

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235238	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/22/2024
NAME OF PROVIDER OR SUPPLIER Evangelical Home - Saline		STREET ADDRESS, CITY, STATE, ZIP CODE 440 W Russell Saline, MI 48176	

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 27446</p> <p>Based on observation, interview, and record review the facility failed to ensure a comprehensive care plan was in place for prevention of skin breakdown for one (Resident 94) of 20 residents.</p> <p>Findings Included:</p> <p>Review of an admission Minimum Data Set (MDS) assessment dated [DATE], revealed R94 was at risk for pressure ulcers (PU). The MDS also revealed R94 did not have any pressure ulcers, or other skin concerns. The MDS revealed R94 was admitted to the facility on [DATE].</p> <p>Review of a quarterly MDS dated [DATE], revealed R94 was at risk for PU, and had one unstagable pressure injury (not stageable due to the wound bed not being visible) that presented as a deep tissue injury (DTI) (an area over a bone that appears dark/purple, soft, and the color does not return when pressed on which can indicate a deep wound underneath).</p> <p>Review of R94's electronic medical record (EMR) revealed R94 was admitted to Hospice upon the same date of admission the facility, 5/25/2024. Diagnoses listed were protein-calorie malnutrition , encounter for palliative care (comfort care). The Current Problem List revealed there was a need for observation and assessment of R94's skin, and the need for skilled teaching related to preservation of skin integrity.</p> <p>Review of a Skin Only Evaluation dated 5/25/2024, which was conducted upon R94's admission to the facility, revealed R94 had no skin issues at that time.</p> <p>Review of R94's baseline care plans dated 5/25/2024, revealed R94 was marked for being at risk for impaired skin integrity. Under, Focus: Risk for impaired skin integrity integrity related to there was a goal that R94 would maintain intact skin integrity. Under the goal three interventions were checked for R94 which included, pressure relieving mattress to bed and pad in wheelchair ., non skid pad above and below cushion, bathe weekly or PRN (as needed), assess skin at bath and PRN, and toilet program PRN cleanse after incontinence.</p> <p>Record review of R94's comprehensive care plans that were initiated based on R94's MDS assessed dated 5/25/2024, revealed no Risk for skin integrity care plan was put into place, and no interventions for skin breakdown prevention were put into place for R94's plan of care.</p> <p>(continued on next page)</p>

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of a Skin Only Evaluation dated 7/31/2024, revealed R94 had a new skin issue which was identified to be a pressure ulcer/injury located on the right buttocks. The PU was documented to be unstagable. The evaluation lists interventions to be put into place, but none of the interventions were checked.</p> <p>The next Skin Only Evaluation was dated 8/7/2024, which documented the same wound on R94's buttocks however, documented the wound as a skin tear that measured 3 cm (centimeters) x 2 cm x 0 cm.</p> <p>Review of a Skin Only Evaluation was dated 8/14/2024, revealed that it was documented R94 had no current skin issues.</p> <p>Review of a Skin Only Evaluation was dated 8/21/2024, revealed R94 had a new skin issue to her coccyx (back of body above he buttocks). The wound to the right buttocks was not documented on the evaluation.</p> <p>R94's skin issue/pressure ulcer was not added to her comprehensive care plans until 8/21/2024, which revealed, .has a pressure ulcer(s) related to poor PO (by mouth) intake, deconditioning, anemia AEB (as evidence by) unstageable ulcer to coccyx/buttocks. Stage 3 10/2/2024. Meets criteria for unavoidable skin breakdown. Date Initiated 8/21/2024.</p> <p>Record review of progress notes revealed, Effective Date: 07/31/2024 14:04 (2:04 PM) .Skin Resident has current skin issues. Skin Issue: Pressure Ulcer / Injury. Skin Issue Location: buttocks right side</p> <p>On 11/21/2024 at 10:17 AM, and observation was made with Licensed Practical Nurse (LPN) N, who was the wound nurse of R94's PU to her coccyx. The wound revealed a healing stage 3 PU pin point in size with visible bed, no odor, drainage, slough.</p> <p>LPN N said her expectation was that the nurse who performed a skin assessment on a resident, and found a new skin issue was to report it to her that day so she assess the wound, and put new plan of care interventions and treatment orders. LPN N stated that in regards to R94's PU documented on 7/31/2024 she was not made aware of it until 8/5/2024.</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 27306</p> <p>Based on interview and record review, the facility failed to develop and implement new interventions after a fall with injury for one resident (#28) of 20 reviewed for care plans.</p> <p>Findings include:</p> <p>Review of the clinical record, including the Minimum Data Set reflected Resident # 28 (R28) was [AGE] years old and resided on the facility's dementia unit. R28 scored 3 out of 15 (severe cognitive impairment) on the Brief Interview for Mental Status.</p> <p>Further review of R28's clinical record revealed R28 fell on [DATE] at approximately 8:00 am. R28's fall was not witnessed, and resulted in bruising to bilateral hands. The incident report reflected R28 was taking herself to the bathroom to get cleaned up ready for breakfast. R#28's fall care plan dated 9/21/21 with the most recent revision date of 12/14/23 which added range of motion to be done during care.</p> <p>On 11/20/24 at 01:38 PM, during an interview with Certified Nursing Assistant (CNA) H reported the dementia hall was her permanent assignment, CNA H stated she was aware of R28's fall on 10/19/24 and when queried what was implemented to prevent further falls, CNA H stated nothing new was added.