to take a medication she was not prescribed. On 5/21/2024 at 1:45 PM, an interview was conducted with the DON regarding the allegation of Nurse V attempting to administer Resident #293 Melatonin and her subsequent refusal of the medication. The DON shared Nurse W alerted him that Resident #293 handed her a pill cup that had Melatonin in it from the previous shift. The DON attempted to speak with the resident regarding the incident, but she refused. Resident #293 did provide a statement to Nurse W and stated Nurse V offered the medications to her and she declined them. The DON reported there were 2-3 MG Melatonin pills in the cup and Nurse V was interviewed and stated the resident was complaining about not being able to sleep and requested something to assist. This writer and the DON reviewed Resident #293's progress notes and saw Nurse V back dated two entries regarding the reasoning for administration of the Melatonin. The times of the progress notes did not correlate with the time the medication order was inputted into the system (2245 on 3/14/2024). Review was completed of the MAR (Medication Administration Record) and it was found Nurse V again attempted to back date the MAR entry for the Melatonin administration but was unsuccessful. As it was documented as being administered on 3/15/2024 at 1643 which was a day after the medications was requested by Nurse V for Resident #293. The DON stated the nurse was disciplined for untimely documentation and following policy/procedure. On 5/21/2024 at approximately 2:00 PM, a review was completed of Resident #293's medical record and it revealed the resident was admitted to the facility on [DATE] with diagnoses that included, Osteomyelitis, Hypertension, Heart Failure and Gastro-Esophageal Reflux Disease. Resident #293 was discharged from the facility on 4/13/2024. Further review yielded the following results: (continued on next page)

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Progress Notes: 3/15/2024 at 16:59 (Late entry effective 3/15/2024 at 00:58): Resident stated she was having anxiety and trouble sleeping. On provider notified via phone call due to none listed on PCC dashboard. On call was notified of situation and gave permission for a one-time order for Melatonin. 3/15/2024 at 17:14 (Late Entry effective 3/15/2024 at 01:09): Called on call and stated that 5mg Melatonin was all gone and was 2-3mg on to take. On call stated it was ok to give 2 3mg due to not having 5mg. MAR (Medication Administration Record) March 2024: Ramelteon (Hypnotic)- Oral tablet 8 MG- give one table every 24 hours as need for at bedtime. Ordered on 3/6/2024 and discontinued on 3/18/2024. -The as needed medication was only administered one time in March 2024 and that was by Nurse V at 2250. Melatonin Tablet 5 MG- Give 1 tablet by mouth one time only for insomnia for 1 day. Ordered on 3/14/2024 at 2245. -The medication was administered per the MAR on 3/15/2024 at 1643. It can be noted it is unknown why on 3/14/2024 Resident #293 would be administered Ramelteon at 2250 but five minutes before (at 2245) an order was received to administer the resident Melatonin for insomnia. Furthermore, after Nurse V was interviewed by the facility only then did she add the documentation related to the Melatonin and still erroneously charted a medication as given on the incorrect date but also the resident never ingested the medications. Facility Internal Investigation: Nurse V Statement 3/15/2024: 2200 Resident was complaining about not being able to sleep. Resident requested something to help her sleep. 2300 Resident given medication around this time. Resident took all medication given. Nurse doesn't know name of on call provider. Melatonin ordered after ramelt was administered earlier and not working. Nurse W Statement 3/15/2024: Nurse entered resident room and resident handed nurse a cup of white, circular pills that looked like they could be Melatonin. Resident state they were offered to her by the night shift nurse, and resident declined medication. Care Team Corrective Action Form 3/14/2024 for Nurse V: Timely documentation and following proper policy and procedure. Signed by Nurse V (continued on next page)

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Nurse V Human Resource File: -11/2/2023: Gross negligence in performance of job duties related to medication administration. -12/202023: One on One Inservice record for not signing out medication or treatment. -4/27/2023: Administered resident insulin when resident is not diabetic nor was there an order. -5/22/2024: Suspended pending investigation for narcotic diversion. Nurse V historically has documented medication administration violations located within her file. Although she was deemed competent in medication administration by the facility on 5/1/2023, she continuously shows a lack of professional standards in providing care to multiple facility residents as it related to medication administration. Review was completed of the facility policy entitled, Administering Medications, revised April 2019. The policy stated, .If a drug is withheld, refused, or given at a time other than the scheduled time, the individual administering the medication shall initial and circle the MAR space provided for that drug and dose . The individual administering the medication initials the resident's MAR on the appropriate line after giving each medication and before administering the next ones. Review was completed of the facility policy entitled, Documentation in Medical Record. The policy stated, Each resident's medical record shall contain an accurate representation of the actual experiences of the resident and include enough information to provide a picture of the resident's progress through complete, accurate, and timely documentation. The policy was not dated.

