STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235236	A. Building B. Wing	05/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Burcham Hills Retirement Ctr	2700 Burcham Drive East Lansing, MI 48823

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 27306 This Citation Pertains To Intake MI00152786 Based on interview and record review the facility failed to immediately report abuse allegations to the Nursing Home Administrator for one allegation of a resident to resident altercation (Residents #63 and #88) of one abuse allegation reviewed. Findings include: Resident #R63 Review of the clinical record, including the Minimum Data Set (MDS) dated [DATE] revealed R63 was scored 14 out of 15 (cognitively intact) of on the Brief Interview for Mental Status. Resident #R88 Review of the clinical record, including the Minimum Data Set (MDS) dated [DATE] reflected R88 had intact long and short term memory. A BIMS score was not obtained for R88. Upon an interview with Social Worker CC on 5/15/25 at 1:00 PM she reported a BIMS was not obtained due to R88 being on frequent leave of absences but in her opinion R88 was alert and oriented to person, place and time. Review of the Facility Reported Incident (FRI) dated 5/05/25, revealed Licensed Practical Nurse (LPN) C received a telephone call on 5/4/25 from R63's family member alleging R63 had just been physically assaulted. (continued on next page)

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

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

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F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 05/14/25 01:49 PM during an interview with LPN C she reported she was assigned to both R63 and R88 on 5/4/25. LPN C reported R63 had been yelling out at about 4:30 PM, R63 wanted someone to go to the lobby and get his door dash order. LPN C stated she observed R88 in R63's doorway and overheard R88 tell R63 to stop yelling and then slammed R63's door shut. (R88 lived across the hall from R63 at the time of the incident.) LPN C stated on 5/4/25 at approximately 4:30 PM she received a phone call from R63's friend. The friend reported she overheard R63 being assaulted during her daily phone call with R63. LPN C stated she observed R63 and he did not have any red marks bruises and did not verbalize any alleged abuse to her. LPN C stated a few hours later the police arrived (police were called by R63's family). LPN C stated at that time R63 reported R88 struck him in the head. When queried why the Nursing Home Administrator (NHA) A or Director of Nursing (DON) B were not notified of the allegation of 5/4/25, LPN C stated because R63 seemed fine and she didn't think anything really happened. On 05/15/25 12:45 PM during an interview with NHA A who also serves as the facility's abuse prevention coordinator, she reported the expectation was to be notified of any abuse allegation immediately. When queried how she was made aware of the allegation she stated she was made aware by the DON B who attended a care conference with R63 and his family on 5/5/25 which was when the investigation was started.

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F 0640 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Encode each resident's assessment data and transmit these data to the State within 7 days of assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 27306 Based on interview and record review, the facility failed to transmit Minimum Data Set (MDS) assessment timely in one of 21 reviewed for MDS assessments (Resident #95). Findings include: Review of the clinical record revealed R95 was admitted to the facility on [DATE] with diagnoses that includes kidney failure and diabetes. R95 was transferred to the hospital on 3/15/24. Further of R 95's clinical record reflected no discharge MDS had been completed or transmitted. On 05/15/25 at 12:03 PM, MDS Coordinators D and E were interviewed. MDS Coordinator E reported that MDS Nurse F was not working today but responsible for all discharge MDS's and their submissions. MDS Coordinator E stated he too tracked the discharge MDS's and it should have been completed and transmitted within 14 days of R95's discharge. MDS Coordinator E stated R95's discharge MDS was overlooked.

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 27306 Based on interview and record review, the facility failed to ensure the accuracy of one discharge Minimum Data Set (MDS) assessment for one resident (resident #103) of three reviewed for discharge. Findings include: According to the clinical record, R103 was admitted to the facility on [DATE]. Nursing progress notes dated [DATE] reflected R103 was found unresponsive and transferred to the hospital. Review of the discharge MDS dated [DATE], question A2105 was coded that R103 went home. On [DATE] at 12:03 PM, MDS Coordinators D and E were interviewed. MDS Coordinator E reported that MDS Nurse F was not working today but responsible for all discharge MDS's . MDS Coordinator D reported she was certain R103 was sent to the hospital and later died and was not discharged home. MDS Coordinator D reported question A2105 should have been coded as a 4 which was acute care hospital.