</p> <p>On 11/20/24 at 02:03 PM during an interview with CNA I also reported being regularly assigned to unit and was not made aware of any new interventions implemented after R28's fall on 10/19/24.</p> <p>On 11/22/24 at 10:49 AM, during an interview with Licensed Practical Nurse/ Unit Manager (LPN/UM) L reported after a fall it was the responsibility of the floor nurse to add interventions to prevent further falls add them to the care plan. LPN/UM L stated the interdisciplinary team then reviews falls reports and care plans completion and appropriateness of intervention. LPN/UM L reviewed R28's electronic medical record and agreed there was no new intervention added to the care plan after R28's fall on 10/19/24.</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34705</p> <p>Based on observation, interview, and record review, the facility failed to provide services that met the acceptable standards of clinical practice for PICC (peripherally inserted central catheter) line dressings in 1 of 1 sampled resident (Resident #319) reviewed for PICC lines, resulting in the increased likelihood for infection.</p> <p>Findings include:</p> <p>Resident # 319(R319)</p> <p>Review of the Face Sheet and Minimum Data Set (MDS) dated [DATE], reflected R319 was a [AGE] year old female admitted to the facility on [DATE], with diagnoses that included infection right knee post joint removal, anemia, heart failure, hypertension (high blood pressure), kidney disease, and chronic obstructive pulmonary disease . The MDS reflected R319 had a BIM (assessment tool) score of 15 which indicated her ability to make daily decisions was cognitively intact.</p> <p>During an observation and interview on 11/20/24 at 4:05pm R319 was laying in bed and appeared calm, pleasant and able to answer questions without difficulty. R319 reported received intravenous (IV) antibiotics daily in morning through PICC line. Observed single lumen PICC located on R319 right upper arm with dressing dated 11/13/24. R319 reported nurse had reported planned to change that evening.</p> <p>During an observation on 11/21/24 at 8:29 AM, R319 was laying in bed with IV medication infusing through PICC line located in Right upper arm. R319 PICC dressing was dated 11/20/24 with gauze under clear opsite dressing directly over insertion site.</p> <p>During an interview on 11/21/24 at 2:15 PM, Licensed Practical Nurse(LPN) Q reported was a charge nurse. LPN Q reported would expect PICC line dressings to be changed every 7 days using items in PICC dressing kit. LPN Q reported PICC insertion site should be covered with clear opsite to be able to visualize insertion site with no use of gauze under opsite.</p> <p>During an interview on 11/22/24 at 10:15 AM, Unit Manager (UM) T reported would expect PICC dressing to be changed every 7 days using clear opsite to cover insertion site. Nurse staff expected to assess PICC site for signs and symptoms of infection, including redness at insertion site every shift. UM T reported would not expect to see gauze over insertion site because of need to visually assess site. UM T reported facility policy included PICC dressing change to be completed every 7 days and covered with clear opsite over insertion site.</p> <p>According to Clinical Nursing Skills & Techniques, 6th edition, ([NAME], A., [NAME], P. 2006. page 937), Gauze dressings should be changed routinely every 48 hours and immediately if integrity is compromised. Gauze used underneath a transparent dressing is considered a gauze dressing and should be changed every 48 hours.</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 27446</p> <p>Based on observation, interview, and record review the facility failed to prevent a skin tear from developing into a stage 3 pressure ulcer for one of one resident (Resident 94).</p> <p>Findings Included:</p> <p>Review of an admission Minimum Data Set (MDS) assessment dated [DATE], revealed R94 was at risk for pressure ulcers (PU). The MDS also revealed R94 did not have any pressure ulcers, or other skin concerns. The MDS revealed R94 was admitted to the facility on [DATE].</p> <p>Review of a quarterly MDS dated [DATE], revealed R94 was at risk for PU, and had one unstagable pressure injury (not stagable due to the wound bed not being visible) that presented as a deep tissue injury (DTI) (an area over a bone that appears dark/purple, soft, and the color does not return when pressed on which can indicate a deep wound underneath).</p> <p>Review of R94's electronic medical record (EMR) revealed R94 was admitted to Hospice upon the same date of admission the facility, 5/25/2024. Diagnoses listed were protein-calorie malnutrition, encounter for palliative care (comfort care). The Current Problem List revealed there was a need for observation and assessment of R94's skin, and the need for skilled teaching related to preservation of skin integrity.</p> <p>Review of a Skin Only Evaluation dated 5/25/2024, which was conducted upon R94's admission to the facility, revealed R94 had no skin issues at that time.</p> <p>Review of R94's baseline care plans dated 5/25/2024, revealed R94 was marked for being at risk for impaired skin integrity. Under, Focus: Risk for impaired skin integrity integrity related to there was a goal that R94 would maintain intact skin integrity. Under the goal three interventions were checked for R94 which included, pressure relieving mattress to bed and pad in wheelchair ., non skid pad above and below cushion, bathe weekly or PRN (as needed), assess skin at bath and PRN, and toilet program PRN cleanse after incontinence.