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide care and assistance to perform activities of daily living for any resident who is unable. 45123 Based on observation, interview, and record review, the facility failed to provide scheduled showers for four residents (R8, R17, R20, and R51) of four residents reviewed for activities of daily living (ADL). Findings include: Resident #8 (R8): Review of R8's care plan, dated 3/16/2017, read in part, .Focus: ADLs: [Resident #8's first name] has an ADL Self care deficit related to morbid obesity, right BKA [below the knee amputation] AEB [as evidence by] impaired balance & impaired mobility .Interventions: Bathing/Showering: staff assist to provide showers 2x/week and prn [as needed] Date initiated 12/26/2023 . Review of R8's task list, dated 4/23/24 through 5/17/24, revealed a task: Showers: Tuesday and Fridays 2nd shift and prn per resident preference and the lack of a shower provided to R8 on Friday 5/10/24 and Friday 5/17/24. Review of R8's progress notes, dated 4/22/24 through 5/22/24, revealed the lack of any documentation regarding the reasoning R8 was not provided a scheduled shower on 5/10/24 or 5/17/24. Review of shower sheet documentation, dated 4/15/24 through 5/22/24, revealed the lack of a shower sheet completed on 5/10/24 and 5/17/24 for R8. Resident #51 (R51): On 5/20/24 at 1:33 PM, an interview was conducted with R51 and was asked about cares from facility staff and replied, I missed my shower last Saturday and this is not the first time this happened. Staff is short. This happens if a staff member calls in and then is not replaced. I feel stinky and I know I need a shower. Review of R51's care plan, dated 8/7/2023, read in part, .Focus: [R51's first name] needs assistance with activities of daily living as evidence by weakness related to physical limitations, L [left] hand contracture and cerebral palsy .Interventions: .Bathing/Showering: Nail care on bath day and as necessary .Dressing: Staff assistance .Personal Hygiene: Staff assistance. Dated 3/20/2024 . Review of R51's task list, dated 4/24/24 through 5/18/24, revealed a task: ADL - Bathing: Lacked a shower provided to R51 on scheduled shower days 4/25/24 and 5/4/24. Review of R51's progress notes, dated 4/22/24 through 5/22/24, revealed the lack of any documentation regarding the reasoning R51 was not provided a scheduled shower on 4/25/24 or 5/4/24. Review of shower sheet documentation, dated 4/15/24 through 5/22/24, revealed the lack of a shower sheet completed on 4/25/24 and 5/4/24 for R51. (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	34568 Resident #17 (R17): Review of R17's care plan dated 8/26/23, read in part, Bathing/Showering: Staff assist x1 to provide SHOWERS 2x/week and prn. Date initiated: 1/5/24 . Review of R17's task list, revealed a task: Showering: Monday and Thursday 1st shift and prn per resident request. Review of shower sheet documentation, dated 4/25/24 through 5/22/24, revealed that R17 refused a shower on the following days 4/25/24, 4/29/24, 5/2/24, 5/9/24, 5/13/24, and 5/16/24. R17 was marked as no for a shower on 5/6/24. There was no further documentation of why R17 refused a shower or was offered an alternate bath type or day. Resident #20 (R20): Review of R20's care plan dated 2/29/24 read, in part, Bathing: 1 staff assist for bath/shower 2x/week and prn. Date Initiated: 3/19/24 . Review of R20's task list, revealed a task: Bathing/Showering: The resident to have a shower on Monday and Thursday 2nd shift or prn as resident request . Review of shower sheet documentation, dated 4/22/24 through 5/22/24, revealed the R20 refused showers on the following days and was not offered a bed bath or alternative day for a shower: 4/22/24, 4/25/24, 4/29/24, 5/2/24. Further review of R20's shower sheet documentation, revealed R20 was marked as no for receiving a shower and was not offered an alternative day or bed bath on: 5/6/24, 5/9/24, 5/12/24,5/16/24, 5/20/24. Review of the facility's Activities of Daily Living (ADL's) policy, undated, read in part, .The facility will .ensure a resident's abilities in ADL's do not deteriorate unless deterioration is unavoidable. Care and services will be provided for the following activities of daily living: Bathing .

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F 0689 Level of Harm - Actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 22927 This Citation pertains Intake Number MI00143956 Based on observation, interview and record review, the facility failed to provide supervision to prevent injuries for 2 residents (Resident #17, Resident #84) of 4 residents reviewed, resulting in Resident #17 sustaining a fracture of the 3rd and 4th metacarpal on the right hand, and no complete comprehensive post fall assessments for Resident #84, who sustained a fall with head injury, laceration, and required emergency medical treatment. Findings include: Record review of facility 'Fall management' policy dated 6/2023 revealed the purpose to prevent injuries related to falls. Post-Fall: (1.) Any resident experiencing a fall will be assessed immediately by the charge nurse for possible injuries and necessary treatment will be provided. A neurological assessment will be initiated on all residents with a suspected head injury based upon the fall; every 15 minutes for 1 hour then every 30 minutes for 1 hour then every 1 hour for four hours, then every 4 hours for 24 hours, then every 8 hours until 72 hours. (4.) The family will be notified immediately by the charge nurse of falls with injury. Record review of facility 'Documentation in Medical Record' policy undated with reference date of February 2023 Appendix PP guidance material, revealed each resident's medical record shall contain an accurate representation of the actual experiences of the resident and include enough information to provide a picture of the resident's progress through complete, accurate, and timely documentation. (4.) Principles of Documentation: (b.) Documentation shall be accurate, relevant, and complete, containing sufficient details about the residents' care and/or responses to care. Resident #84: Record review of Resident #84's electronic medical record revealed an admitted [DATE]. Record review of Resident #84's progress notes dated 4/12/2024 at 6:15 PM noted resident arrival to facility via EMS from hospital. Resident noted as alert and oriented to self only. Head to toe assessment completed. Record review of Resident #84's fall/accident report, dated 4/14/2024, revealed the resident was trying to leave the building unauthorized and when he pushed through the door a staff was standing there and startled him and he tripped and fell and hit his head on the floor. Resident #84 was noted to be unable to give a description of what he was doing. The nurse helped the resident back to his room and gave first aid, called another nurse to help facilitate the paperwork to send resident to the emergency room for the big knot that formed on the right side of his forehead and the bleeding from the abrasion on the side of the face. Resident's mental status was noted to be oriented to self and there were alarms sounding at the time. Resident #84 was noted to be an active exit seeker. Resident #84 was resistive with redirection. (continued on next page)

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F 0689 Level of Harm - Actual harm Residents Affected - Few	Record review of resident #84's progress note, dated 4/14/2024 at 00:12 AM, revealed the resident was trying to leave the building unauthorized and when he pushed through the door a staff (member) was standing there and startled resident and he tripped and fell and hit his head on the door. Record review of progress note dated 4/14/2024 at 00:13 AM noted resident sent to the emergency room for further evaluation. Record review of the Resident #84's progress note, dated 4/14/2024 3:12 AM, the resident returned from the hospital at 3:30 AM. Resident received 2 stitches on forehead and basic first aid treatments to other abrasions. EMT reported that he fell at hospital and was in restraints upon pick up. Cannot assess pain at time due to resident not being able to verbalize. Record review of the Resident #84's progress note, dated 4/14/2024 4:18 AM, revealed follow up and care instructions are on the discharge papers. Resident needs to be seen to get stitches out in 5 days. Record review of Resident #84's progress notes, dated 4/13/2024 through 4/15/2024, revealed there was no neurological evaluations documented post-fall with head injury that required emergency room treatment and sutures to the head. An interview on 05/20/24 at 11:20 AM with Resident #84, while he was lying in bed, revealed that he did try to go home, and that he got hit in the face with the door. Resident #84 stated he was going. When asked where Resident #84 was going to, the resident did not respond to the question. An interview and record review was conducted on 05/21/24 at 12:19 PM with the Director of Nursing (DON) regarding Resident #84's falls, dated: 4/14/2024, 5/15/2024, and 5/19/24. The state surveyor had the DON review the electronic medical record of Resident #84 who sustained a fall with head injury, went to the emergency room for evaluation and stitches to the head and the surveyor was requesting 'Neurological Evaluation Flow Sheet' dated 4/14/2024 once the Resident #84 returned to the facility. The DON stated that the North Hall Unit manager would have the fall packet. The DON reviewed the yellow folder post fall packets note to a shelf on the bookcase in his office. No post fall packet was found for Resident #84 in the DON's office. The DON stated that on April 14, 2024, the facility placed Resident #84 on 1 to 1 supervision while awake. An interview and observation was conducted on 05/21/24 at 12:29 PM with Licensed Practical Nurse (LPN) North Hall Unit Manager E regarding Resident #84's fall packets and a check off list that is part of the post-fall investigation. LPN E stated that the post-fall packet has everything that needs to be done post fall. Observation of a blank post fall packet revealed a 'Neurological Evaluation Flow Sheet', Incident/Fall Checklist, Incident & Accident Investigation Form, Resident #84 has had three falls since being admitted . LPN E stated that she did not do or have any post-fall packets for Resident #84. Record review of Resident #84's fall report, dated 4/14/2024, noted resident received a head injury. LPN E stated that the fall packets are filled out by the nurse at the time incident, then it goes to the Director of Nursing (DON), with the previous DON, the fall packet and neurological checks were to be scanned into electronic medical record system. LPN E stated that she had not seen or received a post-fall packet for the falls of Resident #84. LPN E stated that the facility had process that was working, and the facility got new management and the process stopped, if The DON does not have them then the there is none. 34568 (continued on next page)

