STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235263	A. Building B. Wing	03/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Medilodge of Sterling Heights	14151 E 15 Mile Rd Sterling Heights, MI 48312

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F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Respond appropriately to all alleged violations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 28776 This citation pertains to Intake MI00150763. Based on interview and record review, the facility failed to timely complete an investigation for an allegation of abuse for one (R2) of two resident reviewed for abuse. Findings include: A review of the Intake reported to the State Agency noted an allegation that staff in the facility failed to treat the resident with dignity and respect (on 2/27/25). On 3/11/25, R2 was observed sitting in their room looking at their computer tablet. R2 did not recall the alleged incident or staff who cared for him on 2/27/25. A review of R2's electronic medical record (EMR) revealed R2 was admitted to the facility on [DATE] with diagnoses that included cerebral infarction, dysphagia, delusional disorders, and mild intellectual disabilities. A review of the Minimum Data Set (MDS) assessment dated [DATE] revealed Brief Interview of Mental status score of 1 which indicated severely impaired cognition. On 3/12/25 at 9:00 AM, an interview was conducted with Maintenance Director (MD) I . When queried regarding the alleged incident MD I indicated they witnessed a female staff member (Registered Nurse (RN) L) mocking R2 (telling the resident they were misbehaving, and saying I'm going to tell on you) which led R2 to become visibly upset and crying. MD I indicated they immediately reported incident to the administrator. On 3/12/25 at 9:30 AM, an interview was held with the Nursing Home Administrator (NHA) regarding the alleged incident and said it was investigated inhouse but was unsubstantiated. A copy of the investigation was requested at 9:40 AM and provided at 10:15 AM. A review of the facility investigation folder revealed witness statements dated for 2/27/25 and signed by MD I and RN L on 3/12/25 (13 days after incident). The statement from MD I was not consistent the with interview conducted at 9:00 AM (on 3/12/25). Further review of incident lead to a second interview with MD I who stated he signed the incident statement today (3/12/25), but had not signed a witness statement on 2/27/25, the day of the incident. (continued on next page)

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

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F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 3/12/25 at 2:30 PM, RN L was queried regarding they're statement of the alleged incident and stated on 3/12/25 was the first time she was asked about the alleged incident and was asked to sign a 2/27/25 dated statement on 3/12/25. On 3/12/25 at 3:00PM, the NHA was queried to why the incident occurred on 2/27/25 and statements not obtained until 3/12/25, she stated due to their investigation they felt it was a customer service concern. A review of a facility policy titled, Abuse, Neglect and Exploitation Policy implemented on 07/28/2020 and revised on 01/10/2024, noted the following: It is the policy of this facility to provide protections for the health, welfare, and rights of each resident by developing and implementing written policies and procedures that prohibit and prevent abuse, neglect, exploitation, and misappropriation of resident property. Mental Abuse includes, but is not limited to, humiliation, harassment, threats of punishment or deprivation. Mental abuse also includes abuse that is facilitated or caused by nursing home staff taking or using photographs or recording in any manner that would demean or humiliate a resident(s).V. Investigation of Alleged Abuse, Neglect and Exploitation A. An immediate investigation is warranted when suspicion of abuse, neglect or exploitation, or reports of abuse, neglect or exploitation occur. B. Written procedures for investigations include: 1. Identifying staff responsible for the investigation. 2. Exercising caution in handling evidence that could be used in a criminal investigation (e.g., not tampering or destroying evidence). 3. Investigating different types of alleged violations. 4. Identifying and interviewing all involved persons, including the alleged victim, alleged perpetrator,witnesses, and others who might have knowledge of the allegations. 5. Focusing the investigation on determining if abuse, neglect, exploitation, and/or mistreatment has occurred, the extent, and cause; and 6. Providing complete and thorough documentation of the investigation.

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F 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49102 Based on interview and record review, the facility failed to complete an annual PASARR (Preadmission Screen and Resident Review) for two residents (R70 and R139) of 6 residents reviewed for PASARR screening. Findings include: R70 A review of R70's medical record revealed they were admitted into the facility on [DATE] with diagnoses including dysphagial, intellectual disabilities, functional quadriplegia. A Minimum Data Set (MDS) assessment dated [DATE] and a Brief Interview for Mental Status (BIMS) score of 00, indicating severe cognitive impairment. Further review of R70 electronic medical record revealed a PASARR dated 11/27/24 and marked Preadmission screening and revealed no level II PASAAR request. R139 On 03/10/25 at 10:00 AM, R139 was observed lying in bed and watching television. R139 was finishing his breakfast meal. R139 verbalized concerns about wanting to meet with the social worker to discuss change in guardianship. A review of R139's medical record revealed they were admitted into the facility on [DATE] with diagnoses including adjustment disorder with anxiety and depressed mood, bipolar disorder, and chronic respiratory failure with hypoxia. A Minimum Data Set (MDS) assessment dated [DATE] and a Brief Interview for Mental Status (BIMS) score of 15, indicating intact cognition. Further review of R70 medical record revealed a PASARR dated 7/08/24 indicating a hospital exemption for 30 days. A request for an updated PASARR was requested by social services. On 03/11/25 at 1:15 PM, during an interview occurred with Social Worker C regarding an updated PASARR for R139. Social Worker C confirmed there was not an updated PASARR completed nor available at this time. A review of the facility policy titled, PASARR - Pre-Admission Screen and Resident Review, noted the following: A facility must coordinate assessments with the pre-admission screening and resident review program under Medicaid in part 483, subpart C to the maximum extent practicable to avoid duplicative testing and efforts. Specialized services are those services the State is required to provide or arrange for that raise the intensity of services to the level needed by the resident. That is, specialized services are an add-on to NF services - they are of a higher intensity and frequency than specialized rehabilitation services, which are provide by the NF. 1. The statute mandates preadmission screening for all individuals with mental illness (MI) or mental retardation (MR) who apply to the NFs, regardless of Policy (PASRR) the applicant ' s source of payment, except as provided below. Residents (continued on next page)