</p> <p>Review of a Skin Only Evaluation dated 7/31/2024, revealed R94 had a new skin issue which was identified to be a pressure ulcer/injury located on the right buttocks. The PU was documented to be unstagable. The evaluation lists interventions to be put into place, but none of the interventions were checked.</p> <p>The next Skin Only Evaluation was dated 8/7/2024, which documented the same wound on R94's buttocks however, documented the wound as a skin tear that measured 3 cm (centimeters) x 2 cm x 0 cm.</p> <p>Review of a Skin Only Evaluation was dated 8/14/2024, revealed that it was documented R94 had no current skin issues.</p> <p>Review of a Skin Only Evaluation was dated 8/21/2024, revealed R94 had a new skin issue to her coccyx (back of body above he buttocks). The wound to the right buttocks was not documented on the evaluation.</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of an EVALUATION OF PRESSURE ULCER UNAVOIDABILITY dated 8/21/2024 revealed R94 had Risk Factors: due to terminal illness .with life sustaining measures withdrawn. Diagnoses of protein calorie malnutrition cardiomyopathy (enlarged heart), Alzheimer's, anorexia, memory deficit, diabetes, chronic bowel incontinence, chronic or end stage renal, liver, or heart disease, continuous urinary incontinence, clinical signs of malnutrition, weight loss, received routine preventative daily care, care plan appropriate, and care plan implanted consistently.</p> <p>Record review of R94's comprehensive care plans that were initiated based on R94's MDS assessed dated 5/25/2024, revealed no Risk for skin integrity care plan was put into place, and no interventions for skin breakdown prevention were put into place on plan of care as was on R94's baseline care plan, and as identified on R94's admission MDS assessment.</p> <p>R94's pressure ulcer was added to her comprehensive care plans on 8/21/2024, which revealed, .has a pressure ulcer(s) related to poor PO (by mouth) intake, deconditioning, anemia AEB (as evidence by) unstageable ulcer to coccyx/buttocks. Stage 3 10/2/2024. Meets criteria for unavoidable skin breakdown. Date Initiated 8/21/2024.</p> <p>Unavoidable was not able to be established based on no plan of care was in place for R94 being at risk for skin integrity/breakdown, and no interventions were in place for prevention of skin breakdown on R94's comprehensive care plans, prior to 8/21/2024.</p> <p>Record review of progress notes revealed, Effective Date: 07/31/2024 14:04 (2:04 PM) .Skin Resident has current skin issues. Skin Issue: Pressure Ulcer / Injury. Skin Issue Location: buttocks right side</p> <p>There was no further documentation on R94's right buttocks skin issue until 8/5/2025 which revealed, Effective Date: 08/05/2024 14:05 (2:05 PM) Type: Skin/Wound Note (HR) Note Text : Resident seen for reports of pressure injury to R (right) buttock . Upon inspection, coccyx/buttocks more to the right presents with bruising with tape damage noted. Nurse states that when dressing was removed this morning, skin tore over the area.</p> <p>On 11/21/2024 at 10:17 AM, and observation was made with Licensed Practical Nurse (LPN) N, who was the wound nurse of R94's PU to her coccyx. The wound revealed a healing stage 3 PU pin point in size with visible bed, no odor, drainage, slough.</p> <p>LPN N was interviewed right after the observation. LPN N stated that on 7/31/2024 a skin assessment was completed which documented a PU to R94's right buttocks. LPN N said the assessment had no other documentation. LPN N said Registered Nurse (RN) O had performed and documented the assessment. LPN N stated she did not know if RN O had informed anyone of the skin change to R94's right buttocks. LPN N said her expectation was that the nurse who performed a skin assessment on a resident, and found a new skin issue was to report it to her that day so she assess the wound, and put new plan of care interventions and treatment orders. LPN N stated that in regards to R94's PU documented on 7/31/2024 she was not made aware of it until 8/5/2024.</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>LPN N stated that the first time she assessed R94's wound it had a dressing over it and once removed it caused R94's skin to tear. RN N stated there was a bruised area also. LPN N stated from there she did not know how or why R94 developed a PU from the skin tear. LPN N stated that on 8/12/2024 when she assessed R94's PU again during her weekly rounds, the skin tear had an area with a thin layer of slough (dead tissue in the wounds) with pink boarders.</p> <p>In an interview 11/22/2024 at 10:02 AM RN O stated she did do a skin assessment on 7/30/2024 on R94, but could only recall a bruise that was not open. RN O was asked why she did not make LPN N aware of R94's bruise or skin change to her right buttock on 7/30/2024 when she observed it. LPN N stated that she did not know, and stated that the facility practice was that the nurse or Certified Nurse Aid (CAN) was responsible to make the wound nurse or the unit manager aware the day the skin change was observed, but could not explain why she did not make RN O aware on 7/30/2024.</p> <p>LPN N further stated, upon reviewing R94's progress notes written by the Nurse Practitioner (NP), that on the 8/14/2024 wounds rounds R94's right buttock was not to slough in the skin tear over bruise, and on 8/21/24 the NP documented the area as an unstageable PU with partial slough in the base (bed) of the wound.</p> <p>Review of a progress note dated 8/12/2024, revealed LPN N documented R94 was seen for the bruising, skin tear damage to her right buttocks. The note revealed that upon LPN N's inspection the area with thin layer of slough over the wound bed, surrounded by pink, moist tissue.</p> <p>Another progress note dated 8/17/2024 revealed R94's the wound was now documented to be on the coccyx, and had developed into an unstageable ulcer to the coccyx and adjoining buttocks, which was partly covered with necrotic slough (dead tissue), with mild drainage. It was documented to have dark margins and measured 6.5 x 7 cm. This progress note does not reveal the percentage of coverage the slough is covering the wound which could possibly have then been staged.</p> <p>Review of a progress note dated 10/2/2024, revealed R94's coccyx PU was an, Unstageable ulcer to the coccyx and adjoining buttocks. Now clean based, appears as a stage 3 ulcer. Much improved. Scant serosanguineous (thin watery fluid made up of blood and serum) drainage. Margins dark. 2 x 3 x 0.1 cm.</p> <p>Progress notes dated 11/20/2024 revealed R94's had a, Stage 3 ulcer to the coccyx and adjoining buttocks. Waxes and wanes. Tiny open area. Clean based. Margins dark. 0.8 x 0.8 cm.</p>		