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F 0689 Level of Harm - Actual harm Residents Affected - Few	Resident #17 (R17): Review of R17's Electronic Medical Record (EMR) revealed admission to the facility on [DATE] with diagnoses including dementia with other behavioral disturbances. According to the 3/1/24 Quarterly Minimum Data Set (MDS) assessment, R17 received a 4/15 on the Brief Interview for Mental Status (BIMS) score indicating severely impaired cognition. Review of R17's Progress Notes read, in part, 5/5/24 Resident was assisted to Central unit by another nurse who said resident was visiting another resident and fell . Resident was sitting in his wheelchair with his right hand wrapped in ice. Resident tip of right finger was ben upward .resident to be transferred to ER (emergency room) .5/6/24 patient transferred back to facility via w/c (wheelchair) .X-ray results to right hand indicating has fractures to the third and fourth metacarpals. Cast noted to right hand up to arm is intact . On 5/20/24 at 11:52 a.m. R17 was observed in the hallway with his right arm noted to be in a cast wrapped with an ACE bandage. An interview with the Director of Nursing (DON on 5/21/24 at approximately 4:30 p.m. confirmed R17's injury of unknown source did not include witness statements from staff. The DON stated that R17 and the other resident involved were able to tell you what happened despite being cognitively impaired, and that staff were able to see R17 exit the room. The DON stated that R17 was asked to visit this specific resident in more public areas instead of her private room, and that was not followed and the time of the incident. During this interview with the DON, R17 was observed to be wheeling by the office. R17 was asked if he could recall the incident that took place on 5/5/24. R17 stated, Fall down, go boom! and pointed to the sidewalk outside. The DON stated that R17 knows that he should not have been visiting the female resident (later identified as R66) and is changing his story. On 5/22/24 at 9:05 a.m. an interview was attempted with R66. R66 recalled that R17 was in her room. When asked what happened, R66 stated, Well he (R66) likes to cuddle on the bed and likes to hum-hum with his hands. R66 could not recall when or how R17 fractured his hand and continued to attempt to fold towels on her bed. On 5/22/24 at 9:19 a.m. a follow up interview was conducted with the DON. When told what R66 had stated earlier, the DON confirmed that R66's cognition changes from day to day. The DON stated that they saw R17 come out of R66's room and did not suspect abuse. Review of R17's care plan read, in part, (R17) is at risk for falls or fall related injury r/t (related to), poor safety awareness, confusion, incontinence, gait/balance problems .he has a hx (history) of falls including recent fall with metacarpal fractures . It was noted that the interventions listed for R17 did not include increase in supervision or to attempt to keep R17 out of other resident rooms.

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F 0694 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide for the safe, appropriate administration of IV fluids for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38471 Based on observation, interview and record review, the facility failed to provide care and services according to facility policy and standards of clinical practice for two residents (Resident #290 and Resident #292) of two residents reviewed for a Peripheral Inserted Central Catheter (PICC) line, resulting in non-occlusive dressings with no admission measurements, timely site dressing changes, discrepancies in documentation and the potential for infection. Findings Include: Resident #290: During initial tour on 5/20/2024, Resident #290 was observed resting in bed and was in good spirits. This writer observed residents PICC line dressing that was not occlusive, dated 5/8 and had no initials. Resident #290 reported her IV (intravenous) antibiotic was already administered this morning. 05/21/24 at 08:32 AM, the ADON (Assistant Director of Nursing) and surveyor observed Resident #290's left upper arm PICC line site, dated 5/8/24. The resident stated it (the dressing) was done at the hospital. The ADON reported they change the PICC's weekly. On 5/21/2024 at approximately 10:30 AM, a review was completed of Resident #290's medical records and it indicated the resident admitted to facility on 5/10/2024 with diagnoses that included, Sepsis, Bacteremia, Urinary Tract Infection, Anxiety, Depression, Paroxysmal Atrial Fibrillation and Heart Disease. Further review was conducted of Resident #290's chart and the yielded the following: Nursing Admission Assessment 5/10/2024: The assessment notated Resident #290 had a left arm midline but there were no measurements listed nor the last time the dressing was changed. Medication Administration Record (MAR): Review of Resident #290's MAR indicated on 5/14/2024, the residents PICC line dressing was changed. But during observations on 5/20/2024 and 5/21/2024 the residents PICC dressing was dated 5/8/2024 and per her own account had not been changed during her stay at the facility. There was no other documentation located in Resident #290's chart that indicated measurements were completed of the PICC upon admission, PICC line monitoring orders were inputted three day after admission and PICC line dressing change and measurements orders were inputted four days after admission. Resident #292: (continued on next page)

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F 0694 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During initial tour on 5/20/2024, Resident #292 was resting in bed watching television. She was in good spirits and spoke about her reasoning for entering the facility. Resident #292 PICC line dressing was observed to not be occlusive. On 5/21/2024 at approximately 9:00 AM, this writer and the ADON observed Resident #292's PICC line dressing that was not occlusive and they utilized flex tape at an attempt to secure the dressing. The ADON expressed understanding of this writers' concerns. On 5/21/2024 at approximately 10:45 AM, a review was completed of Resident #292's medical record and it indicated the resident admitted to the facility on [DATE] with diagnosis that included, Chronic Osteomyelitis with draining, Methicillin Resistant Staphylococcus Aureus (MRSA), Diabetes, Peripheral Vascular Disease (PVD) and chronic kidney disease. Further review of Resident #292's medical records revealed the following. Further review was completed of Resident #292's record and it yielded the following: Nursing Admission Assessment 5/4/2024: The assessment notated Resident #292 had a left arm PICC but there were no measurements listed nor the last time the dressing was changed. Medication Administration Record (MAR): The MAR showed the resident received IV Meropenem and Vancomycin during the time frames of this writers' observations of the site dressing. It is unknown why facility staff did not change the dressing upon the observing its condition. There was no other documentation located in Resident #292's chart that indicated measurements were completed of the PICC upon admission. On 5/22/2024 at 9:10 AM, Unit Manager E was queried regarding the process for residents who have PICC lines upon admission. Manager E reported the PICC line dressing change is every 7 days but that is dependent on when it was last changed in the hospital. It they changed it the day the patient admitted it would be seven days from admission. She added they should also complete measurements of the arm circumference and catheter length upon admission. This writer and Manager E reviewed Resident #290's record and were unable to find admission measurements. On 5/22/2024 at 9:20 AM, an interview was conducted with the DON (Director of Nursing) regarding PICC lines. The DON stated upon admission initial measurements of the arm circumference and catheter length should be completed and documented. In addition to reviewing the hospital records to ascertain the last dressing change and PICC line measurements. The DON was informed that both Resident #290 and #292 PICC lines dressings were nonocclusive for two days, without measurements and untimely monitoring/dressing change orders. He was also informed of the discrepancy in documentation for Resident #290. The DON expressed understanding of the concerns. (continued on next page)