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49272 Based on observation, interview and record review, the facility failed to provide showers/baths for one (Resident 50) of two residents reviewed for activities of daily living. Findings include: A review of the clinical record revealed R50 was admitted into the facility on [DATE], with diagnoses that included: depression, seizure disorder, fracture and required one person assistance for bathing. On 5/14/25 at 8:36 AM, R50 was observed sitting up at the edge of her bed. Her hair was observed to be greasy and unkempt. R50 reported that she had only received one shower since being admitted to the facility. R50 reported that she required assistance with showers and that her hair feels greasy (which she did not like). A review of R50's Task record for showers/Baths revealed no documentation indicating that the resident had received any showers since her admission. The only documented responses in the Task record were not applicable. On 5/15/25 at 10:51 AM, during an interview with Director of Nursing (DON), she reported that showers should be offered twice per week, when she first started at the facility, they were only offering them once per week, floors 2 and 3 have transitioned to twice weekly and the first floor is in the process of being transitioned to twice weekly showers. DON reported that if a resident refuses a shower, it should be documented in the electronic health record and that if a resident refuses a shower they should receive a full bed bath. When notified that R50 reported only having one shower since her admission to the facility, DON reported that R50 tell staff she wasn't getting her showers. R50 reported that staff was aware that her showers had not been completed. Reviewed R50's Task record with DON, no showers documented, only not applicable was marked. DON reported that there was a different screen (Task Care Record) that looked like they were being documented as completed. DON was asked to provide that documentation if applicable, no additional documentation was provided prior to survey end. A review of the facilities policy titled Activities of Daily living (ADL's), documented in part Appropriate care and services will be provided for residents who are unable to carry out ADLs independently, with the consent of the resident and in accordance with the plan of care, including appropriate support and assistance with . hygiene (bathing, dressing, grooming and oral care) .

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49272 Based on observation, interview, and record review, the facility failed to ensure wound treatments were in place as ordered for one resident (Resident 60) and failed to administer medication as ordered for one resident (Resident 305) of 21 residents reviewed for quality of care. Findings include: Resident #R305 A review of the clinical record revealed R305 was admitted into the facility on [DATE], with diagnoses that included: Type 2 Diabetes Mellitus with diabetic neuropathy, major depressive disorder and anxiety disorder. On 5/13/25 at 1:17PM, R305 was observed sitting in her manual wheelchair in her room. R305 reported that the facility had not been consistently administering her weekly diabetes medication, Mounjaro. R305 reported concern related to potential diabetes related complications due to not receiving her Mounjaro regularly. A review of physician's orders for R305 revealed: 4/5/25 Mounjaro Subcutaneous Solution 5mg/0.5ML, inject subcutaneously (under the skin) one time a day, every Saturday for DM (diabetes mellitus) A review of R305's April 2025 Medication Administration Record (MAR) revealed Mounjaro was scheduled to be given every Saturday and on dates 4/12/25 and 4/19/25 doses were not administered as ordered. Associated progress notes read as follows: 4/12/25 Medication is unavailable at the facility. It is not in the refrigerators or in the StatSafe 4/19/25 out of med. And reordered A review of R305's May 2025 MAR revealed the medication was scheduled to be given every Saturday and on 5/10/25 a dose was not administered. Associated progress note read as follows: 5/10/25 not available in the facility, onecare (facility pharmacy provider) was called by nurse, onecare said they will email DON (Director of Nursing) to get approval. Patient is aware of it. It should be noted that of the 6 doses R305 was scheduled to receive while being admitted to the facility, she only received 3. It should also be noted that there was no documentation that the facility physician was notified of any of the 3 missing doses. (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A review of the progress notes indicated that on 4/12/25 the progress note related to the missing dose, was written by LPN FF. On 5/15/25 at 12:57 PM, during an interview with LPN FF, when asked what she could tell me about the missing dose, reported that she believed that they did not have the medication in the facility. When asked what the expectation is when a medication is not available, LPN FF reported that they are expected to reach out to the doctor and the pharmacy. It should be noted that LPN FFs progress note did not indicate she called either the pharmacy or the physician. On 5/15/25 at 1PM, during an interview with DON, when asked what the expectation is for follow-up and documentation when a medication is not available to be administered as ordered, she stated that the staff should contact the pharmacy to see if it is something that can be pulled from the backup supply or if the pharmacy can get it delivered. DON reported that the pharmacy makes multiple deliveries per day. DON further reported that attempts to contact the pharmacy should be documented in the electronic health record. When asked if medication administration is audited, DON reported that the unit managers should be auditing medication administration five days per week. A review of the facilities policy titled Medication Administration, documented in part If a medication is not available to be administered, the nurse will contact the pharmacy for clarification and the physician/nurse practitioner will be notified as necessary. 38383 Resident #R60: Review of the medical record reflected R60 admitted to the facility on [DATE], with diagnoses that included dementia, peritoneal abscess, cutaneous abscess of abdominal wall, major depressive disorder and bipolar disorder. The Quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 2/17/25, reflected R60 scored 13 out of 15 (cognitively intact) on the Brief Interview for Mental Status (BIMS-a cognitive screening tool) and was coded for open lesion(s) other than ulcers, rashes or cuts. On 05/13/25 at 11:46 AM, R60 was observed in bed. They reported having a wound on the lower left side of their abdomen, which was supposed to have a dressing change every three hours, per their report. R60 reported the dressing was not always being changed as it should be, and they would miss one of the dressing changes. The May 2025 Treatment Administration Record (TAR) reflected an order with a start date of 5/2/25 at 10:00 PM and a discontinue date of 5/8/25 at 1:51 PM for, Alternate dressing: abdominal draining tract: NS [normal saline] cleanse, pat dry, skin protectant to periwound [around wound], Aquacel under superabsorbent dressing (bordered or tape in place). Abdominal binder for added dressing securement, as tolerated. every 8 hours. The treatment was scheduled for 6:00 AM, 2:00 PM and 10:00 PM. The treatment was not documented as being completed for the 10:00 PM scheduled time on 5/2/25, 5/3/25, 5/4/25 and 5/6/25. There was no documentation pertaining to the reason for the treatment not being completed. (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The May 2025 TAR reflected an order with a start date of 5/8/25 at 2:00 PM for, Abdominal draining tract: NS cleanse, pat dry, skin protectant to periwound, Aquacel under superabsorbent dressing (bordered or tape in place). Abdominal binder for added dressing securement, as tolerated. every 8 hours. The treatment was scheduled for 6:00 AM, 2:00 PM and 10:00 PM. The treatment was not documented as being performed on 5/13/25 at 2:00 PM and 10:00 PM. There was no documentation pertaining to the reason for the treatment not being completed. Attempts to contact night shift Registered Nurse (RN) Z and night shift RN AA via phone during the survey were unsuccessful. During an interview on 05/15/25 at 9:17 AM, Director of Nursing (DON) B reported R60's wound was a fistula with copious amounts of drainage that made R60 uncomfortable and self-conscious. DON B stated she did not see documentation pertaining to the rationale for R60's treatments not being completed as ordered.