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F 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	readmitted and individuals who initially apply to a nursing facility directly following a discharge from an acute care stay are exempt if: a. They are certified by a physician prior to admission to require a nursing facility stay of less than 30 days; and b. They require care at the nursing facility for the same condition for which they were hospitalized . 3. All residents are required to have a level I PASRR screen prior to or upon admission the facility. When indicated on the level I screen that a level II screen is required, the facility will complete notification to the State ' s PASRR program notice for the level II screen (in accordance with State specific laws. 4. If a resident is admitted with a level diagnosis as indicated above review is required upon change in the resident ' s condition. For example: a. A review and determination under clause (i) or (ii) must be conducted promptly after a nursing facility has notified the State mental health authority or State mental retardation or developmental disability authority, as applicable, under subsection (b)(3)(E) with respect to a mentally ill or mentally retarded resident, that there has been a significant change in the resident's physical or mental condition.

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44750 Based on observation, interview and record review, the facility failed to develop a care plan addressing Post-Traumatic Stress Disorder (PTSD) for one resident(R62) out of three reviewed for mood/behavior care plans. Findings include: A review of the medial record revealed R62 was admitted into the facility on [DATE] with the following medical diagnoses, Major Depressive Disorder and Post-Traumatic Stress Disorder (PTSD). A review of the most recent Minimum Data Assessment (MDS) set revealed a Brief Interview for Mental Status score of 15/15 indicating an intact cognition. On 3/10/2025 at 10:00 AM, an interview was conducted with R62. R62 stated they do have PTSD due to things in their past. R62 stated they have triggers, but the medicine helps manage it. Further review of the medical record revealed a mood/behavior care plan. The mood/behavior care plan did not include the PTSD diagnosis or known triggers. On 3/12/2025 at 10:13 AM, an interview was conducted with Social Worker (SW) F. SW F stated when they assess the resident when they admit into the facility it should be added in the mood care plan. SW F stated that is where the PTSD diagnosis would go, as well as the known triggers. On 3/12/2025 at 1:25 PM, an interview was conducted with the Director of Nursing (DON). The DON stated the facility did not have the PTSD diagnosis upon admission and it was later added and should have been communicated during the behavior meeting to ensure the care plan was developed. A review of a facility policy titled, Comprehensive Care Plans noted the following, .1. The care planning process will include an assessment of the resident's strengths and needs and will incorporate the resident's personal and cultural preferences in developing goals of care. Services provided or arranged by the facility, as outlined by the comprehensive care plan, shall be culturally competent and trauma informed.