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	235132	A. Building B. Wing	05/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Majestic Care of Flushing	540 Sunnyside Dr Flushing, MI 48433

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F 0694 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review was completed of the facility policy entitled, PICC/Midline/CVAD Dressing Change. The policy stated, It is the policy of this facility to change peripherally inserted central catheter (PICC), midline or central access device (CVAD) dressing weekly or if soiled, in a manner to decrease for potential infection and/or cross-contamination .Apply a transparent semipermeable dressing to the insertion site .label the dressing with the date and time and your initials .

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F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38471 Based on observation, interview, and record review the facility to obtain informed consents for the usage of psychotropic medications for two residents (Resident #60 and Resident #84) of five residents reviewed for unnecessary medications, resulting in Resident #60 being administered an antipsychotic medication for 8-weeks and Resident #84 being administered two antipsychotics, an antidepressant, and Alzheimer's medications for one month without proper consent and with the potential for an unnecessary drug regimen and adverse side effects. Findings include: Resident #60: On 5/20/2024 at 7:26 AM, Resident #60 was observed in her room, she informed this writer that she will not take her seizure medications as the facility has her under the wrong identity. On 5/20/2024 at 9:55 AM, a review was completed of Resident #60's medical records and it revealed the resident was admitted to the facility on [DATE] with diagnoses that included Paranoid Schizophrenia, Diabetes, and Myocardial Infarction. Resident #60 has a court appointed guardian that makes all of her medical decisions. Further review of Resident #60's records yielded the following: Physician Orders: - Paliperidone ER (extended release) Oral Tablet Extended Release 24 Hour 9 MG (milligrams). Give 1 tablet by mouth at bedtime for schizophrenia related to Paranoid Schizophrenia. Ordered on 3/22/2024. Informed Consent for Psychoactive Medications: Review was completed of the consent Resident #60's Paliperidone (antipsychotic). The consent was not initiated until 8 weeks after the medication was ordered and administered regularly to the resident. Additionally, the consent stated authorization was provided via phone to the guardian but there was no subsequent progress note detailing this encounter and the medication was not authorized by Resident #60's guardian until on or around 5/20/2024. On 5/21/2024 at 12:05 AM, an interview was conducted with Social Work Director M regarding facility protocol of informed consents for antipsychotic medications. Director M reported upon the resident being prescribed the antipsychotic the consent should be completed. Director M was queried as to why there was an 8 week delay in Resident #60's consent and it was explained verbal consent was provided by her guardian. Review of the notes was completed by Director M, and he was unable to locate the progress note that denoted verbal consent was obtained from Resident #60's guardian. Review completed of facility policy entitled, Psychotropic Management, revised on September 2020. The policy did not address informed consents of psychotropic medications. (continued on next page)

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F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	22927 Resident #84: Record review of Resident #84's electronic medical record revealed an admitted [DATE]. Record review of Resident #84's progress notes, dated 4/12/2024 at 6:15 PM, noted resident arrival to facility via EMS from hospital. Resident noted as alert and oriented to self only. Head to toe assessment completed. Record review of Resident #84's April 2024 Medication Administration Record (MAR) revealed that on 4/12/2024 the resident received Aricept HCl (anti-Alzheimer drug/Acetylcholinesterase inhibitor) oral tablet 5mg give one tablet by mouth at bedtime related to altered mental status unspecified start date 4/12/2024 every day at 8:00 PM. Record review of Resident #84's April 2024 Medication Administration Record (MAR) revealed medication Zyprexa 7.5mg (antipsychotic) give one tablet by mouth at bedtime related to altered mental status, unspecified start date 4/12/2024 every day at 8:00 PM. Record review of Resident #84's April 2024 Medication Administration Record (MAR) revealed medication Seroquel oral tablet 50mg (antipsychotic) give one tablet by mouth one time day for mood disorder. Start date 4/13/2024 every day at 8:00 AM. Record review of Resident #84's April 2024 Medication Administration Record (MAR) revealed Seroquel oral tablet 25mg give (75mg) three tablets (antipsychotic) by mouth at bedtime for mood disorder. Start date 4/12/2024 every day at 8:00 PM. Record review of Resident #84's April 2024 Medication Administration Record (MAR) revealed Trazadone HCl oral tablet 50mg (antidepressant) give one tablet by mouth at bedtime related to altered mental status, unspecified. Start date 4/16/2024 every day at 8:00 PM. In an interview on 05/21/24 at 07:03 AM with Social Work Designee M regarding Resident #84 being his own person, Social Work Designee M stated that the facility is working with the daughter to get Guardianship of the resident. Social Work Designee M stated that he spoke to the daughter yesterday on the court date. Social Work Designee M stated that Behaviors when Resident #84 first got to the facility was wandering, and since that time has settled into a routine. Resident #84 was observed in the resident room with a one-to-one supervision at bedside. Record review of Resident #84's medical record revealed that there were no signed consents for the use of antipsychotic medications, Alzheimer medication treatment, or antidepressant medication uses.