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38383 This citation pertains to intake MI00151684. Based on interview and record review, the facility failed to ensure sufficient nursing staffing to meet resident needs timely for three (R29, R46 and R61), from a census of 105 residents. Findings include: Resident #R29: Review of the medical record reflected R29 admitted to the facility on [DATE], with diagnoses that included heart failure. The Quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 3/17/25, reflected R29 scored 14 out of 15 (cognitively intact) on the Brief Interview for Mental Status (BIMS-a cognitive screening tool). On 05/14/25 at 9:58 AM, R29 was observed seated in a wheelchair, in their room. R29 stated the facility did not have enough help, and it was difficult to get assistance to the dining room due to needing assistance to propel their wheelchair. R29 reported using their call light for assistance to the bathroom and waiting approximately five to six minutes before going to the bathroom independently. R29 reported they then waited approximately ten additional minutes for assistance with their bathroom call light on when finished. Resident #R46: Review of the medical record reflected R46 admitted to the facility on [DATE] and readmitted [DATE], with diagnoses that included heart failure. The Quarterly MDS, with an ARD of 2/24/25, reflected R46 scored 15 out of 15 (cognitively intact) on the BIMS. On 05/13/25 at 1:04 PM, R46 was observed lying in bed. R46 reported the facility was understaffed. At least once per day, they waited for an hour and a half for their call light to be answered after bowel incontinence, due to staff providing feeding assistance or performing other tasks. Resident #R61: Review of the medical record reflected R61 admitted to the facility on [DATE] and readmitted [DATE], with diagnoses that included heart failure. The Quarterly MDS, with an ARD of 2/24/25, reflected R61 scored nine out of 15 (moderate cognitive impairment) on the BIMS. On 05/13/25 at 12:55 PM, R61 was observed lying in bed. They reported assistance on midnight shift was sometimes non-existent. Call light response time ranged from almost spontaneous to three hours. R61 reported delayed response times occurred more in the evening. (continued on next page)