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<p>F 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32064</p> <p>Based on interview and record review, the facility failed to ensure the attending physician documented in the medical record that identified medication irregularities were reviewed, the action taken, and/or the rationale for no changes to the medications for three (Resident #12, #28, and #63) of five reviewed.</p> <p>Findings include:</p> <p>Resident #12 (R12)</p> <p>Review of the medical record revealed R12 was admitted to the facility on [DATE] with diagnoses that included dry eye syndrome and allergic rhinitis. The Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 9/15/24 revealed R12 scored 15 out of 15 (cognitively intact) on the Brief Interview for Mental Status (BIMS-a cognitive screening tool).</p> <p>Review of R12's Physician's Orders revealed current orders for Cetirizine HCl 5 milligrams (mg) in the morning for allergies, Systane eye gel, and Refresh eye drops.</p> <p>Review of the Medication Regimen Review dated 8/27/24 revealed This resident has received Cetirizine 5mg daily for allergies since 11/2023. She also has 2 orders for ophthalmic lubricant drops and gel for dry eyes. Consider if Cetirizine is contributing to dry eyes and if can be dc'd [discontinued] or change to PRN [as needed]. The Physician/Prescriber response was marked as disagree and signed on 8/29/24. There was no documented rationale in R12's medical record as to why the recommendation was not implemented.</p> <p>In an interview on 11/22/24 at 2:19 PM, Licensed Practical Nurse (LPN) K reported they were the one who reviewed R12's Medication Regimen Review dated 8/27/24 to ensure the physician signed the form and that orders were implemented according to the physician's response. On 11/22/24 at 2:40 PM, LPN K reported there was no documentation in R12's medical record as to why the physician disagreed with the recommendation and why the medication was not changed.</p> <p>On 11/22/2024 at 2:35 PM, a request was made to Nursing Home Administrator (NHA) A for documentation as to why R12's medication regimen review recommendation was not implemented. Documentation was not received prior to the survey exit.</p> <p>27306</p> <p>Resident #28 (R28)</p> <p>Review of the clinical record, including the Minimum Data Set reflected Resident # 28 (R28) was [AGE] years old and had diagnoses that included dementia, depression, iron deficiency and osteoporosis. R28 scored 3 out of 15 (severe cognitive impairment) on the Brief Interview for Mental Status.</p> <p>(continued on next page)</p>		

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<p>F 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of R28's Physician's Orders revealed current orders for Ferrous Sulfate 325 milligrams (mg) at 7:00 am daily and Calcium Carbonate Oral tablet Chewable 1000 mg by mouth daily at 7:00am.</p> <p>Review of the Medication Regimen Review dated 5/29/24 revealed The resident takes both calcium and iron (ferrous sulfate) at breakfast. Please separate the times of administration, so that Ferrous sulfate is given 2 hours before or four hours after the Calcium. Concomitant administration may cause decreased iron absorption.</p> <p>There was no documented response from Physician/Prescriber to determine if the recommendation was agreed or disagreed with and there was no documented rationale in R28's medical record as to why the recommendation was not implemented.</p> <p>Resident #63 (R63)</p> <p>Review of the clinic record revealed Resident # 63 (R63) was admitted to the facility on [DATE] with diagnosis that included dementia. R63 scored 3 out of 15 (severe cognitive impairment) on the Brief Interview for Mental Status (BIMS).</p> <p>Review of R63's Physician's Orders revealed current orders for Flonase Propionate one spray both nostrils daily.</p> <p>Review of R63's monthly medication review dated 9/30/24 revealed This resident has received long term routine Flonase daily for allergy (3/21/23). Please consider trial discontinuation . monitoring for recurrence of symptoms. The Physician/Prescriber response was disagree with no clinical rational on the form and in R63's clinical record.</p> <p>On 11/22/2024 at 12:50 PM, a request was made to Nursing Home Administrator (NHA) A for documentation as to why R28 and 63's medication regimen review recommendation was not implemented. Documentation was not received prior to the survey exit.</p>		