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F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure medication error rates are not 5 percent or greater. 22927 Based on observation, interview and record review, the facility failed to ensure a medication error rate less than 5% when two medication errors were observed for one resident (Resident #292) from a total of 25 observations, resulting in a medication error rate of 8%. This deficient practice resulted in the potential for adverse medication effects and decreased medication efficacy related to a lack of implementation of standards of practice for medication administration and incorrect administration dosage. Findings include: Record review of the facility 'Medication Administration' policy, dated 4/2019, revealed medications are administered in a safe and timely manner, and as prescribed. (4.) Medications are administered in accordance with prescriber's orders, including and required time frame. (21.) If a drug is withheld, refused, or given at a time other than the scheduled time, the individual administering the medication shall initial and circle the MAR (Medication Administration Record) space provided for the drug and dose. Observation on 05/21/24 at 07:39 AM with Licensed Practical Nurse (LPN) B of the morning medication administration of Resident #292's medication prep revealed that LPN B stated that she did order the medications for Resident #292 the day prior and that some of the medications are not available in the facility. The medications pantoprazole (Protonix) 40mg and Entresto 24-26mg were not available in the medication dispensing machine. LPN B stated that the pharmacy usually brings the medications in the night, and that she even called the pharmacy to see if they received the order to deliver. LPN B stated that the medication dispensing machine does not stock those meds. Record review of Resident #292's May 2024 'Medication Administration Record' for the date of 5/21/2024 revealed that pantoprazole (Protonix) 40mg oral give one tablet by mouth one time a day for acid reflux. Start date: 5/5/2024. Record review of the MAR noted that LPN B documented to see progress notes. Entresto 24-26mg oral give one tablet by mouth two times a day for heart failure. Start date: 5/5/2024. Record review of the MAR noted that LPN B documented to see progress notes. Record review of Resident #292's progress notes dated 5/21/2024 at 7:23 AM revealed that Entresto 24-26mg oral give one tablet by mouth two times a day for heart failure medication not available. Record review of Resident #292's progress notes dated 5/21/2024 at 7:24 AM revealed that pantoprazole (Protonix) 40mg oral delayed release give one tablet by mouth one time a day for acid reflux medication not available. Facility medication error rate greater than 5% error rate: 2 errors within 25 opportunities resulting in error rate of 8%.

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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. 22927 Based on observation, interview and record review, the facility failed to ensure proper labeling of medications, loose medications in drawers, and to properly secure a medication cart with medical supplies and prescription medications, resulting in the opened and undated medications, the likelihood for residents to receive medications with decreased efficacy, and drug diversion or ingestion of unlocked medications. Findings include: Record review of the facility 'Medication Storage' policy copyright, dated 2023, revealed it is the policy of the facility to ensure all medications housed on the premises will be stored in the pharmacy and/or medication rooms according to the manufacturer's recommendations and sufficient to ensure proper sanitation, temperature, light, ventilation, moisture control, segregation, and security. General guideline: (a.) All drugs and biological's will be stored in locked compartments (i.e., medication carts, cabinets, drawers, refrigerators, medication rooms) under proper temperature controls. Record review of the facility 'Medication Administration' policy, dated 4/2019, revealed medications are administered in a safe and timely manner, and as prescribed. (#17.) During administration of medications, the medication cart is kept closed and locked when out of sight of the medication nurse or aide. It may be kept in the doorway of the resident's room, with open drawers facing inward and all other sides closed. No medications are kept on top of the cart. The cart must be clearly visible to the personnel administering medications, and all outward sides be inaccessible to residents or others passing by. In an observation and interview on 05/20/24 at 06:54 AM, the East Hall medication cart was found in the hallway with a half-eaten sandwich with plastic wrap open, a bottle of Smart water noted on top of medication cart. The medication cart was noted to be left unlocked with no personnel or nurse observed in sight. All medication drawers were accessible to surveyor, except the separately locked narcotic drawer. At 06:55 AM Licensed Practical Nurse (LPN) D came walking onto the East hallway from the east end of the hall and approached the surveyor at the medication cart. The State Surveyor inquired why the medication cart was left unlocked and a half-eaten sandwich on top of cart? Licensed Practical Nurse (LPN) D stated that she left to go call the management to let them know state was in the building and the sandwich was her sandwich, she then scrunched up and put into her the pocket of her uniform. The State surveyor observed the nurse to close the medication drawers and then proceed to lock the medication cart. An observation and interview on 05/20/24 at 08:08 AM with Licensed Practical Nurse (LPN) F of the central Long Hall medication cart revealed there to be three (3) white round tablets identified by LPN F as amlodipine, Melatonin, furosemide, and one (1) tan tablet, there was multiple debris in the bottom of cart drawers. (continued on next page)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Observation on 05/20/24 at 08:13 AM with Licensed Practical Nurse (LPN) F of a resident's right index finger blood sugar check was wiped with alcohol wipe and the finger was allowed to dry. Blood Sugar result 95. LPN F went back to the central long hallway with the glucometer and wiped glucometer machine with a small alcohol square, there were no antibacterial wipes noted on the cart or in the drawers of the cart. The glucometer machine was placed into the medication cart. An observation and interview on 05/21/24 at 06:46 AM of East med room with Registered Nurse G revealed in the refrigerator on the second shift a bottle of Tuberculin 1ml opened with note date when opened. RN G stated that the facility use the Tuberculin for new admits and we usually keep it at the North Hall unit refrigerator. RN G stated that the bottle of Tuberculin was used with the protective cap off and should have an open date on the bottle. RN G stated that she did not know when the bottle was opened. Observation of Resident #8's latanoprost 0.005% eye drop was undated, opened and half a bottle of fluids within the bottle. 38471 On 5/21/2024 at 4:33 PM, the North Hall medication cart was inspected in the presence of Nurse B. The following expired or undated medications were found on the cart: -Timolol Mal sol 0.5% OP eye drops- opened 4/10/24 with no use by date. -Brimonidine Sol 0.2 op eye drops -opened on 4/9/24 with use by date of 5/7/24. -Novolog Solution- with no open or use by date. -2 vials of Insulin Glargine YFGN Sol- with no open or use by date. Nurse B contacted pharmacy and they informed her the Timolol eye drops are good for 28 days after opening. Nurse B stated all expired medications should be discarded of and insulin should have open and use by date indicated on the labels. Review was completed of the facility policy entitled, Administering Medications, revised April 2019. The policy stated, .12. The expiration/beyond use date on the medication label is checked prior to administering. When opening a multi-dose container, the date opened is recorded on the container .

