STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235234	A. Building B. Wing	04/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Manor Nursing and Rehab Center	9500 Grand River Ave Detroit, MI 48204

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0565 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to organize and participate in resident/family groups in the facility. 47283 This citation pertains to intakes: MI00143303 and MI00143980 Based on interview and record review the facility failed to assist Resident Council to meet for monthly meetings consistently and failed to promptly follow up and resolve concerns and follow up consistently. Findings include: Multiple complaints received by the State Agency and reviewed during this survey had concerns with long call light wait times, concerns with facility's physical environment etc. A request was made to the facility administrator and director of nursing (DON) via e-mail on 4/23/24 at 11:35 AM to provide the resident council minutes for the facility from November-2023 to current date (April 2024) to review the Resident Council concern trends and facility's follow-up on the group concerns. On 4/23/24, at approximately 2:30 PM, Activities Director I reported the facility Administrator did not have any resident council meeting minutes or follow-up documentation for the requested dates. Activities Director I reported that they were new to the role and they had scheduled a day every month for their future meetings. An interview with Resident Council president/representative was completed on 4/24/24 at approximately 12 PM. During the interview they reported they had a meeting last month. They had reported that meetings were not consistent. They had reported that the representatives did not have enough chairs to sit during the meeting. They had brought up this concern prior and added that some of representatives were sitting on milk crates. An interview with the administrator was completed on 4/24/24 at approximately 2:00 PM. During the interview the Administrator reported that they had reviewed the resident council meeting binder and they did not have any meeting minutes and or facility follow up documentation for the requested dates and added that they had a new team and plan in place. A facility provided document titled Resident Council Meetings dated 01/24, read in part, Policy: (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235234	A. Building B. Wing	04/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Manor Nursing and Rehab Center	9500 Grand River Ave Detroit, MI 48204

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0565 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	This facility supports the rights of residents to organize and participate in resident groups, including a Resident Council. This policy provides guidance to promoting structure, order, and productivity in these group meetings. Definitions: Resident or family group is defined as a group of residents or residents' family members that meets regularly to discuss and offer suggestions about facility policies and procedures affecting residents' care, treatment, and quality of life; support each other; plan resident and family activities; participate in educational activities; or for any other purpose. Policy Explanation and Compliance Guidelines: 1. The Resident Council is a formal resident group with a President who is appointed by other residents. a. The President shall be a resident who is appointed by other residents by majority vote to serve for a term of at least one year. b. The President may be reappointed from year to year. 2. All residents are eligible to participate in the Resident Council and are encouraged by facility staff to participate. 3. The President serves as a liaison between the group and facility staff. In the absence of a President, facility staff shall communicate with active members of the Resident Council, as noted by participation logs. 4. The Resident Council meets at least quarterly, but no less than as determined by the group. The date, time, and location of the meetings are noted on the Activities calendar. 5. The Activity Director shall be designated, if approved by the group, to serve as a liaison between the group and the facility's administration and any other staff members. a. If the Activity Director is not approved by the group, the group's designee shall serve as the liaison, and documentation shall be maintained to reflect the group's designation. b. The designated liaison shall be responsible for providing assistance with facilitating successful group meetings and responding to written requests from the group meetings.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235234	A. Building B. Wing	04/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Manor Nursing and Rehab Center	9500 Grand River Ave Detroit, MI 48204

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47283 This citation pertains to intakes: MI00143303 and MI00143980 Based on observation, interview, and record review, the facility failed to follow-up on grievances expressed by two (R912 and R919) of four Residents reviewed for grievances resulting in frustration and ongoing communication concerns. Findings Include: R912 R912 was admitted to the facility on [DATE]. R912's admitted diagnoses included Major depressive disorder, schizoaffective disorder, anxiety disorder and heart failure. Based on assessment dated [DATE], R912 had Brief Interview for Mental Status score of 14/15, indicative of intact cognition. An observation was completed on 4/24/24 at approximately 2:00 PM. During the observation R912 reported that they were missing a bag with their personal belongings that included some important receipts, debit card, and clothes. R912 reported that the bag with their belongings were taken to the laundry. They had spoken with several staff members in the last two weeks and they still have received any follow up from anyone and they were frustrated with the situation. R919 R919 was a long-term resident of the facility. R919 was admitted to the facility on [DATE]. R919's admitting diagnoses included heart failure, hemiplegia with right sided weakness, and diabetic neuropathy. Based on a Minimum Data Set (MDS) assessment dated [DATE], R919 had Brief Interview for Mental Status score of 15/15, indicative of intact cognition. An observation was completed on 4/23/24 - 10:30 AM. R919 was observed in their bed. During this observation an interview was conducted. R919 reported that they had concerns about their call light wait times on certain shifts, how some staff did not check their blood pressure before getting medications and staff on the floor had to take them to another floor to get their showers. Reported that they had made staff aware of their concerns. An e-mail request was sent to the facility administrator and director of nursing on 4/23/24 at 3:23 PM requesting the grievance forms and facility's follow up. Did not receive the grievance forms for R912 and R919. An interview with administrator was completed on 4/24/24 at approximately 9:15 AM. Administrator was queried on the grievance forms for the residents and their grievance process. Reported that staff should initiate a grievance form if a concern up and they would like to have the concerns resolved within five days. They were newer to the facility and would review and follow their facility policy. They were maintaining the resolved grievance forms on a binder to review during their Quality Assurance and Process Improvement (QAPI) meetings. Administrator reported that they understood the concerns and they would follow up their team. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235234	A. Building B. Wing	04/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Manor Nursing and Rehab Center	9500 Grand River Ave Detroit, MI 48204