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 27306</p> <p>Based on observation, interview and record review the facility failed to justify continued use of psychotropic medications for one residents (#28) of five residents reviewed.</p> <p>Findings include:</p> <p>Resident #28 (R28)</p> <p>Review of the clinical record, including the Minimum Data Set reflected Resident # 28 (R28) was [AGE] years old and had diagnoses that included dementia, depression, iron deficiency and osteoporosis. R28 scored 3 out of 15 (severe cognitive impairment) on the Brief Interview for Mental Status. R28 was observed throughout the survey dates of 11/19-11/22 to be pleasant , up daily for meals and socially engaging with staff, other residents and visitors.</p> <p>Review of R28's Physician's Orders revealed current orders for the antidepressant Celexa 20 milligrams daily.</p> <p>Pharmacy review dated 3/4/24 revealed Celexa 20 mg daily since 9/22/21 with no gradual dose reduction. The Physician/Prescriber disagreed with the recommendation based on a Physician note dated 1/30/24 that revealed R28s son wanted the Celexa 20 mg dose to remain the same. There was no clinical justification in R28's medical record to continue Celexa 20 mg dose.</p> <p>On 11/22/2024 at 12:50 PM, a request was made to Nursing Home Administrator (NHA) A for clinical documentation for the continued use of Celexa at 20 mg without a gradual dose reduction. Documentation was not received prior to the survey exit.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235238	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/22/2024
NAME OF PROVIDER OR SUPPLIER Evangelical Home - Saline		STREET ADDRESS, CITY, STATE, ZIP CODE 440 W Russell Saline, MI 48176	
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<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure medication error rates are not 5 percent or greater.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34705</p> <p>Based on observation, interview, and record review the facility failed to ensure a medication error rate was less than five percent when 2 medication errors were observed from a total of 25 opportunities for one resident (R319) of eight residents observed during medication administration, resulting in a medication error rate of 8%.</p> <p>Findings include:</p> <p>Resident # 319(R319)</p> <p>Review of the Face Sheet and Minimum Data Set (MDS) dated [DATE], reflected R319 was a [AGE] year old female admitted to the facility on [DATE], with diagnoses that included infection right knee post joint removal, anemia, heart failure, hypertension (high blood pressure), kidney disease, and chronic obstructive pulmonary disease . The MDS reflected R319 had a BIM (assessment tool) score of 15 which indicated her ability to make daily decisions was cognitively intact.</p> <p>During an observation on 11/21/24 at 9:14 AM, Licensed Practical Nurse(LPN) R disconnected R319 intravenous (IV) antibiotic after the infusion and flushed first with 5ml of heparin then 10ml of saline. LPN R administered R319 several oral medication including Hydroxychloroquine 200mg.</p> <p>Review of R319's Physician orders, dated 11/9/24, reflected, Hydroxychloroquine Sulfate Oral Tablet 400 MG (Hydroxychloroquine Sulfate) Give 400 mg by mouth in the morning for inflammation. Continued review of R319 Physician orders reflected, Heparin Na (Pork) Lock Flush PF Intravenous Solution (Heparin Sodium (Porcine) Lock Flush) Use 10 ml intravenously every morning and at bedtime for FLUSH **IF ABT=SASH (saline, administer medication, saline, heparin). LPN R was observed to administer saline, antibiotic, heparin, saline, in that order, through peripherally inserted central catheter (PICC) line.</p> <p>During an interview on 11/21/24 09:42 AM, LPN R verified gave R319 one 200mg hydroxychloroquine and should have given two to equal 400mg physician order and reported plan to give R319 one additional dose now.</p> <p>During an interview on 11/21/24 at 1:40 PM, LPN P reported IV antibiotics should use SASH method for flush that included saline, medication, saline, heparin, in that order.</p> <p>During an interview on 11/21/24 at 2:15 PM, LPN Q reported was a nurse manager and reported nurses were expected to use SASH method when flushing PICC lines after medications, including ending with heparin dose.</p> <p>(continued on next page)</p>		

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<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 11/22/24 at 10:12 AM, Unit Manager(UM) S reported would expect nurses to use SASH(saline, administer medication, saline, heparin) method with medication dose only and saline flush every shift if medication not administered. UM S verified R319 should have received SASH with IV medication administration every morning and saline flush every evening. UM S verified R319 had been receiving Heparin 5ml twice daily even though IV antibiotics were only ordered in the morning and reported would correct order and notify physician. UM S reported facility uses SASH method for all PICC lines.</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>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.</p> <p>34705</p> <p>Based on observation, interview, and record review, the facility failed to securely store medication, resulting in the potential for misuse, and medication administration errors.</p> <p>Findings include:</p> <p>During an observation on 11/20/24 at 12:15 PM, hall D treatment cart, located in the hall, was noted un-locked with no staff in area and residents self propelling in the area. Continued to observe treatment cart un-locked at 12:46 p.m.</p> <p>During an observation and interview on 11/21/24 at 2:15 PM, observed overflowing open bin of medications located on the floor in the charge nurse office between Redies East hall and D hall. LPN Q reported was the nurse manager and exited the charge nurse office, leaving room unoccupied and door open, and entered the Redies North/East medication room. Residents were noted in common area outside nurse manager office.</p> <p>During an observation on 11/22/24 at 12:32 PM Redies East medication cart observed unlocked in hall with no nurse observed in the area. Residents were observed in hall.