

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235223	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/19/2025
NAME OF PROVIDER OR SUPPLIER  Glacier Hills		STREET ADDRESS, CITY, STATE, ZIP CODE  1200 Earhart Rd Ann Arbor, MI 48105	

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>45038</p> <p>Based on observation, interview, and record review the facility failed to ensure a call light was kept within resident reach for one resident (#12) out of twelve residents reviewed.</p> <p>Findings Included:</p> <p>Review of the medical record revealed R12 was admitted to the facility 11/14/2018 with diagnoses that included chronic obstructive pulmonary disease (COPD), hypertension, Hemiplegia (paralysis one side of the body) left side, multiple sclerosis, atrial fibrillation, bullous pemphigoid (skin condition causing large fluid-filled blisters), hyperlipemia (high fat content in blood), depression, dementia, pain, overactive constipation, neuromuscular dysfunction of bladder, anxiety disorder, osteoarthritis (tissue at end of bones wears down), and malnutrition. The most recent Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 02/13/2025, revealed R12 had a Brief Interview of Mental Status (BIMS) of 12 (moderate cognitive impairment) out of 15.</p> <p>During observation and interview on 03/17/2025 at 11:20 a.m. R12 was observed lying down in bed. R12 explained that staff frequently did not place his call light within his reach, which would delay his request for services. R12 explained that he could not use his left hand and needed to have his call light placed on his abdomen so that he could push the buttons.</p> <p>On 03/18/2025 at 01:43 p.m. upon entering R12's room, R12 was observed lying down in bed. R12's call light was observed to be lying on a chair, on the left side of R12's bed. R12 explained that he was unable to reach his call light.</p> <p>During an interview on 03/18/2025 at 01:45 p.m. Clinical Care Coordinator (CCC) I explained that he was the Nursing Clinical Care Coordinator and was responsible for all the nursing units. CCC I explained that it was the facility expectation that all call lights were to be placed within the reach of the residents.</p> <p>During an interview on 03/18/2025 at 01:48 p.m. Assistant Director of Nursing (ADON) H explained that it was the facility expectation that all call lights were to be placed within the reach of the residents.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 03/18/2025 at 01:49 p.m. Assistant Director of Nursing (ADON) H and Clinical Care Coordinator (CCC) I entered R12's room. R12 was observed lying in bed. ADON H and CCC I confirmed that R12's call light was lying in a chair beside his bed. ADON H apologized to R12 and laid his call light across his abdomen.</p>		

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<p>F 0814</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Dispose of garbage and refuse properly.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 22050</p> <p>Based on observations, interview, and record review, the facility failed to: (1) effectively maintain 1 of 2 outdoor waste receptacles, (2) clean the concrete receptacle pads and adjacent grounds, and (3) effectively clean the outdoor waste grease receptacles and adjacent concrete receptacle pad surfaces effecting 35 residents, resulting in the increased likelihood for cross-contamination, bacterial harborage, and pest attraction/harborage.</p> <p>Findings include:</p> <p>On 03/17/25 at 12:20 P.M., 1 of 2 outdoor waste receptacles were observed missing a drain plug. 1 of 2 outdoor waste receptacles were also observed with a severely bent mounting rod, allowing the receptacle lid to not close completely. The exterior surface of 1 of 2 outdoor waste receptacles were further observed bent inward. The damaged surface area measured approximately 24-inches-wide by 36-inches-long. The outdoor waste compactor assembly and adjacent ground surfaces were additionally observed soiled with accumulated and encrusted dirt and debris (dead leaves, used vinyl gloves, aluminum soda cans, etc.). 2 of 2 outdoor waste grease receptacles and adjacent ground surfaces were also observed soiled with accumulated and encrusted oil residue. Director of Dining Services N indicated he would contact maintenance for necessary repairs as soon as possible. Director of Dining Services N also indicated he would contact Environmental Services for necessary cleaning as soon as possible.</p> <p>On 03/18/25 at 03:30 P.M., Record review of the Policy/Procedure entitled: Regulated Waste Plan Overview dated (no date) revealed the following: It is the intent of the [NAME] Health Senior Communities (THSC) community to safeguard colleagues, the public, and the environment from exposure to the risk of injury, infection or disease from improperly disposed regulated wastes. The (THSC) community is considered to be a regulated waste generator. Colleagues of the (THSC) community comply with the OSHA (Occupational Safety and Health Administration), EPA (Environmental Protection Agency), and the Department of Transportation standards for handling, storage, and disposal of regulated waste. Record review of the Policy/Procedure entitled: Regulated Waste Plan Overview dated (no date) further revealed under Waste Disposal Guide: The type of waste determines the method of disposal. Reference the table below to identify the correct method of disposal. Infectious waste is bagged at the point of care using a leak proof bag that has been secured and then placed in the (THSC) community's biohazard disposal container which is lined with a red bag. Double bagging at the point of care is necessary when the initial bag is torn or moisture soaked through the outside of the bag. Sharps containers are disposed of when 3/4 full by first securing the top closed and then transporting and placing in the (THSC) community's biohazard disposal container. Regular trash is secured in lidded containers and disposed of in the (THSC) Community's outside refuse receptacle to avoid overflow.</p>		