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the facility provided undated document titled Resident and Family Grievances read in part: Policy: It is the policy of this facility to support each resident's and family member's right to voice grievances without discrimination, reprisal or fear of discrimination or reprisal. Definitions: Prompt efforts to resolve include facility acknowledgment of a complaint/grievance and actively working toward resolution of that complaint/grievance. Policy Explanation and Compliance Guidelines: 1. (Name and Title) has been designated as the Grievance Official and can be reached at (list contact information). 2.The Grievance Official is responsible for overseeing the grievance process; receiving and tracking grievances through to their conclusion; leading any necessary investigations by the facility; maintaining the confidentiality of all information associated with grievances; issuing written grievance decisions to the resident; and coordinating with state and federal agencies as necessary in light of specific allegations. 3. Notices of resident's rights regarding grievances will be posted in prominent locations throughout the facility. 4. A resident or family member may voice grievances with respect to care and treatment which has been furnished as well as that which has not been furnished, the behavior of staff and other residents, and other concerns regarding their LTC facility stay. 5. The facility will not prohibit or in any way discourage a resident from communicating with external entities including federal and state surveyors or other federal or state health department employees. 6. Upon request, the facility will give a copy of this grievance policy to the resident.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235234	A. Building B. Wing	04/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Manor Nursing and Rehab Center	9500 Grand River Ave Detroit, MI 48204

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 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. 22349 This citation pertains to intake MI00143878. Based on interview and record review, the facility failed to immediately report an injury of unknown origin to the Nursing Home Administrator and/or the State Agency (SA) for one (R921) of 10 residents reviewed for abuse/neglect. Findings include: The State Agency received a Facility Reported Incident (FRI) on 4/12/24 for an incident that occurred on 4/10/24. The FRI reported that R921, a Hospice patient (receiving palliative care) was observed on the floor by Certified Nursing Assistant (CNA) C on 4/11/24 at 7:50 AM with an injury of unknown source with serious bodily injury. The facility's 'Unusual Occurrence Report' dated 4/10/24, (2 days prior to the FRI) indicated R921 was observed in the room unresponsive on the floor with bleeding around the head on 4/10/24 at 8:30 AM. The type of injury was documented as 'unknown'. R921 did not have vital signs. The Unusual Occurrence Report was signed by the Nursing Home Administrator (NHA)/Abuse Coordinator on 4/15/24. On 4/24/23 at 11:30 AM during an interview the NHA acknowledged that R921 was observed on the floor with an injury of unknown source on 4/10/24, not 4/11/24. The NHA acknowledged the FRI was reported to the SA late and said, I did not become aware of the full details under later and then reported it immediately. The NHA said, My staff should have reported this to me immediately as an injury of unknown source. According to the facility's policy 'Abuse, Neglect, and Exploitation' (undated) in part; VII. Reporting/Response A. The facility will have written procedures that include: 1. Reporting of all alleged violations to the Administrator, state agency, adult protective services and to all other required agencies (e.g., law enforcement when applicable) within specified timeframes: a. Immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or b. Not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury. Definitions: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235234	A. Building B. Wing	04/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Manor Nursing and Rehab Center	9500 Grand River Ave Detroit, MI 48204