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a phone interview on 05/14/25 at 3:38 PM, Certified Nurse Aide (CNA) U reported the second floor of the facility had approximately 34 residents and was usually staffed with two nurses and two CNAs on the 11:00 PM to 7:00 AM shift. The expectation was that nurses helped with resident care, but agency staff nurses did not help the CNAs. CNA U indicated if nurses helped, they were able to keep up with resident care needs. CNA U reported they were able to provide quality care when staffed with three CNAs at night. According to CNA U, the second floor of the facility had residents that exhibited behaviors and were at risk for falls. CNA U reported that about a month and a half prior, they worked the second floor as the only CNA with one nurse due to additional staff being pulled to the first floor of the facility. During a phone interview on 05/14/25 at 3:54 PM, CNA K reported the second floor of the facility typically had 34 residents. They reported there had been times when the second floor had one CNA for third shift. On Easter (4/20/25), the second floor was staffed with two CNAs on first and second shifts. CNA K reported there were too many residents to care for and many that required assistance to consume meals. CNA K stated staff also had to assist the kitchen with serving food. On 05/14/25 email requests were sent to Nursing Home Administrator (NHA) A for actual working schedules for CNAs and Nurses for the dates of 3/16/25 through 3/30/25, 4/19/25 through 4/21/25 and 5/1/25 through 5/14/25. Review of nursing staffing schedules included but was not limited to the following pertaining to staffing: -The second floor of the facility was staffed with two CNAs from 7:00 AM to 3:00 PM on 3/22/25. -On 3/25/25, the second floor of the facility was staffed with two CNAs for the 3:00 PM to 11:00 PM shift and one CNA from 11:00 PM on 3/25/25 to 7:00 AM on 3/26/25. -On 3/26/25 and 3/27/25, the second floor was staffed with two CNAs on the 3:00 PM to 11:00 PM shift. -The third floor of the facility was staffed with one CNA from 11:00 PM on 3/27/25 to 7:00 AM on 3/28/25. -The second floor of the facility was staffed with one CNA from 11:00 PM on 3/29/25 to 7:00 AM on 3/30/25 and from 11:00 PM on 3/30/25 to 7:00 AM on 3/31/25. -On 4/20/25, the second floor was staffed with two CNAs from 7:00 AM to 11:00 PM. -The second floor of the facility was staffed with one CNA from 11:00 PM on 4/20/25 to 7:00 AM on 4/21/25. -The second floor of the facility was staffed with one CNA from 11:00 PM on 5/3/25 to 7:00 AM on 5/4/25. -The second floor was staffed with one CNA from 11:00 PM on 5/9/25 to 7:00 AM on 5/10/25. (continued on next page)