</p> <p>During an interview on 11/22/24 at 2:10 PM, Licensed Practical Nurse (LPN) T reported after residents discharged home or if medications discontinued medications are taken to the charge nurse office, located between Redies hall and D hall, and place in bin with exception of narcotics.</p> <p>During an observation on 11/22/24 at 2:25 PM, the charge nurse office door was open with no staff present with overflowing, open bin of medication located on the floor.</p> <p>During an observation on 11/22/24 at 2:28 PM, LPN/charge nurse K observed leaving unoccupied charge nurse office area with door open and medication unsecured. LPN K exited unit through locked doors toward facility entrance. Residents observed in common area outside open charge nurse office with unsecured medications.</p> <p>During an interview and observation on 11/22/24 at 2:45 PM, located in D hall, LPN/charge nurse K reported staff bring discontinued medications to LPN K office and medications are scanned then sent to pharmacy. LPN K reported medications were moved to medication room when she left office about 20 minutes ago. This surveyor followed LPN K to the charge nurse office and verified open bin of medications were still in place on the floor and verified had not been moved. At 2:48 p.m. UM S was present in the charge nurse office and reported the charge nurse office door should be closed and locked if no one present.</p> <p>Review of the facility, Medication Administration Policy, dated 10/2/24, reflected, Procedure .Keep med cart always locked when not in view .</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>22050</p> <p>This citation includes intake number MI00144468.</p> <p>Based on observations, interviews, record reviews, and 3 (#12, #40, and #89) of 20 sampled residents the facility failed to effectively provide palatable food products effecting 95 residents, resulting in the increased likelihood for decreased resident food acceptance and nutritional decline.</p> <p>Findings include:</p> <p>Resident #40 (R40):</p> <p>In an interview on 11/19/24 at 11:16 AM, R40 stated she would not get a menu daily, and said sometimes when she would mark what she wanted on the menu she would not get what she marked. R40 said that the last week it happened everyday she did not get a menu and did not get what she wanted, and said when she did not get a menu the kitchen just serve me whatever. R40 said sometimes when she would order something for the next days meal and she did not receive that she would be upset because she was looking forward to that meal she ordered.</p> <p>Resident #12 (R12):</p> <p>In an interview on 11/19/2024 at 2:10 PM, R12 stated the food was terrible, the residents were supposed to get a menu every day at breakfast to fill out for all 3 meals for the next day, but stated that did not always happen. R12 stated the hamburgers are always burnt. R12 stated that all the meat served was dried out and tough, stated the food was cold.</p> <p>During a lunch taste test on 11/21/2024 at 1:30 PM, baked garlic butter cod was chewy, not cooked thoroughly and not able to be chewed enough to swallow, and the pinto beans were tasted to be hard and not fully cooked.</p> <p>Resident #89 (R89):</p> <p>On 11/19/2024 at 10:52 AM, R89 stated the mashed potatoes were always cold with big clumps, and powdered eggs were always served and were cold and had no taste.</p> <p>On 11/19/24 at 12:50 P.M., Lunch meal food products were monitored. Wheat Rolls were not supplied on the monitored test trays. One of three test trays did not contain fluffy rice or mashed potatoes for the starch bed.</p> <p>On 11/19/24 at 01:49 P.M., An interview was conducted with General Manager Dining Services C regarding food product availability and portion size. General Manager Dining Services C stated: We use the meal ticket, recipe description, and color-coded utensils to ensure food product portion size. General Manager Dining Services C also stated: Residents are provided a week in a glance menu on Friday of each week. General Manager Dining Services C additionally stated: Menu selections (week in a glance) are made by each resident by Sunday of each week. General Manager Dining Services C further stated: We cook six additional portions of each meal (regular and alternate).</p> <p>(continued on next page)</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 11/20/24 at 12:50 P.M., Lunch meal was monitored for palatability (taste, texture, appearance). The Baby Lima Beans were undercooked and crunchy.</p> <p>On 11/21/24 at 09:45 A.M., Record review of the Policy/Procedure entitled: Meal Posting Substitution Always Available dated 09/07/22 revealed under Description: Community menus will be posted. Menu substitutions will be posted prior to the meal service. The community will develop a menu featuring Always Available meal options.</p> <p>On 11/21/24 at 10:00 A.M., Record review of the Policy/Procedure entitled: Menu Development dated 10/25/22 revealed under Description: Menus must meet the nutritional needs of residents in accordance with established national guidelines (Dietary Guidelines for Americans). Menus reflect, based on the community reasonable efforts, the religious, cultural and ethnic needs of the resident population, as well as input received from residents and resident groups. The menu is updated periodically at minimum twice per year: Spring/Summer and Fall/Winter cycles. Menus are created with and approved by the community Dietician for nutritional adequacy including regular, therapeutic, and mechanically altered diets and the Dietician, director and chefs will collaborate on menu planning, revision, and product evaluations.