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Alleged Violation is a situation or occurrence that is observed or reported by staff, resident, relative, visitor or others but has not yet been investigated and, if verified, could be indication of noncompliance with the Federal requirements related to mistreatment, exploitation, neglect, or abuse, including injuries of unknown source, and misappropriation of resident property.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235234	A. Building B. Wing	04/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Manor Nursing and Rehab Center	9500 Grand River Ave Detroit, MI 48204

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Respond appropriately to all alleged violations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 22349 This citation pertains to intake MI00143232. Based on interview and record review, the facility failed to promptly conduct a thorough investigation for allegations of abuse/neglect, including an injury of unknown origin for seven (R910, R911, R915, R916, R917, R918, and R921) of 10 residents reviewed for abuse/neglect. Findings include: R921: The State Agency received a Facility Reported Incident (FRI) on 4/12/24 for an incident that occurred on 4/10/24. The FRI reported that R921, a Hospice patient (receiving palliative care) was observed on the floor by Certified Nursing Assistant (CNA) C on 4/11/24 at 7:50 AM with an injury of unknown source with serious bodily injury. There was no corresponding 5-day investigation report for this incident. The facility's 'Unusual Occurrence Report' dated 4/10/24, (2 days prior to the FRI) indicated R921 was observed in the room unresponsive on the floor with bleeding around the head on 4/10/24 at 8:30 AM. The type of injury was documented as 'unknown'. R921 did not have vital signs. The Unusual Occurrence Report was signed by the Nursing Home Administrator (NHA)/Abuse Coordinator on 4/15/24. On 4/24/23 at 11:30 AM during an interview, the NHA acknowledged that R921 was observed on the floor with an injury of unknown source on 4/10/24, not 4/11/24. The NHA acknowledged the FRI was reported to the SA late and when they attempted to submit the 5-day investigation it was already closed. At this time the NHA was asked to provide the facility's investigation report. The NHA said, That's it. It is in the FRI report. The NHA reviewed the file and acknowledged there were no staff interviews, record review, or other investigation reports. The NHA said, The Director of Nursing (DON) must have the rest of the investigation file. On 4/24/23 at approximately 11:40 AM during and interview with the NHA, the DON, and the Clinical Corporate Registered Nurse (RN) G the staff interviews and additional record reviews were located on the DON's desk. The interview for staff were dated 4/15/24 and 4/22/24 (5-10 days after the incident). At this time the DON reported being out of the facility from 4/10/24 - 4/15/24 and began the investigation on 4/15/24. The DON could not explain why another nurse manager had not initiated an investigation immediately for R921's injury of unknown source with serious bodily injury. On 4/24/24 at 3:30 PM during an interview with the Nursing Home Administrator (NHA), the FRIs related to 'allegations of abuse' between R910 and R911, between R915 and R916, and between R917 and R918 were reviewed. The NHA acknowledged all the FRIs were not promptly or thoroughly investigated and did not comply with the regulations or the facility's policy. 47964 R910 (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235234	A. Building B. Wing	04/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Manor Nursing and Rehab Center	9500 Grand River Ave Detroit, MI 48204

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of the Electronic Health Record (EHR) revealed R910 admitted to facility on 1/7/2024 with pertinent diagnosis of metabolic encephalopathy. Review of the Minimum Data Set (MDS) dated [DATE] for R910 revealed severely impaired cognition. R911 Review of the EHR revealed R910 admitted to facility on 12/23/2023 with pertinent diagnosis of spinal stenosis. Review of the MDS dated [DATE] revealed intact cognition. A facility self-reported incident (FRI) was received by the SA on 2/16/24 at 8:55 PM. The facility investigation report was received by the SA on 2/27/24 at 1:15PM. R915 Review of the EHR revealed R915 admitted to facility on 2/10/2023 with a pertinent diagnosis of schizophrenia. Review of the MDS dated [DATE] revealed intact cognition. R916 Review of the EHR revealed R916 admitted to facility on 6/7/2023 with pertinent diagnosis of left femur fracture, dementia. Review of the MDS dated [DATE] severely impaired cognition. A FRI was received by the SA on 2/20/24 at 3:38 PM. The facility investigation report was not submitted until 2/29/24 at 9:21 AM. R917 Review of the EHR revealed R917 admitted to facility on 4/21/2023 and discharged on [DATE] with pertinent diagnosis of Parkinson's and schizophrenia Review of the MDS dated [DATE] revealed moderately impaired cognition. R918 Review of the EHR revealed R918 admitted to facility on 2/2/24 with a pertinent diagnosis of pneumonia. Review of the MDS dated [DATE] revealed intact cognition. A FRI was received by the SA on 2/20/24 at 8:12 PM. The facility investigation report was not submitted to the SA until 2/29/24 at 9:51 AM. A review of the facility policy titled, Abuse, Neglect and Exploitation undated revealed in part .An immediate investigation is warranted when suspicion of abuse, neglect or exploitation, or reports of abuse, neglect or exploitation occur. Reporting/Response. The facility will have written procedures that include: 1. Reporting of all alleged violations to the Administrator, state agency, adult protective services and to all other required agencies (e.g., law enforcement when applicable) within specified timeframes: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235234	A. Building B. Wing	04/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Manor Nursing and Rehab Center	9500 Grand River Ave Detroit, MI 48204