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	In an interview on 05/15/25 at 9:45 AM, Staffing Coordinator (SC) W reported schedules were based on occupancy (census) and acuity. According to SC W, with 32 or more residents, it was ideal to staff the second and third floors of the facility with four CNAs on first shift (7:00 AM to 3:00 PM) and second shift (3:00 PM to 11:00 PM), but they could staff with three CNAs. The second and third floors were to be staffed with two CNAs on third shift (11:00 PM to 7:00 AM). 46954 During an interview conducted on 5/15/24 at 11:31 AM, Certified Nursing Assistant (CNA) EE indicated that staffing levels remain inadequate, particularly on weekends. CNA EE described multiple shifts where only two CNAs are assigned to the entire unit. Compounding the issue, CNAs have also been tasked with meal service due to ongoing dietary staff shortages. As a result, CNA EE reported that it is not feasible to deliver care in alignment with residents' care plans. In an interview on 5/15/24 at 11:40 AM, CNA I confirmed the pattern of working weekend shifts with just two CNAs. CNA I stated that the lack of staffing has made it unmanageable to meet residents' care plan requirements. Critical care activities, including turning and repositioning residents, as well as performing daily hygiene routines, are reportedly not being completed due to insufficient staffing.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38383 Based on observation, interview and record review, the facility failed to ensure medications were safely stored and administered for one (R7) of one reviewed. Findings include: Review of the medical record reflected R7 admitted to the facility on [DATE], with diagnoses that included hemiplegia (paralysis or weakness on one side of the body) and hemiparesis (weakness on one side of the body) following cerebral infarction (stroke). The quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 4/7/25, reflected R7 scored 15 out of 15 (cognitively intact) on the Brief Interview for Mental Status (BIMS-a cognitive screening tool). On 05/14/25 at 9:22 AM, R7 was observed seated in a wheelchair, in their room. A medication cup containing six pills was observed on the stand, under their TV. On 05/14/25 at 9:24 AM, Registered Nurse (RN) R was at the medication cart, in the hallway, and reported the pills in R7's room were from that morning. RN R stated R7 had an order not to hover over him while he took his pills. R7's medical record reflected an order dated 9/23/16 for, Resident prefer [sic] that nursing do not stand over him while taking medication, may observe resident from a visual distance to ensure all medication has been taken. The May 2025 Medication Administration Record (MAR) reflected R7's morning medications included 81 milligrams (mg) of chewable Aspirin, 100 mg of Colace (stool softener), 10 mg of lisinopril (for high blood pressure), 500 mg of extended release metformin (for diabetes), Thera-M (multi-vitamin) and 5 mg of Eliquis (blood thinner). In an interview on 05/15/25 at 9:17 AM, Director of Nursing (DON) B reported unless a resident was assessed to self-administer medications and had an order from the Physician, the nurse should observe residents taking their medications. DON B reported approval was not granted for R7 to self-administer medications, which was the reason there was an order that R7 preferred that nurses did not stand over him.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0802 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide sufficient support personnel to safely and effectively carry out the functions of the food and nutrition service. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 22050 This citation pertains to intake MI00152944. Based on observations, interviews, record reviews, and 7 (R1, R14, R27, R29, R34, R46, R67) reviewed for untimely meal delivery service, the facility failed to provide sufficient dietary staff to ensure a timely meal service affecting 103 residents who consume food products, resulting in the increased likelihood for delayed meal tray service and resident emotional/physical discomfort. Findings include: On 05/14/25 at 09:25 A.M., An interview was conducted with Director of Food and Beverage (DFB) M regarding daily mealtime service parameters. (DFB) M stated: We serve Breakfast from 7:30 AM to 8:30 AM, Lunch from 12:00 PM to 1:30 PM, and Dinner from 5:30 PM to 6:30 PM every day. On 05/14/25 at 09:30 A.M., An interview was conducted with (DFB) M regarding resident food product meal options. (DFB) M stated: We provide a main menu option, alternate menu option, and an always available menu option for each meal. On 05/14/25 at 10:05 A.M., An interview was conducted with (DFB) M regarding current dietary staffing levels. (DFB) M stated: The full and part time employee totals should be 75. (DFB) M also stated: The full and part time employee total currently is 63. (DFB) M additionally stated: The plan for staffing replacement is underway. (DFB) M further stated: I have six interviews today. (DFB) M also stated: I have three new employees for orientation tomorrow. (DFB) M additionally stated: We are looking for servers, specifically PM servers. (DFB) M further stated: Weekends are staffed about the same as Monday thru Friday. On 05/14/25 at 11:55 A.M., An interview was conducted with Dietary [NAME] (DC) N regarding the Centers for Health and Rehabilitation (CHR) 3rd Floor Satellite Kitchenette operation. (DC) N stated: The 3rd floor kitchen is closed due to staffing. (DC) N also stated: We are having trouble with servers. (DC) N additionally stated: We are currently serving 3rd floor from the 2nd floor kitchen. On 05/14/25 at 03:58 P.M., An interview was conducted with (DFB) M regarding how dietary staffing levels are determined. (DFB) M stated: Staff are either full, part-time, or contingent. (DFB) M also stated: Contingent staff select their individual schedule based upon open areas within the schedule. (DFB) M further stated: Contingent staff must work a minimum of shifts throughout the month, including weekends. (continued on next page)