</p> <p>27446</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 22050</p> <p>Based on observations, interviews, and record reviews, the facility failed to effectively clean and maintain food service equipment effecting 95 residents, resulting in the increased likelihood for cross-contamination, bacterial harborage, and decreased illumination.</p> <p>Findings include:</p> <p>On 11/19/24 at 09:35 A.M., An initial tour of the food service was conducted with General Manager Dining Services C. The following items were noted:</p> <p>The True two-door reach-in cooler interior 48-inch-long fluorescent light bulbs were observed missing. General Manager Dining Services C indicated she would contact maintenance for necessary repairs as soon as possible.</p> <p>The 2017 FDA Model Food Code section 6-303.11 states: The light intensity shall be: (A) At least 108 lux (10 foot candles) at a distance of 75 cm (30 inches) above the floor, in walk-in refrigeration units and dry FOOD storage areas and in other areas and rooms during periods of cleaning; (B) At least 215 lux (20 foot candles): (1) At a surface where FOOD is provided for CONSUMER self-service such as buffets and salad bars or where fresh produce or PACKAGED FOODS are sold or offered for consumption, (2) Inside EQUIPMENT such as reach-in and under-counter refrigerators; and (3) At a distance of 75 cm (30 inches) above the floor in areas used for handwashing, WAREWASHING, and EQUIPMENT and UTENSIL storage, and in toilet rooms; and (C) At least 540 lux (50 foot candles) at a surface where a FOOD EMPLOYEE is working with FOOD or working with UTENSILS or EQUIPMENT such as knives, slicers, grinders, or saws where EMPLOYEE safety is a factor.</p> <p>The Bizerba meat slicer was observed soiled with accumulated and encrusted food residue. General Manager Dining Services C indicated she would have dietary staff thoroughly clean and sanitize the meat slicer as soon as possible.</p> <p>The two Frymaster fryer exterior cabinetry surfaces were observed soiled with accumulated and encrusted food residue.</p> <p>The [NAME] oven/stove backsplash was observed soiled with accumulated and encrusted food residue. Three sections measuring approximately 10-inches-wide by 10-inches-long were observed soiled and blackened from accumulated food residue.</p> <p>The Continental pull drawer refrigerator was observed soiled with accumulated and encrusted food residue. The four pull drawers were also observed soiled with accumulated and encrusted food residue. General Manager Dining Services C indicated she would have dietary staff thoroughly clean and sanitize the Continental pull drawer refrigerator as soon as possible.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>The two [NAME] dual convection oven bank interior and exterior surfaces were observed soiled with accumulated and encrusted food residue. General Manager Dining Services C indicated she would have dietary staff thoroughly clean and sanitize the [NAME] oven interior and exterior surfaces as soon as possible.</p> <p>The 2017 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.</p> <p>Two 7-inch-wide, four 8-inch-wide, five 10-inch-wide, one 16-inch-wide, and three 18-inch-wide fry pans were observed heavily soiled with accumulated and encrusted caramelization. Numerous fry pans were also observed dented and out of round. General Manager Dining Services C indicated she would order new replacement pans as soon as possible.</p> <p>The 2017 FDA Model Food Code section 4-501.11 states: (A) EQUIPMENT shall be maintained in a state of repair and condition that meets the requirements specified under Parts 4-1 and 4-2. (B) EQUIPMENT components such as doors, seals, hinges, fasteners, and kick plates shall be kept intact, tight, and adjusted in accordance with manufacturer's specifications. (C) Cutting or piercing parts of can openers shall be kept sharp to minimize the creation of metal fragments that can contaminate FOOD when the container is opened.</p> <p>On 11/19/24 at 03:58 P.M., Dietary Prep [NAME] F was observed wearing a hair net and beard guard covering only the lower portion of the facial surface and not his mustache. Dietary Prep [NAME] F was queried regarding the length of his employment. Dietary Prep [NAME] F stated: Two months.</p> <p>On 11/20/24 at 03:20 P.M., Dietary Prep [NAME] F was observed wearing a hair net and beard guard covering only the lower portion of the facial surface and not his mustache.</p> <p>The 2017 FDA Model Food Code section 2-402.11 states: (A) Except as provided in (B) of this section, FOOD EMPLOYEES shall wear hair restraints such as hats, hair coverings or nets, beard restraints, and clothing that covers body hair, that are designed and worn to effectively keep their hair from contacting exposed FOOD; clean EQUIPMENT, UTENSILS, and LINENS; and unwrapped SINGLESERVICE and SINGLE-USE ARTICLES. (B) This section does not apply to FOOD EMPLOYEES such as counter staff who only serve BEVERAGES and wrapped or PACKAGED FOODS, hostesses, and wait staff if they present a minimal RISK of contaminating exposed FOOD; clean EQUIPMENT, UTENSILS, and LINENS; and unwrapped SINGLE-SERVICE and SINGLE-USE ARTICLES.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 11/21/24 at 08:30 A.M., Record review of the Policy/Procedure entitled: Oven: Bake/Stack - Degreasing & Cleaning dated (no date) revealed under Procedure Frequency: Weekly: Interior/Exterior. Record review of the Policy/Procedure entitled: Oven: Bake/Stack - Degreasing & Cleaning dated (no date) further revealed under Procedure Steps: (2) When the unit is cool enough to handle, remove drip pans, racks, etc., to the pot sink. Spray with Greasestrip Plus degreaser, allow to penetrate the soil for 5 minutes. Clean and remove the soil with soaking and scrubbing. Wash in Apex Manual Detergent or other Ecolab detergent solution and water, then rinse. (3) Preheat oven to 150 degrees Fahrenheit then turn off. While oven is still warm, spray interior surfaces with Greasestrip Plus degreaser directly from the container. (4) Allow 5 minutes for the cleaning solution to soak into and soften the soil. Do not allow to dry on surface - adjust time accordingly. On heavily soiled of baked-on grease areas, scrub with a stiff brush. (5) Use a damp cloth to pick up dissolved and loosened grease. Rinse with clear water. Let air dry then reinstall the cleaned drip pans and racks.