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	a. Immediately, but not later than 2. hours after the allegation are made, if the events that cause the allegation involve abuse or result in serious bodily injury, or b. Not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury. 2. Assuring that reporters are free from retaliation or reprisal. 3. Promoting a culture of safety and open communication in the work environment prohibiting retaliation against any employee who reports a suspicion of a crime . The Administrator will follow up with government agencies, during business hours, to confirm the initial report was received, and to report the results of the investigation when final within 5 working days of the incident, as required by state agencies .

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235234	A. Building B. Wing	04/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Manor Nursing and Rehab Center	9500 Grand River Ave Detroit, MI 48204

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Actual harm Residents Affected - Few	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** 22349 This citation pertains to intake MI00143878. Based on interview and record review, the facility failed to implement interventions and provide sufficient staff for supervision to prevent falls for one (R921) of four residents reviewed for accidents and supervision resulting in R921 being found unresponsive on the floor with a pool of blood around the resident's head. Findings include: The State Agency received a Facility Reported Incident (FRI) on [DATE] for an incident that occurred on [DATE]. The FRI reported that R921, a Hospice patient (receiving palliative care) was observed on the floor by Certified Nursing Assistant (CNA) C on [DATE] at 7:50 AM with an injury of unknown source with serious bodily injury. An Event Report dated [DATE] indicated R921 was observed on the floor next to the bed. Assessments including X-rays revealed R921 did not sustain any injuries. Interventions that were to be immediately taken included a floor mat. A review of R921's care plans on [DATE] did not include 'falls' as a concern and there were no interventions as identiifed. On [DATE] a fall mat was not in place under R921 when found. The facility provided a paper version of the baseline care plan initiated [DATE] that had floor mat [DATE] written in next to a signature. On [DATE] at 1:25 PM, Licensed Practical Nurse (LPN) H said, I responded to a code that was called. When I got there the nurse (LPN A) was already there trying to roll him over. There was blood on the floor around his head. I did not see a floor mat. 911 had arrived and they took over. According to R921's Electronic Health Record (EHR) the resident admitted to the facility on [DATE] and expired in the facility on [DATE]. Diagnoses included history of a stroke with weakness/paralysis on the right side of the body. A fall risk assessment on [DATE] identified the resident as 'not at risk' for fall. 32220 A physician note dated [DATE] documented, .answered to name however is unable to communicate meaningfully . The physician note further indicated R921 required frequent turning related to a sacral/tailbone pressure ulcer. A physician order dated [DATE] indicated resident was on contact precautions which would have required staff to don personal protective equipment when care was provided. A review of the progress notes documented the last progress notes by the nurse or physician were on [DATE]. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235234	A. Building B. Wing	04/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Manor Nursing and Rehab Center	9500 Grand River Ave Detroit, MI 48204