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F 0802 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	On 05/15/25 at 08:15 A.M., Record review of the Policy/Procedure entitled: Food and Nutrition Services dated (no date) revealed under Policy Statement: Each resident is provided with a nourishing, palatable, well-balanced diet that meets his or her daily nutritional and special dietary needs, taking into consideration the preferences of each resident. Record review of the Policy/Procedure entitled: Food and Nutrition Services dated (no date) further revealed under Policy Interpretation and Implementation: (5) The food and nutrition staff will be available and adequately staffed to assist residents with eating as needed. Nurse aides and feeding assistants will provide support to enhance the resident experience, but not as a critical component to the functioning of the department. On 05/15/25 at 08:30 A.M., Record review of the Policy/Procedure entitled: Staffing Patterns dated (no date) revealed under Standards: Proper staffing levels should be set to ensure adequate levels of food production and service staff. Record review of the Policy/Procedure entitled: Staffing Patterns dated (no date) further revealed under Purpose: Proper staffing levels will enable the department to provide all the services required by the residents and their guests. 38383 Resident #R27: Review of the medical record reflected R27 admitted to the facility on [DATE] and readmitted [DATE]. The Admission Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 3/25/25, reflected R27 scored 15 out of 15 (cognitively intact) on the Brief Interview for Mental Status (BIMS-a cognitive screening tool). On 05/13/25 at 11:52 AM, R27 was observed seated in a wheelchair, in their room. R27 reported their breakfast was one hour late that morning, and their dinner was two hours late the prior Saturday (5/10/25). R27 reported they had heard reports from staff of the kitchen being short-staffed. R27 reported breakfast was supposed to be served at 8 AM, and dinner was supposed to be served at 5:00 PM. During a dining observation of the third floor dining room, which began on 05/13/25 at 12:02 PM, one staff member was observed to serve trays to three residents. At 12:07 PM, there were 13 residents seated in the dining room, with three of those residents having received their trays. One of the three residents was receiving feeding assistance from a visitor, one was receiving feeding assistance from a staff member, and one was eating independently. Staff were observed in the hallway, serving room trays. At 12:08 PM, a fourth tray was delivered to the dining room. At 12:14 PM, R1 began yelling due to not having their tray yet, despite other residents at their table having already received their meals. R1's tray was delivered at 12:15 PM. R29's tray arrived at 12:15 PM. R67's tray arrived at 12:17 PM, after they had been watching other resident's, seated at the same table, eating. At 12:17 PM, 13 residents were seated in the dining room, and eight of those residents had received a meal tray. At 12:26 PM, R14 and R34 had not yet received their lunch trays, although the other residents seated at their tables had received their meals. R14 was notified by staff that their grilled cheese was still being made. At 12:30 PM, R14 was observed to have a tray with a grilled cheese sandwich. At 12:31 PM, a staff member notified R34 that they were going to check on their food and thanked them for their patience. At 12:32 PM, R34's tray was delivered to the table. (continued on next page)

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F 0802 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Resident #R46: Review of the medical record reflected R46 admitted to the facility on [DATE] and readmitted [DATE], with diagnoses that included heart failure. The Quarterly MDS, with an ARD of 2/24/25, reflected R46 scored 15 out of 15 (cognitively intact) on the BIMS. On 05/13/25 at 1:04 PM, R46 was observed lying in bed. According to R46, a couple days prior, the food was not ready (on time). R46 believed it was at the dinner meal but was unable to recall which particular day. Resident #R29: Review of the medical record reflected R29 admitted to the facility on [DATE], with diagnoses that included heart failure. The Quarterly MDS, with an ARD of 3/17/25, reflected R29 scored 14 out of 15 (cognitively intact) on the BIMS. On 05/14/25 at 9:58 AM, R29 was observed seated in their wheelchair. They reported the prior Friday night (5/9/25), they were sent to the dining room at 5:00 PM and remained there until 6:00 PM. R29 reported asking the nurse where their food was, and at 8:30 PM, staff brought a ham sandwich to their room. During an interview on 05/15/25 at 10:08 AM, with Community Dining Manager (CDM) X and Assistant Dietary Manger (ADM) Y, it was reported that there had been a kitchen staffing shortage, and third floor meals were coming from the second floor. It was reported that all meals came from the first floor on Saturday (5/10/25), and residents on the third floor had received their dinner meals by 7:45 PM to 7:50 PM that day. It was reported that the expectation for serving meal trays was that all residents seated at the same table should have been served together or close to the same time.

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. 22050 Based on observations, interviews, record reviews, and 1(R307) of 1 reviewed for food product temperatures, the facility failed to provide palatable food products affecting 103 residents who consume food products, resulting in the increased likelihood for decreased resident food acceptance and clinical nutritional decline. Findings include: On 05/14/25 at 09:25 A.M., An interview was conducted with Director of Food and Beverage (DFB) M regarding specific mealtime parameters. (DFB) M stated: We serve Breakfast from 7:30 AM to 8:30 AM, Lunch from 12:00 PM to 1:30 PM, and Dinner from 5:30 PM to 6:30 PM. On 05/14/25 at 12:48 P.M., Resident lunch meal food trays were observed leaving the Centers for Health and Rehabilitation (CHR) 1st Floor Satellite Kitchenette, within a Rubbermaid 4-tier plastic resin non-insulated transport cart. On 05/14/25 at 12:50 P.M., Resident lunch meal food trays were observed arriving to B-Hall, within a Rubbermaid 4-tier plastic resin non-insulated transport cart. On 05/14/25 at 12:52 P.M., Food product temperatures were monitored utilizing a ThermoWorks Super-Fast Thermapen model CR2032 digital thermometer. The following food product temperatures were recorded for R307's lunch meal food tray: Pork Loin - 121.9 degrees Fahrenheit* Fried [NAME] - 113.2 degrees Fahrenheit* Snap Peas - 116.4 degrees Fahrenheit* Egg Roll - 121.8 degrees Fahrenheit* Beverage (Water) - 42.1 degrees Fahrenheit* Mocha Blend Brownie - Room Temperature (*) The 2022 FDA Model Food Code section 3-501.16 states: (A) Except during preparation, cooking, or cooling, or when time is used as the public health control as specified under S3-501.19, and except as specified under (B) and in (C) of this section, TIME/TEMPERATURE CONTROL FOR SAFETY FOOD shall be maintained: (1) At 57 C (135 F) or above, except that roasts cooked to a temperature and for a time specified in 3-401.11(B) or reheated as specified in 3-403.11(E) may be held at a temperature of 54oC (130oF) or above; or (2) At 5 C (41 F) or less. (continued on next page)