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 22927 Based on observation, interview, and record review, the facility failed to 1) Maintain sanitary conditions in the kitchen, 2) Label and store foods in coolers properly, and 3) Ensure that a beard restraint was worn in the food preparation area, resulting in the potential for cross-contamination of food, spoilage and foodborne illness, to all residents that consume food and beverages from the kitchen in a census of 88 residents. Findings include: Record review of the facility 'Food: Preparation' policy, dated 2/2023, revealed all foods are prepared in accordance with the FDA food code. (1.) All staff will practice proper hand washing techniques and glove use. Record review of the facility 'Kitchen Attire' policy, dated 10/2023, revealed all employees wear approved attire for the performance of their duties. (1.) All staff members have their hair off the shoulders, confined in a hair net or cap, and facial hair properly restrained. Record review of the 'Michigan Modified Food Code, U.S. Public Health Service' 2009 Food Code effective 10/1/2012, page 48 noted food employees shall wear hair restraints such as hats, hair coverings or nets, beard restraints, and clothing that covers body hair, that are designed and worn to effectively keep their hair, that are designed and worn to effectively keep their hair from contracting exposed food. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Observation on 05/20/24 at 06:56 AM of the kitchen Initial survey tour with 1st shift [NAME] H, 1st shift Dietary Aide I, 1st shift dietary Aide L. Observations while implementing blue bouffant hair coverings revealed that white beard coverings were available and in reach of the head coverings. Observation of Dietary Aide I while in the breakfast tray line assembling with no beard net or hair net in place while working the breakfast prep meal tray line. Observation of the kitchen floors with food droppings and debris noted on floors, observation of the kitchen griddle noted with burned on breading that resembled grilled cheese sandwiches that appeared to be 5 to 6 burned spots in a row going across the griddle and 5 rows down the griddle flat top. Observed fry pan on gas stove top with 5 eggs in frying. pasteurized eggs in cardboard box noted sitting next to be setting on the countertop across from the stove top. Countertop surfaces appear to have crumbs and debris noted on them. Observation of the dishwasher room noted Debre on the floors and overflowing trash cans. Large parchments sheets with bacon grease noted to be over the tops of barrels. Observation of the sheets posted on the in-kitchen refrigerator noted 'Kitchen Weekly Cleaning Schedule' dated May 2024, 5/13/2024 through 5/19/2024 revealed that there was specific daily cleaning task to be completed by the kitchen staff. Record review of the kitchen posted 'Daily Cleaning Schedule' for May 2024 dated 5/13/2024 through 5/19/2024 listed jobs specific to first shift and second shift for cleaning duties. On 5/16/2024 the first shift signed off that all the cleaning tasks were performed. On 5/19/2024 the second shift kitchen staff signed off that the floors were mopped, microwave cleaned, dish room cleaned, counter tops cleaned floors swept, but the early morning observation by surveyor noted un-swept floors with debris, dirt, and food items on the floor. Observation of the in-kitchen refrigerator noted opened box of Apple juice with no open date found on the box, observation of 22-quart clear plastic container of tea with 8 quarts of dark liquid start date of 5/6/2024 and expiration date of 5/13/2024 still in the refrigerator. Observation of the Kitchen entry doorway noted that the doorway trim was not on, dry wall was exposed with steel rivets noted. Walk-in cooler temp within limits. In an interview and observations on 05/20/24 at 09:31 AM with the kitchen manager C Food services manager revealed that the kitchen staff were contracted services. Kitchen manager C stated that the hair net and beard net policy need to be followed. The dietary aide I refused to wear the hair net and beard net, he stated that he knew his rights and that he refused to wear them. He was sent home. Kitchen manager C stated that yes, the griddle had burnt on spots was due to the kitchen made grilled cheese sandwiches on the griddle last week sometime, I am not sure what day. It was on the menu; I will have to get that for you. Record review of the Daily cleaning schedule and Daily cleaning sign off sheet revealed that there was only two times during the week that the kitchen was cleaned and signed off on. The Dietary manager C stated that her night/second shift staff were all younger and newer staff and that she has had repeated meetings with them to educate them on the cleaning procedures and processes, but that there was still a lot of work to do. When the state surveyor inquired if the dietary manager thought that the floors and counter tops had been cleaned the evening prior to the entry of the survey, the dietary manager stated that no they did not do it last night. Observation of the dish washing machine revealed large buildup of lime to the surfaces. In an interview on 05/20/24 at 9:51 AM with Nursing Home Administrator (NHA) revealed that the dietary aide I refused to wear a hair net or beard net per facility policy and was sent home for not following the facility policy. In an interview and observation on 05/20/24 at 11:26 AM with Maintenance Director J while standing in the kitchen doorway observed the door frame to have dry wall and metal exposed, Maintenance staff J stated that the door was replaced a month ago and no trim was added to finish out the door frame. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Observation on 05/20/24 at 11:30 AM with 1st shift cook H revealed that the kitchen staff wore vinyl gloves when serving/plating meals. Food temps were checked with the surveyor observing. Observation of the meal tray service revealed that 1st shift [NAME] H used the same vinyl gloves to serve meal. [NAME] H removed the large stainless-steel lids off the food, cut up the pizza and turned around to grab rolls with the same gloves. The [NAME] H then removed hot stainless steel steam table dishes to portion out for containers to prep the in-dining room cafe service. Then replaced the same dishes back into the steam table and began to continue to plate the meal. Observation of the metal plating revealed that rolls were on large baking sheets behind the cook and the cook would turn and grab a roll with the gloved hands and did not use the tongs for rolls. Observation On 05/20/24 at 11:58 AM of [NAME] H stopped and changed gloves, did not wash her hands, and continued with service, with new gloves reached over and opened the plate warmer lid and pulled out more plates. On 05/20/24 at 12:15 PM cook H with the same vinyl gloves, cook H went to the dry storage room opened the door and went into the dry storage and got a bag of hotdog buns, removed the clip from the bag and pulled out two buns with the gloves on and walked to the stove and used the tongs pull hot dogs from the pan and her gloved hands to split the buns open and place the hotdogs in. Observation on 05/21/24 at 11:08 AM observation with the Dietary Corporate contract regional person K in the kitchen of the open drain in kitchen under the 3-compartment sink, corporate person K stated to that there should be a top/grate over that drain. Kitchen Manager C stated that there use to be a cover over the drain but did not know what happened to the cover.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide and implement an infection prevention and control program. 45123 Based on interview and record review, the facility failed to: 1. Maintain an accurate infection control program, 2. Follow antibiotic stewardship consistently, 3. Ensure infection control policies were up to date and reviewed annually, and 4. Ensure staff were educated on proper infection control procedures. Findings include: On 5/21/24 at 2:30 PM, the infection control binder dated January 2024 through April 2024, was reviewed, and found to have several inconsistencies in tracking infections within the facility resident population as follows: a. January 2024 - Nineteen infections highlighted on the mapping, eighteen listed on the map as: five skin, one gastrointestinal, one eye, three respiratory, and eight urine infections. Review of the line listing revealed twenty-one infections, seven infections listed as not meeting antibiotic criteria were placed on antibiotics, and ten were urinary infections. Review of the summary revealed only thirteen infections and, in the trends, read in part, We had 9 UTI's [urinary tract infections], 3 were admit UTI's, 6 were facility acquired. 1 UTI physician decided to treat neg [negative] UA [urinalysis] D/T [due to] symptoms, and another resident with neg UA D/T symptoms . *Note: Another resident was treated with antibiotics that was colonized with bacteria. b. February 2024 - Two infections highlighted and circled and five others circled and revealed ten written on the map in various places. Review of the line listing revealed twenty-six infections listed. Review of the summary revealed eighteen infections counted, four infections listed as not meeting antibiotic criteria were placed on antibiotics and, in actions taken, read in part, Physician was educated and shown NP [nurse practitioner] Mc Geers Criteria to make sure we are utilizing for ATB [antibiotic] use . c. March 2024 - Thirteen infections highlighted on the mapping. Review of the line listing revealed seventeen infections, and three infections as not meeting antibiotic criteria placed on antibiotics. Review of the summary revealed sixteen infections. d. April 2024 - Twenty-six infections highlighted on the mapping. Review of the line listing revealed thirty-two infections, and three infections listed as not meeting antibiotic criteria placed on antibiotics. Review of the summary revealed twenty-two infections and in actions taken, read in part, Have discussed with NP and educated on ATB use and have new physician team coming in to help with ATB stewardship. Have talked with admit director on receiving all UA CAS [culture and sensitivity] on admit to justify ATB use on admit. Review of policy titled, Influenza Vaccine, revised date 02/2018, revealed an outdated policy. (continued on next page)