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Actual harm Residents Affected - Few	A review of the progress note dated [DATE] at 8:10 AM by LPN A revealed, Upon rounds resident found face down and unresponsive, (cardiopulmonary resuscitation) CPR started, 911 called, nurse sent cena to call code code (sic), assessment done no noted respirations or pulse 911 notified instructions to grab defib, 911 rescue in building to take over CPR. On [DATE] at 3:12 PM, LPN A was asked via the phone about R921 and the incident on [DATE]. LPN A reported the facility was short staffed when LPN A entered the building for the day shift. LPN A reported the night nurse was LPN B and had worked the second and sixth floors during the night shift with one aide (CNA F) when there were normally two aides. At the time of shift change CNA C reported R921 was down and mentioned something about blood and LPN A went and assessed R921. LPN A reported R921 was prone, head faced toward the exit, was cold, had no pulse, and the blood around the head had dried to a gel and separated. 911 was called and attempts were made to get R921 turned over but LPN could not get R921 turned over to attempt resuscitation. LPN A reported CNA C was asked to call the code and attempted to get help from CNA E to help turn R921 over. Additional staff arrived at about the same time 911 arrived in the room and the code was handed off to 911. LPN A also reported that a number of staff had left around the time of the incident related to management changes. LPN A was also asked about a floor mat and reported R921 was not on a floor mat when found. On [DATE] at 6:38 AM, LPN B was asked about their night shift on [DATE] into [DATE]. LPN B reported they arrived on the floor around 7:10 PM and did rounds. LPN B reported they made two trips to the second floor and were not aware they had to cover the second floor until two hours into their shift. LPN B reported they did rounds three times on their shift with the last check of R921 around 4:30 AM. LPN B reported the night was a little difficult as they had to answer problematic call lights and had a wanderer who required redirection away from exits multiple times. LPN B further noted that if one staff was in a room the other would have to be in the hall or at the nurse station to keep and eye on the wanderer. LPN B reported the day shift aide came on the sixth floor around 7:10 AM and LPN A arrived around 7:45 AM and was not made aware of any concerns with R921 until after they had arrived home. A review of a statement related to R921's fall on [DATE] by Certified Nursing assistant (CNA) F documented CNA F came on shift at seven PM on [DATE] and deferred checking on R921 until between 12:30 AM and 1:00 AM and reported R921 did not request assistance the remainder of the night. Attempts to reach CNA F were made via phone on [DATE] at 3:39 PM and [DATE] around noon. Messages were left. The calls were not returned. On [DATE] at 7:26 AM, CNA K reported last rounds are generally done around 6:30 AM for the night shift and that is was likely rounds were not done by the night CNA as they were missing two CNA's that night. CNA K further reported they believed the incident with R921 on [DATE] could have been avoided. On [DATE] at 10:45 AM, CNA C was interviewed about the incident with R921. CNA C confirmed they had found R921 on the floor next to the bed with blood around the head. CNA C reported the room door was partially open and R921 was on the far side of the bed on the floor. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235234	A. Building B. Wing	04/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Manor Nursing and Rehab Center	9500 Grand River Ave Detroit, MI 48204

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Actual harm Residents Affected - Few	A review of the facility policy titled Fall Prevention Program implemented ,d+[DATE], revealed, Policy: Each resident will be assessed for fall risk and will receive care and services in accordance with their individualized level of risk to minimize the likelihood of falls .5. Low/Moderate Risk Protocols: b. Implement routine rounding schedule .6. High Risk Protocols: a. The resident will be placed on the facility's Fall Prevention Program. i. Indicate fall risk on care plan. ii. Place Fall Prevention Indicator (such as star, color coded sticker) on the name plate to resident's room. iii. Place Fall Prevention Indicator on resident's wheelchair. b. Implement interventions from Low/Moderate Risk Protocols. c. Provide interventions that address unique risk factors measured by the risk assessment tool: medications, psychological, status, or recent change in functional status. d. Provide additional interventions as directed by the resident's assessment, including but not limited to: i. Assistive devices ii. Increased frequency of rounds . 9. When any resident experiences a fall, the facility will: e. Review the resident's care plan and update as indicated .

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235234	A. Building B. Wing	04/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Manor Nursing and Rehab Center	9500 Grand River Ave Detroit, MI 48204