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	On 05/15/25 at 07:45 A.M., Record review of the Policy/Procedure entitled: Tray Service dated (no date) revealed under Purpose: The purpose of this policy is to ensure that the quality of takeout meals received by a resident, or a guest meets high quality standards that mirror the food quality of meals served in the main dining room. Record review of the Policy/Procedure entitled: Tray Service dated (no date) further revealed under Guidelines: (1) The Food & Beverage Director will develop a system for taking room service orders. This system will include who will be assigned to take the orders, the times that orders will be taken, and the time meals will be delivered. On 05/15/25 at 08:00 A.M., Record review of the Policy/Procedure entitled: Food and Nutrition Services dated (no date) revealed under Policy Statement: Each resident is provided with a nourishing, palatable, well-balanced diet that meets his or her daily nutritional and special dietary needs, taking into consideration the preferences of each resident. Record review of the Policy/Procedure entitled: Food and Nutrition Services dated (no date) further revealed under Policy Interpretation and Implementation: (7) Food and nutrition services staff will inspect food trays to ensure that the correct meal is provided to each resident, the food appears palatable and attractive, and it is served at a safe and appetizing temperature. (a) If an incorrect meal is provided to a resident, or a meal does not appear palatable, nursing staff will report it to the food service manager so that a new food tray can be issued. (b) Foods that are left without a source of heat (for hot foods) or refrigeration (for cold foods) longer than 2 hours will be discarded.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 22050 Based on observations, interviews, and record reviews, the facility failed to: (1) effectively clean and maintain food service equipment, and (2) effectively date mark all potentially hazardous ready-to-eat food products affecting 103 residents, resulting in the increased likelihood for cross-contamination, bacterial harborage, and resident foodborne illness. Findings include: On 05/14/25 at 09:10 A.M., A comprehensive tour of the food service was conducted with Director of Food and Beverage (DFB) M. The following items were noted: On 05/14/25 at 09:25 A.M., An interview was conducted with (DFB) M regarding specific mealtime parameters. (DFB) M stated: We serve Breakfast from 7:30 AM to 8:30 AM, Lunch from 12:00 PM to 1:30 PM, and Dinner from 5:30 PM to 6:30 PM. On 05/14/25 at 09:30 A.M., An interview was conducted with (DFB) M regarding resident food product meal options. (DFB) M stated: We provide a main menu option, alternate menu option, and an always available menu option for each meal. On 05/14/25 at 09:45 A.M., An interview was conducted with (DFB) M regarding facility satellite kitchenettes. (DFB) M stated: The Centers for Health and Rehabilitation (CHR) has three satellite kitchenettes. (CHR1) Satellite Kitchenette Two unopened half-gallon containers of Prairie Farms fat free milk were observed in the Victory 2-door reach-in cooler with a manufacturer's use-by-date that read 4-27-25. On 05/14/25 at 09:55 A.M., An interview was conducted with (DFB) M regarding potentially hazardous ready-to-eat food date marking practices. (DFB) M stated: We use day of plus 6 for a total of 7 days not to exceed the manufacture's use-by-date. The 2022 FDA Model Food Code section 3-501.17 states: (A) Except when PACKAGING FOOD using a REDUCED OXYGEN PACKAGING method as specified under S 3-502.12, and except as specified in (E) and (F) of this section, refrigerated, READY-TO-EAT, TIME/TEMPERATURE CONTROL FOR SAFETY FOOD prepared and held in a FOOD ESTABLISHMENT for more than 24 hours shall be clearly marked to indicate the date or day by which the FOOD shall be consumed on the PREMISES, sold, or discarded when held at a temperature of 5 C (41 F) or less for a maximum of 7 days. The day of preparation shall be counted as Day 1. (CHR3) Satellite Kitchenette The Scotsman ice machine ice dispensing spout was observed with accumulated and encrusted mineral (lime and calcium) deposits. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	The Bunn coffee machine (dispensing spouts, undersplash, backsplash, drip tray assembly) was observed soiled with accumulated and encrusted food residue. (DFB) M was queried regarding how often the coffee machine was cleaned. (DFB) M stated: Daily. The 2022 FDA Model Food Code section 4-601.11 states: (A) EQUIPMENT FOOD-CONTACT SURFACES and UTENSILS shall be clean to sight and touch. (B) The FOOD-CONTACT SURFACES of cooking EQUIPMENT and pans shall be kept free of encrusted grease deposits and other soil accumulations. (C) NonFOOD-CONTACT SURFACES of EQUIPMENT shall be kept free of an accumulation of dust, dirt, FOOD residue, and other debris. On 05/15/25 at 09:00 A.M., Record review of the Policy/Procedure entitled: Cleaning Kitchenettes in Health Center dated 06/20/2001 revealed under Policy: Kitchenette cupboards, drawers, refrigerators, and other equipment will be cleaned on a regular basis, by Nursing and Hospitality Services staff. Record review of the Policy/Procedure entitled: Cleaning Kitchenettes in Health Center dated 06/20/2001 further revealed under Procedure: Hospitality Services/Kitchen Staff Responsibilities: Clean/Sanitize: (6) Juice/Cocoa/Coffee Makers, (7) Ice Machines. On 05/15/25 at 09:15 A.M., Record review of the Policy/Procedure entitled: Perishables Storage dated (no date) revealed under Standard: Perishables will be stored in a safe manner that retains maximum nutrient quantity, product freshness, and aesthetic quality. Record review of the Policy/Procedure entitled: Perishables Storage dated (no date) also revealed under Purpose: To ensure compliance with HAACP, maintain nutrient content, maintain aesthetic quality, and ensure food safety of all perishable food items through proper storage and labeling. Record review of the Policy/Procedure entitled: Perishables Storage dated (no date) further revealed under Procedure: (1) All perishables will be labeled with item name, employee initials, date and time of preparation, and USE BY date. The USE BY date for perishable items is today's date plus six days or less.