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	235132	A. Building B. Wing	05/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Majestic Care of Flushing	540 Sunnyside Dr Flushing, MI 48433

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Review of policy titled, Pneumococcal Vaccine, revised date 02/2018, revealed an outdated policy. Review of policy titled, Enhanced Barrier Precautions, undated, revealed a lack of a dated policy. Review of policy titled, Antibiotic Stewardship, revised date December 2016, revealed an outdated policy, and read in part, Policy Statement - Antibiotics will be prescribed and administered to residents under the guidance of the facility's Antibiotic Stewardship Program. Policy Interpretation and Implementation. 1. The purpose of our Antibiotic Stewardship Program is to monitor the use of antibiotics in our residents. 2. Orientation, training and education of staff will emphasize the importance of antibiotic stewardship and will include how inappropriate use of antibiotics affects individual residents and the overall community . Review of policy titled, Infection Control, revised date 02/2018, revealed an outdated policy, and read in part, Policy Statement - The facility's infection prevention and control program (ICPC) is designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. Policy Interpretation and Implementation. 1. This facility's infection control policies and practices apply equally to all personnel, consultants, contractors, residents, visitors, and volunteer workers .2. The objective of our infection control policies and practices are to: a. Provide a system of surveillance .3. A system for recording incidents identified under the facility's IPCP .4. The Quality Assessment and Assurance Committee shall oversee implementation of infection control policies . On 5/22/24 at 8:50 AM, an interview was conducted with the infection preventionist / licensed practical nurse (LPN) Q and was asked about any education provided in response to the increase of infections related to UTI's and replied, No, I was not aware I needed to do that. I just took over infection control a couple of weeks ago. On 5/22/24 at 9:30 AM, an interview was conducted with the Director of Nursing (DON) and was asked if the policies that were provided for infection control were the most current and up-to-date facility policies and replied, Yes. The DON was asked about education and antibiotic stewardship and replied, No and no audits for education. Antibiotic stewardship was an issue with the prior physician group, and they were not always following criteria. The DON was asked why infection control mapping, line listing, and summaries did not match up and reflect true infection types and amounts and replied, I don't know. The infection preventionist in January fell and broke a hip then for February, March, April, and May we were just piecemealing it together between myself and two regional consultant nurses who were only here a couple of days out of each month. 22927

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F 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop and implement policies and procedures for flu and pneumonia vaccinations. 45123 Based on interview and record review, the facility failed to maintain an effective vaccination program for four residents (R59, R72, R74, and R86) of five residents reviewed for vaccinations. Findings include: Resident #59 (R59): Review of EMR for R59, revealed his guardian had signed a consent for pneumococcal vaccination on 4/14/24, but never received the vaccination, he had received the Prevnar-13 vaccination on 4/1/2021, and the consent form indicating R59 refused the Pnuemovax-23 vaccine lacked a date. Resident #72 (R72): Review of EMR for R72, revealed the lack of an influenza and pneumococcal consent and lacked any immunizations administered. Resident #74 (R74): Review of electronic medical record (EMR) for R74, revealed her guardian / daughter had signed a consent for her to receive a pneumococcal, influenza, and Covid-19 vaccinations on 3/27/24, but never received the vaccinations. Resident #86 (R86): Review of EMR for R86, revealed the lack of any immunization consents and lacked any immunizations administered. On 5/22/24 at 9:00 AM, an interview was conducted with the Director of Nursing (DON) and was asked if the policies that were provided for infection control were the most current and up-to-date facility policies and replied, Yes. The DON was asked what his expectations were for immunizations and was asked who had access to the State Agency Vaccination Database and replied, I have access to the State Agency Vaccination Database and the infection preventionist does not. If it is not in the admission paperwork, then I have to run a report for infection control. I will work on getting access to the infection preventionist. Immunizations should be offered on admission and consents should be obtained at that time. We need to do a better job I know. On 5/22/24 at 9:32 AM, an interview was conducted with LPN Q, and was asked if R74 had signed a consent to receive the vaccinations then why was she not provided with the vaccination after signing the consent and replied, I don't know. If she signed a consent she should have received the vaccinations within a week. On 5/22/24 at 11:30 AM, an interview was conducted with R72 in his room, and was asked if he consented to the pneumococcal vaccine, wanted to receive the pneumococcal vaccine, or was offered the vaccine and replied, No, I would like one can you give me one. (continued on next page)

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F 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of policy titled, Influenza Vaccine, revised date 02/2018, revealed an outdated policy and read in part, Policy Statement - All residents and employees who have direct contact with residents will be offered the influenza vaccine annually to encourage and promote the benefits associated with vaccinations against influenza .5. All resident and employees shall have documented evidence of information and education regarding the current year's influenza vaccine including the risk/benefits, and the administration or refusal of the influenza vaccine. 6. The resident or the resident's representative has the opportunity to refuse immunization. A resident's refusal of the vaccine shall be documented in the resident's medical record . Review of policy titled, Pneumococcal Vaccine, revised date 02/2018, revealed an outdated policy and read in part, Policy Statement - All residents will be offered the Pneumococcal Vaccination (s) to aid in preventing pneumococcal infections .unless contraindicated. To avoid confusion, current recommendations recommended to wait at least 1 year should separate PCV13 (13-valent pneumococcal vaccine) and PPSV23 (23-valent pneumococcal polysaccharide vaccine). Policy Interpretation and Implementation. 1. Prior to or upon admission, residents will be assessed for eligibility to receive the pneumococcal vaccines, and when indicated, will be offered the vaccination . *Note: The policy for pneumococcal vaccinations lacked the offering of the PCV15 or PCV20 which are the most updated recommended CDC pneumococcal vaccines to offer and administer.