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0919 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Make sure that a working call system is available in each resident's bathroom and bathing area. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47283 This citation pertains to intakes: MI00140904, MI00141103, MI00141276, MI00143450, MI00141973, and MI00142724 Based on observation, interview and ecord review, the facility failed to provide a functional call system that provides direct communication from the residents via the 2nd floor with no call light station, Resident rooms 215, 307, 312, 2nd floor shower room, 3rd floor shower room, and 4th floor shower rooms. This deficient practice had the potential to affect all residents that utilize the shower rooms and residents in rooms 215, 307 and 312. Findings include: During facility rounds on [DATE] at approximately 3:30 PM, it was observed that there was no call light panel/annunciator panel at the nurse's station to notify the staff members of any resident needs. A nurse on duty was queried about the missing panel and how they received alerts. Staff member reported that they did not realize that the call light box was not in place. Call lights in rooms 215, 307, 312 were not functional. Two residents reported that their call lights had not been working for over two weeks. R902 reported that their call had not worked in nearly six months. They usually get out of bed and go to the doorway to get help. Sometimes they needed help to get out of bed and they had to call out for help. On [DATE] at approximately 9:45 AM facility environmental rounds were completed with Corporate Life Safety support staff member J. During rounds it was observed the call lights on 2nd floor, 3rd floor, and 4th floor shower rooms did not have functional call lights due to varied reasons ranging from missing call light pull cords to non-functional audible and or visual alerts. They were tested and the concerns were confirmed by the staff member J. A request was sent via e-mail to the facility administartor on [DATE] at 8:22 AM to provide the facility's call light audit logs from December-2023 to April-2024. The requested audit logs were not provided. An interview was completed with corporate life safety support, staff member J on [DATE] at approximately 9:20 AM. Staff member was queried about the facility process to notify maintenance concerns. Staff member J reported that they had a log at floor nurses' station and maintenance personnel were supposed to round daily to resolve concerns and they were expected to do daily walking rounds throughout the facility to check for any concerns with physical environment. Staff member also reported that maintenance personnel were expected to sign off on the logs when concerns were resolved and unresolved items were addressed by the maintenance supervisor with the leadership team during their morning meeting. Staff member was queried if they had checked the facility maintenance logs during their monthly rounding. Staff member J reported that they did not check logs and they provided support on unresolved major facility maintenance or life safety concerns. Staff member J was queried during the physical environment rounds on the call light concerns, other facility maintenance concerns that were observed in resident rooms/common areas and unresolved maintenance concerns on the maintenance logs on all floors. Staff member J reported that they should have been addressed timely and they were following up with the facility maintenance personnel. After the facility rounds staff member J confirmed in administrator office that they were not able to locate any call light audit logs for the requested time frame (December - 2023 to April - 2024). (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235234	A. Building B. Wing	04/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Manor Nursing and Rehab Center	9500 Grand River Ave Detroit, MI 48204

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0919 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	An interview was conducted with facility administrator on [DATE] at approximately 9:10 AM regarding the call light concerns, maintenance rounding, notification process, and follow up. Administrator notified of the concerns and they reported that they understood the concerns. A facility provided document titled Call Lights: Accessibility and Timely Response dated ,d+[DATE] read in part, 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. 3. Each resident will be evaluated for unique needs and preferences to determine any special accommodations that may be needed in order for the resident to utilize the call system. 4. Special accommodations will be identified on the resident's person-centered plan of care, and provided accordingly. (Examples include touch pads, larger buttons, bright colors, etc.) 5. Staff will ensure the call light is within reach of resident and secured, as needed. 6. The call system will be accessible to residents while in their bed or other sleeping accommodations within the resident's room. 7. The call system must be accessible to the resident at each toilet and bath or shower facility. The call system should be accessible to a resident lying on the floor. 8. Staff will report problems with a call light or the call system immediately to the supervisor and/or maintenance director and will provide immediate or alternative solutions until the problem can be remedied . (Examples include: replace call light, provide a bell or whistle, increase frequency of rounding, etc.) 9. Ensure the call system alerts staff members directly or goes to a centralized staff work area. 10. All staff members who see or hear an activated call light are responsible for responding. If the staff member cannot provide what the resident desires, the appropriate personnel should be notified .

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235234	A. Building B. Wing	04/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Manor Nursing and Rehab Center	9500 Grand River Ave Detroit, MI 48204

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47283 This citation pertains to the intakes: MI00140904, MI00141103, MI00141276, MI00141360, MI00141973, MI00142127, and MI00143303 Based on observation, interview, and record review the facility failed to maintain general repair and cleanliness of the resident rooms, and common areas with potential for avoidable contamination, injuries, and decrease in satisfaction of living affecting all 97 residents. Findings include: An initial observation was completed on 4/22/24 at approximately 10:30 AM. The surveyor was waiting near the elevator entrance. There were residents in wheelchairs and one other resident with no assistive device were coming out of the east elevator (elevator on the left side). The elevator had missing handrails on both sides. Multiple fixtures to secure the handrails were exposed. Two staff members were in the elevator. When the surveyor queried the staff member about the missing handrails the staff member reported that it had been missing for a few months. The lights on the elevator switches to select the floor were not lit/working properly. Surveyor was on their way to the 5th floor. The elevator stopped on the 3rd floor and door did not close for approximately 30 seconds. One staff member had asked the other staff member to step out of the elevator and step back in and push/activate the floor switch again for the door to close. When queried why that staff member reported that, I don't know, you have to do that sometimes for the door to close. At approximately 12 PM an observation was completed on room [ROOM NUMBER]. There were gnats flying in the room. R911 reported that they were always gnats flying in the room and they tried to swat them away when they see them. Observed gnats on the 4th floor hallways near the nursing station. There were gnats in the social workers office on the ground floor and second floor hallways. There were gnats in the 5th floor day room where 2 residents were sitting and watching TV and reported that it was not anything new. An observation on room [ROOM NUMBER] revealed missing insulation around the PTAC (Package Terminal Air Conditioner) unit. The seals were missing and was able to feel the draft and able see the sunlight around the unit. Resident reported that needs some insulation. Resident also pointed to their television that was placed on top of dresser and reported that their television did not work. When queried further I cannot plug my TV, no outlet. The outlet appeared sealed/not functional. They reported that it had been that way since they had moved in to the room and they listened to whatever program was playing their roommate's TV. The room had broken blinds. There was screw sitting on the window. When queried, resident reported that it was from the window and they could push the window open. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235234	A. Building B. Wing	04/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Manor Nursing and Rehab Center	9500 Grand River Ave Detroit, MI 48204

