

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235262	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/16/2024
NAME OF PROVIDER OR SUPPLIER West Hickory Haven		STREET ADDRESS, CITY, STATE, ZIP CODE 3310 W Commerce Rd Milford, MI 48380	

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 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** 34208</p> <p>This citation pertains to intake #MI00148257.</p> <p>Based on observation, interview and record review, the facility failed to ensure monitoring and documentation of specific targeted symptoms/behaviors and attempts and non-pharmacological interventions prior to the use of PRN (as needed) anti-anxiety medications for one resident (R#501) of three residents reviewed for psychotropic medications. Findings include:</p> <p>A complaint received by the State Agency alleged residents were not properly receiving psychotropic medications.</p> <p>On 12/16/24 at 12:25 PM, R501 was observed in their room sitting on their bed. R501 appeared calm with a flat affect. They were asked about their stay at the facility and verbalized one concern about a staff member that was reported to the Administrator.</p> <p>A review of R501's clinical record revealed they admitted to the facility on [DATE] with diagnoses that included: schizophrenia, bipolar disorder, respiratory failure, muscle wasting and atrophy, dysphagia, and diabetes. A Minimum Data Set (MDS) assessment dated [DATE] indicated severely impaired cognition evidenced by a Brief Interview For Mental Status (BIMS) score of 5/15, however a significant change MDS dated [DATE] revealed an updated BIMS score of 13/15 (intact cognition) after they had been treated with antibiotics for a urinary tract infection.</p> <p>A review of R501's physician orders and Medication Administration Records (MAR) was conducted and revealed the following:</p> <p>November 2024: An order for lorazepam (anti-anxiety medication) 1 milligram (mg) every four hours as needed for nine days initiated 11/26/24. The MAR indicated the medication had been given four times on 11/26/24, 11/27/24, and 11/29/24, and three times on 11/28/24, and 11/30/24.</p> <p>December 2024: Several orders for lorazepam discontinued and re-ordered on different dates for 1 mg every four hours as needed. The MAR indicated the medication had been given four times on 12/2/24, and 12/6/24, three times on 12/1/24, 12/7/24, and 12/9/24, twice on 12/4/24, 12/5/24 and 12/10/24, and once on 12/8/24 and 12/12/24 thru 12/15/24.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235262	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/16/2024
NAME OF PROVIDER OR SUPPLIER West Hickory Haven		STREET ADDRESS, CITY, STATE, ZIP CODE 3310 W Commerce Rd Milford, MI 48380	
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 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>It was calculated between 11/26/24 and 12/15/24, R501 had received 46 doses of the as needed lorazepam.</p> <p>Continued review of R501's clinical record including: progress notes, care plans, and behavior monitoring was conducted and revealed no evidence of specifically identified target symptoms/behaviors for R501, nor did the documentation reveal any attempts at non-pharmacological interventions attempted prior to the administration of the as needed lorazepam.</p> <p>On 12/16/24 at 3:04 PM, an interview was conducted with Social Services Director 'B'. They were asked about their knowledge of the use of as needed anti-anxiety medications, the requirements for identified specific target symptoms/behaviors, and the use of non-pharmacological interventions prior to the administration of the medications and said, I don't have any idea, further stating it was, Not brought to me as part of my work-flow.</p> <p>On 12/16/24 at 3:33 PM, an interview was conducted with the facility's Administrator and Director of Nursing (DON) regarding their knowledge and use of as needed anti-anxiety medications. The DON said an order should be written for the medication for 14 days, there should be documentation of the behavior/symptom being treated, evidence of what non-pharmacological interventions were attempted, and a follow-up assessment of the resident.</p> <p>A review of a facility provided policy titled, Psychotropic Medication Gradual Dose Reduction (GDR) Guidance dated May 2018 was conducted and read, Policy: It is the policy of this facility to not provide psychotropic medication to residents unless the medication is necessary to treat a specific condition as diagnosed and documented in the clinical record .Procedure: 1. The facility will not use psychotropic medications to address behaviors without first determining if there is a medical, physical, functional, psychological, social or environmental cause of the residents' behavior(s). a. The holistic approach to behavior management will involve an assessment of underlying contributors to behaviors .b. In collaboration with the family and/or authorized representatives the facility will make attempts to become familiar with the cultural, medical, and psychological information about the resident to identify potential environmental and other triggers to prevent or reduce behavioral symptoms and/or distress, they types and consequences of exhibited behaviors by the resident and the interventions that me be indicated for the type of behavior .3. As needed (PRN) orders for psychotropic medication should be limited to 14 days .12. A behavior monitoring record will be implemented for residents receiving psychotropic medication .</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235262	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/16/2024
NAME OF PROVIDER OR SUPPLIER West Hickory Haven		STREET ADDRESS, CITY, STATE, ZIP CODE 3310 W Commerce Rd Milford, MI 48380	
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 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** 34208</p> <p>This citation pertains to intake #MI00148743.</p> <p>Based on observation, interview, and record review the facility failed to ensure a sanitary kitchen, food items past their use date were discarded, and food was labeled with an open and use-by date. This deficient practice had the potential to affect all residents who consume meals from the kitchen. Findings include:</p> <p>A complaint received by the State Agency alleged food was not being stored and served in a sanitary manner.</p> <p>On 12/16/24 at 9:00 AM, the facility's Administrator reported they did not have a kitchen supervisor at the time and the Corporate Registered Dietician (who was not in the building at the time) was overseeing kitchen operations until a new Certified Dietary Manager was hired.