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F 0908 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Keep all essential equipment working safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40330 Based on observation, interview, and record review, the facility failed to properly maintain resident equipment in safe operating condition including four residents' beds, one wheelchair, and one overhead light in residents' rooms. This deficient practice resulted in four residents' beds being unsafe, one resident's wheelchair not repaired, and one resident's overhead light fixture left broken, resulting in the risk of accidents, skin tears, and other adverse outcomes. Findings include: room [ROOM NUMBER]A: During an interview on 5/20/24 at 12:31 p.m., R42 in room [ROOM NUMBER]A stated, I almost had a fall today as my bed didn't lock. When it sways, I get caught, trying to get to the bathroom [walking], and I almost fell . We have told them [R42 and their family], and we have showed them, and they just haven't fixed it .I have been here long enough, and it should be working . R42 stated they received the new bariatric bed a few months prior and reported about two weeks ago she fell in her room, when the bed moved at the end. R42 further described she subsequently fell on to the floor when walking back from her bathroom while on the phone and bruised her shoulder when the fall occurred. On 5/20/24 at 12:35 p.m., it was observed R42's bed moved a few inches at the foot when pressure was applied. This was reported to R42's care staff, who reported they would follow-up. room [ROOM NUMBER]A: On 5/20/24 at approximately 2:55 p.m., it was observed with Licensed Practical Nurse (LPN) S the bed in room [ROOM NUMBER]A did not lower, when R24 attempted to lower their bed. On 5/21/24 at 9:26 a.m., R24 was observed from her bed calling Maintenance Staff from the hallway, Staff T, stating, My bed does not go up and down. R24 showed Staff T how her remote control was not working to adjust her bed up and down and verbalized frustration. Staff T confirmed the bed remote control was not working to adjust the height of R24's bed. During an interview on 5/21/24 at approximately 9:27 a.m., the Maintenance Staff was asked about R42's foot of bed moving in room [ROOM NUMBER]A, and reported the bed wheels were locked however the right wheel at the end of the bed was loose. They stated, I will fix it today, and clarified they had not received a maintenance request to fix the bed. During an interview on 5/21/24 at approximately 9:30 a.m., Staff T was asked why some of the residents' beds were not working. Staff T reported they had not been made aware and had not received a maintenance request to fix the beds for Rooms 42A or 45A. room [ROOM NUMBER]A: (continued on next page)

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F 0908 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 5/20/24 at 12:05 p.m., R63 in room [ROOM NUMBER]A pointed to his wheelchair and reported it did not work. A manual wheelchair with a seat cushion was observed next to his bed, with older wheels, and he said, Fix it. R63 declined to discuss his concern further when asked. Surveyor reported the concern to LPN F, who confirmed R63 used his wheelchair to push himself to the activity room and they were unaware of a wheelchair concern. During an interview on 5/21/24 at approximately 3:00 p.m., R63 was tearful, and again showed Surveyor his wheelchair, and asked for the wheels to be fixed, and said they were loose. R63 was in their bed. It was noted the wheels had some 'give'. Surveyor notified the Nursing Home Administrator (NHA) after the interview. room [ROOM NUMBER]B: On 5/21/24 at 8:27 a.m., it was observed the overhead bed light casing in room [ROOM NUMBER]B was cracked in the middle, exposing the horizontal fluorescent overhead bed light. This light fixture appeared to have been smashed by the large medal bariatric trapeze stand, which stood directly in front of the overhead bed light. R3 was observed in her bariatric hospital bed. When queried, R3 reported the accident had occurred when she was being repositioned in bed, and clarified she was not injured. Further observation revealed the overhead bed light was on, however the light casing was cracked, with sharp edges in the center, which appeared could crack further, or fall off. When asked, R3 reported this had happened at least a month prior, and staff replaced the light but not the casing. R3 reported staff were aware of the concern, and they would like it repaired if possible. room [ROOM NUMBER]B: During an interview on 5/21/24 at approximately 2:00 p.m., R51 reported their mattress was crooked on their bed, and was uncomfortable for them, as they leaned to the side, and the bed moved at times. An observation on 5/21/24 at approximately 3:05 p.m., revealed R51 in their hospital bed in room [ROOM NUMBER]B. They were positioned completely on the left side of their bed mattress, and it appeared the mattress was slanted. The NHA was made aware immediately after the interview. room [ROOM NUMBER]B: During an interview on 5/21/24 at approximately 2:05 p.m., R13 reported their bed remote did not work, and they kept getting stuck in sitting, or laying down. R13 reported this was frustrating and uncomfortable for them, and they had made staff aware. During a follow-up interview on 5/22/24 at 12:51 p.m., the Maintenance Director, Staff U, confirmed they were not made aware of the bed or equipment concerns until this Surveyor reported them to maintenance staff. Staff U explained they had only been in their position for two weeks. Staff U acknowledged each concern as follows: room [ROOM NUMBER]A: Staff U confirmed the right [NAME] on the bed had three to four inches 'give', so the castors were tightened. (continued on next page)

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F 0908 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	room [ROOM NUMBER]A: Staff U confirmed the bed would not adjust up and down, so they replaced the remote. room [ROOM NUMBER]A: Staff U confirmed the wheels were loose on R63's wheelchair, so they were tightened. room [ROOM NUMBER]B : Staff U acknowledged the light cover was broken and could not be replaced, so they ordered a new light fixture for the overhead bed light. room [ROOM NUMBER]B: Staff U acknowledged the bed mattress appeared uneven because the bed castors on the end of the bed were loose, so they were removed, tightened, and the bed leveled. room [ROOM NUMBER]B: Staff U confirmed the bed position was getting stuck, as the bed remote control did not work properly, so they replaced it with a new remote control. During the interview, Staff U was asked what the process was for staff reporting maintenance concerns, and any routine checks of beds and/or facility equipment. Staff U reported there was a reporting system in place, and they were unclear why they or their department were not notified of the above concerns prior to Surveyor reporting them. Staff U reported there were no routine bed or equipment checks at that time. During an interview on 5/22/24 at 2:28 p.m., the Director of Nursing (DON) was asked if R42's fall on 5/05/24 was caused by the loose [NAME] and the bed moving. The DON reported they did not discover any equipment or bed concern during their investigation. Review of R42's fall report, dated 5/05/24, revealed no mention of the bed being involved in R42's fall. During an interview on 5/22/24 at 2:40 p.m. with the NHA, the equipment concerns were reviewed, and they were asked about the type of beds, the reasons for the malfunctions, and if the beds were from the same or different manufacturers. The NHA reported they were unaware, or why the equipment concerns had not been addressed. The NHA was asked for an equipment policy. None was received by the end of the survey.