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	An observation was completed on 4/23/24 in room [ROOM NUMBER] at approximately 10:30 AM. There were gnats in the room. R919 stated I think that's from the drain and I see them all the time. The clock in the room was not working. R919 reported that it had not been working for over six months and they use their cell phone. R919 reported that shower room on the 5th floor has not been working for a few months and the staff were taking them shower rooms to 6th floor for their showers. R919 reported that it was harder for the staff on the floor to work out a time between the scheduled showers for the residents on the 6th floor. Handrails in the hallways were missing end caps near the 4th floor nurses station and in the hallway near the elevator and by room [ROOM NUMBER]. There were several rooms on every floor with no clocks. One resident reported that I have to use my TV shows to figure out the time or I have to ask someone. During rounds it was observed that multiple rooms on 2nd, 3rd, 4th, and 5th floors had missing seal/ insulations around the PTAC (Packed Terminal Air Conditioner - heating/cooling) unit on resident rooms where exterior of the building/sunlight was clearly visible through the areas with missing seal/insulation. There were several resident rooms with broken window blinds. The cover of the hand sanitizer unit at the third floor nurse station was missing and the unit was filled with soap. room [ROOM NUMBER] had dried white spots of what looked like white paint on the floor. There were broken bedside tables in the 5th floor day room and observed in the hallway outside resident rooms. Observed a steel folding chair with missing back support in front of the 5th floor nurses station. An observation was completed on room [ROOM NUMBER] on 4/23/24 at approximately 1:40 AM. The room had broken toilet paper holder, missing threshold between the adjacent room the bathroom. The dry walls by the sink had several nail holes and gouges from the soap dispenser that was removed. The paper towel roll was sitting on top of the sink. R920 reported that the housekeeper left it on the sink. The PTAC unit in the room had missing insulation. R920 did not have a clock in the room and they reported that it really bothered them. On 4/24/24 at approximately 9:45 AM facility environmental rounds were completed with Corporate Life Safety support staff member J. During rounds it was observed that the facility maintenance logs on 2nd, 3rd, 4th, 5th, and 6th floor multiple entries on facility maintenance concerns that were not resolved. A review of the 3rd floor maintenance log first page had multiple unresolved entries that included: 12/15/23 - 316/2 - Heater does not work. 12/18/23 - Exit door needs battery. 12/19/23 - Bed too high for resident she can't sit on it - slide down. 12/22/23 - 304 - left brake does not work. Please fix it ASAP. 12/22/23 - 307 - Right brake doesn't work. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235234	A. Building B. Wing	04/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Manor Nursing and Rehab Center	9500 Grand River Ave Detroit, MI 48204

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	1/14/24 - All these room are cold. The windows need to be sealed - 310, 312, 314, 315, 318, and 319. A review of front page on 4th floor maintenance book revealed multiple unresolved entries that included: 1/20/24 - 401 - ceiling leaking. 2/17/24 - 415 - AC unit has sparks from socket. 3/8/24 - 413 and 417 - string on the lights broke. 3/14/24 - 419 - blinds and string for the light. 3/19/24 - 417 - Blinds broken. 3/20/24 - 417 - Blinds fell down from the window. A review of front page on 5th floor maintenance book revealed multiple unresolved entries that included: 1/28/24 - 503 - Bed remote not working. 2/3/24 - Shower not working. 2/21/24 - 519 - Toilet clogged. 3/2/24 - 503 - Bed remote 3/19/24 - 502- Heater does not work. 4/2/24 - 503 - bed remote broke (ongoing concern from 1/28/24) 4/2/24 - Need a shower handle. 4/3/24 - Need a shower handle. 4/18/24- Shower needs handle and it is leaking. 4/23/24 - shower still not working. 4/24/24 - several paper towel holders not working. A review of front page on 6th floor maintenance book revealed multiple unresolved entries. There were no entries after February 2024. 1/5/24 - 616 - tray table broke. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235234	A. Building B. Wing	04/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Manor Nursing and Rehab Center	9500 Grand River Ave Detroit, MI 48204