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F 0814 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Dispose of garbage and refuse properly. 22050 Based on observations, interviews, and record reviews, the facility failed to: (1) maintain 2 of 5 outdoor waste receptacles, and (2) effectively clean the waste receptacle concrete pad surface effecting 105 residents, resulting in the increased likelihood for cross-contamination, bacterial harborage, and pest attraction/harborage. Findings include: On 05/14/25 at 10:00 A.M., An environmental tour of the facility outdoor waste receptacles and storage pad area was conducted with Director of Food and Beverage (DFB) M. The following items were noted: 2 of 5 waste receptacles were observed with 1 of 2 broken plastic lids. (DFB) M stated: I will submit a work order into the maintenance software system. 1 of 5 waste receptacles were observed with 1 of 2 broken plastic slider panels. (DFB) M stated: I will submit a work order into the maintenance software system. Miscellaneous items (wooden pallet, vinyl gloves, paper products, etc.) were observed resting on the concrete pad surface, adjacent to the five outdoor waste receptacles. On 05/15/25 at 08:45 A.M., Record review of the Policy/Procedure entitled: Garbage and Trash Cans dated (no date) revealed under Procedure: (I) Operation of Equipment: (5) The dumpster area must be free of debris on the ground and the lid must be closed.

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F 0882 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Designate a qualified infection preventionist to be responsible for the infection prevent and control program in the nursing home. 46954 Based on interview and record review, the facility failed to ensure the Infection Preventionist completed specialized training in infection prevention and control. Findings include: On 5/14/25 at 2:47 PM, Registered Nurse (RN) DD reported that she was the facilities Infection Preventionist. RN DD stated that she could not locate her training certificate for her Infection Preventionist role. On 5/15/25 at 12:32 PM, RN DD reported that she had recently began retaking the course, however, was not completed with the training. On 05/15/25 at 1:21 PM, Director of Nursing (DON) B reported that the facility was unable to locate the certificate of completion for RN DD and the program was not overseen by any other employee.