</p> <p>On 12/16/24 from 9:10 AM until 10:08 AM, observations of the kitchen, dry storage areas, and walk-in refrigerator and walk-in freezer were conducted with the facility's Administrator and revealed the following:</p> <p>A stainless steel table with a toaster on the top was observed to have a drawer storing clean serving utensils. The bottom of the drawer revealed a large buildup of food crumbs amongst the utensils and in the corners of the drawer. At that time, the Administrator instructed [NAME] 'D' to wash the utensils and clean the drawer.</p> <p>A drawer on the serving/steam table containing clean scoops was observed to have a build up of food crumbs in the bottom and corners, including a half of a hardened crust of bread.</p> <p>The reach-in cooler in the kitchen was observed with two undated foam cups of what the Administrator said was soup. It further contained a plastic serving tray with a clear to-go container of undated cottage cheese, and five undated half peanut butter and jelly sandwiches. At that time, [NAME] 'B' said they had been prepared earlier in the morning. They were asked why they did not have a date on them and said they usually dated them when they prepared them, but it hadn't been done yet.</p> <p>A kitchen rag soiled with brown stains covered the coffee maker over-flow tray.</p> <p>The reach-in refrigerator across from the dry storage area revealed four hard boiled eggs in a plastic storage container with no discard/use-by date, a plastic container of cheese slices with no use-by/discard date, a second plastic container of cheese slices with a use-by date of 12/15, a large plastic container of fruit cocktail with no use-by/discard date, a half of a large stick of butter with no use-by/discard date, and a plastic container labeled banana pudding with a use-by date of 12/5/24. At that time, the Administrator said all food should be labeled with an open date and/or a use-by/discard date per facility policy.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235262	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/16/2024
NAME OF PROVIDER OR SUPPLIER West Hickory Haven		STREET ADDRESS, CITY, STATE, ZIP CODE 3310 W Commerce Rd Milford, MI 48380	
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>The reach in freezer across from the dry storage area revealed a bag of frozen hash brown patties with accumulated ice crystals on them in an open manufacturers paper sack that did not indicate an open or use-by/discard date, a second bag of hash brown patties in an unopened manufacturers paper sack that had rips and tears in it, and a clear plastic sack labeled Salisbury steak patties in black marker that did not have an open or use-by/discard date.</p> <p>The dry storage areas revealed an opened bag of semi-sweet chocolate chips with a use by date of 12/6/24, an open bag of brownie mix with no use-by/discard date, six packets of light ranch salad dressing in a plastic container that had no use-by/discard date (it was further noted there were no manufacturer use by dates on the product), a large case of potatoes with no received or use-by/discard date, an open bag of miniature marshmallows with no open or use-by/discard date, an opened large bottle of imitation vanilla with no open or use-by/discard date, a large can of chili/[NAME] island sauce with dents in the can, three packages of hamburger buns with no received or use-by/discard date, and nine loaves of white bread with no received or use-by/discard date. The area also contained five cartons of thickened orange juice with a use by date of November 2024; of the five, one of the carton's packaging appeared compromised and leaked through the plastic top. The plastic top was observed to be growing a green, fuzzy textured substance on the plastic top and on the top of the carton. Two others observed had a brown sticky substance leaked on the carton packaging.</p> <p>An observation of the walk-in refrigerator revealed an egg carton that held 30 eggs. Four eggs remained in the carton, one was observed cracked and two eggs and several empty slots in the carton were observed with what appeared to be a clear and yellow broken egg substance. Continued observation of the walk-in refrigerator revealed the following: a case of individual boxes of donut holes with instructions on the packaging that indicated the product was to be kept frozen and thawed at room temperature with no date of when they were removed from the freezer, several snack-sized packages of grapes that were observed to have a white, fuzzy substance growing on them, and two cases of bacon with no open or use-by/discard date.</p> <p>An observation of the walk-in freezer revealed a leak from the motor/fan/cooling unit that caused a thin build-up of ice on top of a frozen pizza, two frozen pies, in two frozen pie crusts, and on the floor under the unit.</p> <p>A review of a facility provided policy titled, Food Supply Storage and Dating revised November 2024 was conducted and read, Policy: It is the policy of this facility that food and non-food items and supplies used in food preparation shall be stored according to uniform standards, food storage guidelines supplied by the manufacturer and or qualified food vendors utilized by this facility .1. The 'used by' date is the last date a food can be consumed .Dry Storage .8. Remove from dry storage any items for which the expiration date is expiring .</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235262	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/16/2024
NAME OF PROVIDER OR SUPPLIER West Hickory Haven		STREET ADDRESS, CITY, STATE, ZIP CODE 3310 W Commerce Rd Milford, MI 48380	
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>According to the 2017 FDA (Food and Drug Administration) Food Code section 3-501.17: Ready-to-eat, potentially hazardous 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 41 degrees Fahrenheit or less for a maximum of 7 days. Refrigerated, ready-to- eat, potentially hazardous food prepared and packed by a food processing plant shall be clearly marked, at the time the original container is opened in a food establishment and if the food is held for more than 24 hours, to indicate the date or day by which the food shall be consumed on the premises, sold, or discarded, and: (1) The day the original container is opened in the food establishment shall be counted as Day 1; and (2) The day or date marked by the food establishment may not exceed a manufacturer's use-by date if the manufacturer determined the use-by date based on food safety.</p> <p>According to the 2017 FDA Food Code section 4-601.11 Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils, .(C) Nonfood-contact surfaces of equipment shall be kept free of an accumulation of dust, dirt, food residue, and other debris.</p> <p>According to the 2017 FDA Food Code section 6-501.12 Cleaning, Frequency and Restrictions, (A) Physical facilities shall be cleaned as often as necessary to keep them clean.</p>		