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	2/5/24 - 618 - call light not working. Shower room observations on all floors revealed the following: 2nd floor shower room had missing tiles in the front of the shower room and water damaged tile falling from the ceiling in the shower area. Floor in the shower had dark brown stains with soiled tissues/papers on the floor. 3rd floor shower room had broken soap dispenser, no trash can liners, briefs staked up on the paper towel dispenser and on bathtub, heater cover missing with exposed sharp edges. 4th floor shower room had a trash bag tied to the handrail filled with trash. The wall covering on the shower area was peeling off,. The floor had tiles and grout with brown stains and were visibly soiled. The were missing end caps on the handrail exposing the hard edges. The walls appeared with blacks spots as seen with mildew. The showers walls had a spray of white paint over the tiles so the the color of the tile was still visible. The toilet base was loose and could be moved with light pressure. 5th floor shower room shower was not functional. There was no handle to open/close the shower valve. There were several missing/broken tiles on the wall and floor. The shower drains did not have any cover. The handrails in the shower area were broken. There were larger brown stains indicative of water damage on multiple ceiling tiles. The stairwell door exits alarm by room [ROOM NUMBER] and on the first floor next to the administrator office were not working. An anonymous staff member CNA1 reported that the shower room on the 5th floor had not worked in over three weeks and it was brought to the attention of facility maintenance personnel. CNA1 reported that staff had been using the shower rooms on the other floor. An interview was completed with corporate life safety support, staff member J on 4/24/24 at approximately 9:20 AM. Staff member was queried about the facility process to notify maintenance concerns. Staff member J reported that they had a log at floor nurses' station and maintenance personnel were supposed to round daily to resolve concerns and they were expected to do daily walking rounds throughout the facility to check for any concerns with physical environment. Staff member also reported that maintenance personnel were expected to sign off on the logs when concerns were resolved and unresolved items were addressed by the maintenance supervisor with the leadership team during their morning meeting. Staff member was queried if they had checked the facility maintenance logs during their monthly rounding. Staff member J reported that they did not check logs and they provided support on unresolved major facility maintenance or life safety concerns. Staff member J was queried during the physical environment rounds on the shower room conditions, other facility maintenance concerns that were observed in resident rooms/common areas and unresolved maintenance concerns on the maintenance logs on all floors. Staff member J reported that they should have been addressed timely and they were following up. An interview was conducted with facility administrator on 4/24/24 at approximately 9:10 AM regarding the maintenance rounding, notification process, and follow up. Administrator notified of the concerns and they reported that they understood the concerns. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235234	A. Building B. Wing	04/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Manor Nursing and Rehab Center	9500 Grand River Ave Detroit, MI 48204

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	A facility provided document titled Safe and Home Like Environment dated 1/24 read in part, In accordance with residents' rights, the facility will provide a safe, clean, comfortable and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk. Definitions: Adequate lighting means levels of illumination suitable to tasks the resident chooses to perform or the facility staff must perform. Comfortable lighting means lighting that minimizes glare and provides maximum resident control, where feasible, over the intensity, location, and direction of lighting to meet their needs or enhance independent functioning. Comfortable and safe temperature levels means that the ambient temperature should be in a relatively narrow range that minimizes residents' susceptibility to loss of body heat and risk of hypothermia/ hyperthermia and is comfortable for the residents. Comfortable sound levels means levels that do not interfere with the resident's hearing, levels that enhance privacy when privacy is desired, and levels that encourage interaction when social participation is desired. Environment refers to any environment in the facility that is frequented by residents, including (but not limited to) the residents' rooms, bathrooms, hallways, dining areas, lobby, outdoor patios, therapy areas and activity areas. A homelike environment is one that de-emphasizes the institutional character of the setting, to the extent possible, and allows the resident to use those personal belongings that support a homelike environment. A determination of homelike should include the resident's opinion of the living environment. Orderly is defined as an uncluttered physical environment that is neat and well-kept. Sanitary includes, but is not limited to, preventing the spread of disease-causing organisms by keeping resident care equipment clean and properly stored. Resident care equipment includes, but is not limited to, equipment used in the completion of the activities of daily living .