</p> <p>On 11/21/24 at 08:45 A.M., Record review of the Policy/Procedure entitled: Dishmachine - Cleaning & Sanitizing dated (no date) revealed under Procedure Frequency: Daily of as needed. Record review of the Policy/Procedure entitled: Dishmachine - Cleaning & Sanitizing dated (no date) further revealed under Procedure Steps: (1) Turn off and drain the dishmachine. Check drain for blockage. Clear if needed. (2) Remove curtains and scrub clean with brush and Apex Manual Detergent or other Ecolab detergent solution and water. Set aside to dry. (3) Remove scrap accumulation trays from dishmachine and flush trays under running water. Scrub clean is necessary using brush and Apex Manual Detergent or other Ecolab detergent solution and water. Set aside to dry. (4) Clean pump intake screen by flushing under running water. Scrub clean, if necessary, using brush and Apex Manual Detergent of other Ecolab detergent solution and water. Set aside to dry. (5) Unscrew wash arms and end caps. Clean by flushing with water under faucet. Clean nozzles with toothpick. Set aside to dry. (6) Remove soil inside the prewash and wash tank area of dishmachine using a brush and Apex Manual Detergent or other Ecolab detergent solution and water. (7) Rinse out the inside of dishmachine with pre-flush hose. Be certain to rinse in hard-to-reach areas such as the upper corner walls of the prewash and wash tank area. (8) Clean and sanitize adjacent areas with Oasis 146 Multi-Quat Sanitizer (Use 150 ppm-400 ppm for US and 200 ppm for Canada. See product label for use instructions.) (9) Reinstall curtains, scrap accumulation trays, pump intake screens and wash arms. Ensure arms spin freely then turn on the dishmachine for next use. (10) Clean the top and sides of the dishmachine with clean cloth and Ecoshine or another Ecolab stainless steel cleaner and polish if desired.</p>		

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 22050</p> <p>Based on observations, interviews, and record reviews, the facility failed to effectively clean and maintain the physical plant effecting 97 residents, resulting in the increased potential for cross-contamination, bacterial harborage, and decreased air quality.</p> <p>Findings include:</p> <p>On 11/20/24 at 10:05 A.M., A common area environmental tour was conducted with Director of Environmental Services G. The following items were noted:</p> <p>Bridgeway Boulevard</p> <p>Two ceiling mounted return-air-exhaust ventilation grills were observed heavily soiled with accumulated and encrusted dust/dirt deposits, adjacent to resident rooms B7 and B8. Director of Environmental Services G indicated he would have maintenance staff thoroughly clean and sanitize the soiled return-air-exhaust ventilation grills as soon as possible.</p> <p>[NAME] Court</p> <p>The ceiling return-air-exhaust ventilation grill was observed heavily soiled with accumulated and encrusted dust/dirt deposits, adjacent to resident rooms C9 and C10.</p> <p>Dovecote Drive</p> <p>The ceiling return-air-exhaust ventilation grills was observed heavily soiled with accumulated and encrusted dust/dirt deposits, adjacent to resident rooms D10 and D12. Director of Environmental Services G indicated he would have maintenance staff thoroughly clean and sanitize the soiled return-air-exhaust ventilation grills as soon as possible.</p> <p>Redies (North)</p> <p>Restroom: The return-air-exhaust ventilation grill was observed soiled with accumulated and encrusted dust/dirt deposits.</p> <p>Redies (South)</p> <p>Beverage Island: The drain funnel beneath the ice/water dispensing machine was observed heavily soiled with accumulated and encrusted dirt/grime deposits.</p> <p>On 11/20/24 at 11:35 A.M., An environmental tour of sampled resident rooms was conducted with [NAME] - Director of Environmental Services G. The following items were noted:</p> <p>D4: The Bed 1 overbed light assembly pull string extension was observed missing.</p> <p>(continued on next page)</p>		

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>D8: The restroom hand sink faucet assembly was observed loose-to-mount.</p> <p>On 11/20/24 at 01:02 P.M., An interview was conducted with Director of Environmental Services G regarding the facility maintenance work order system. Director of Environmental Services G stated: We have the WorxHub system.</p> <p>On 11/21/24 at 09:00 A.M., Record review of the Policy/Procedure entitled: Routine Cleaning and Disinfection dated 05/27/2021 revealed under Policy Statement/Purpose: (1) It is the policy of this facility to ensure the provision of routine cleaning and disinfection in order to provide a safe, sanitary environment and to prevent the development and transmission of infections to the extent possible.</p> <p>On 11/21/24 at 09:15 A.M., Record review of the Policy/Procedure entitled: Routine Bathroom Cleaning dated 05/27/2021 revealed under Policy Statement/Purpose: It is the policy of this facility to establish policies, procedures, and guidelines to provide a clean and sanitary environment for residents, staff, and visitors in order to prevent cross-contamination and transmission of healthcare-associated infection (HAI).</p> <p>On 11/21/24 at 09:30 A.M., Record review of the WorxHub work orders for the last 60 days revealed no specific entries related to the aforementioned maintenance concerns.</p>