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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** 34851 Based on observation, interview, and record review, the facility failed to provide timely assistance for two residents (R24, R154) out of six reviewed for Activities of Daily Living (ADLs). Findings include: R24 On 3/10/25 at 10:27 AM, R24 reported over the past weekend Saturday (3/8/25) into Sunday (3/9/25) they requested ADL care around 6:15 AM, no one on the midnight shift came in to provide care. They explained they received care on the day shift at 9:45 AM. R24 explained on another (unknown) day they put the light on around 7:00 PM on a Friday, and did not receive care until 9:30 PM. A review of R24's medical record revealed, R24 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnosis of Myocardial Infarction. A review of R24's annual Minimium Data Set (MDS), dated [DATE] noted, R24 with an intact cognition and required assistance from staff to complete activities of daily living (ADLs). Further review of R24's concern forms provided by the facility noted, multiple days of staff not providing care timely, not at all, or passing the care on to the next shift. A concern form revealed, Date: 3/27/24, assistance needed: care, Details: [R24] stated on MN (midnight) shift [R24] was placed on a bedpan around 3am and the CNA did not come back until about 5am . A review of R24's care plan revealed, [R24] has an ADL self-care performance deficit related to muscle weakness, limited mobility, and debility. Date initiated: 3/12/2024. Goal: [R24's] Activities of Daily Living (ADL) needs will be met through next review. Date initiated 1/5/2024, Interventions: Bed mobility: 2 person assist. Date initiated: 06/14/2024. Personal Hygiene: 1 person assist . On 3/12/25 at 1:36 PM, the Director of Nursing (DON) was asked about staff rendering timely care. The DON explained, the facility has identified a concern on the midnight shift and they have let a lot of people go. The DON further explained, that the residents should have someone checking on them every hour between the Nurses and the Certified Nursing Assistants. 44750 Resident #154 On 3/11/2025 at 12:00 PM, R154 was observed eating lunch in their room. R154 was observed to be shaking while picking up their fork. R154 stated they wanted to put some salt on their food, but was unable to pick up the package, open it, and shake the salt on the food. R154 was asked if they received assistance with eating and they stated the staff don't help them eat, but sometimes they could use it. On 3/12/2025 at 11:55 AM, R154 was observed eating lunch in their room with no assistance. R154's hands were noted to be shaking while they were raising their utensils to their mouth to eat. (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A review of the medical record revealed R154 was admitted into the facility on [DATE] with the following diagnoses, Bacteremia and Depression. A review of the recent Minimum Data Set assessment revealed a Brief Interview for Mental Status score of 11/15 indicating an impaired cognition. R154 also required staff assistance with bed mobility, eating, and transfers. Further review of the physician's orders revealed the following order, Ordered: 2/7/2025 .1:1 feeding assistance with meals .Active . Further review of a nutrition note dated 3/11/2025 noted the following, .Benefits from supervision/assist with meals. On 3/1/2025 at 11:56 AM, an interview was conducted with Assistant Director of Nursing (ADON) K. ADON K was queried if R154 required 1:1 assistance with meals and stated the assistance is more for meal set up and cueing. ADON K stated someone should be in the room to help with cueing and see how much progress R154 is making. On 3/12/2025 at 1:21 PM, an interview was conducted with the Director of Nursing (DON). The DON stated the floor nurse confirmed the feeding assistance order. A review of a facility policy titled, Activities of Daily Living (ADLs) noted the following, .3.A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.

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F 0687 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate foot care. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49102 Based on observation, interview, and record review, the facility failed to ensure timely podiatry care was provided for one resident (R201) of one resident reviewed for foot care. Findings include: On 03/10/25 at 9:00 AM, R201 was observed sitting on the side of the bed. When asked about any concerns, R201 stated they are concerned about their toenails because they are too long and starting to hurt. R201 toenails were observed to be long extending past the tip of the toes. R201 could not recall the last podiatry visit. A review of R201's medical record revealed they were admitted to the facility on [DATE] with a diagnosis of Down's syndrome, Schizophrenia, and Chronic kidney disease. A review of the Minimum Data Set (MDS) assessment dated [DATE] revealed Brief Interview of Mental status (BIMS) score of 14 which indicated intact cognition. Further review of R201's elcetronic medical record did not reveal a current podiatry consultation. On 3/11/25 at 2:00 PM, an interview occured with the Social Service Director (SSD) O explained R201 is on the list to be seen by podiatry. SSD staff O further indicated the social services team is fairly new and they are working to connect with ancillary services. On 3/12//24 at 3:30 PM an interview occurred with the DON. The DON confirmed R201 had long toe nails and needed cutting. A review of a facility policy titled, Nail Care was implemented 10/20/2020 and revised 08/20/2024, noted the following: The purpose of this procedure is to provide guidelines for the care of a resident's nails for good grooming and health. Policy Explanation and Compliance Guidelines: 1. Assessments of resident nails will be conducted on admission and readmission to determine the resident ' s nail condition, needs, and preferences for nail care, if possible. a. Report unusual or abnormal conditions of the nails to the physician and the responsible party (e.g., curling, color changes, separation from the nailbed, redness, bleeding, pain, odor, infection, etc.). b. Obtain history and preferences regarding podiatrist.

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F 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44750 Based on observation, interview, and record review, the facility failed to label and date a tube feeding bottle for one resident (R75) out of two reviewed for tube feedings. Findings include: On 3/11/2025 at 10:24 AM, R75 was observed laying in bed. R75 was observed to have a tube feeding running. The bottle was noted to be unlabeled and undated. On 3/11/2025 at 10:24 AM, Licensed Practical Nurse (LPN) A was brought into the room and shown the tube feeding bottle. LPN A stated the tube feeding goes up on the evening shift, and that it should be labeled. A review of the medical record revealed that R75 was admitted into the facility on [DATE] with the following diagnoses, Quadriplegia and Gastrostomy. A review of the recent Minimum Data Set assessment revealed a Brief Interview for Mental Status score of 99 indicating they were unable to complete the assessment. R75 also required staff assistance with bed mobility and transfers. On 3/12/2025 at 1:24 PM, an interview was conducted with the Director of Nursing (DON). The DON stated the tube feeding goes up at night and that the tube feeding should be labeled and dated as soon as it goes up. A review of a facility policy titled, Feeding Tubes did not address labeling and dating.

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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. 49699 Based on observation and interview, the facility failed to ensure medications were discarded when expired from one medication cart (U100 low numbers) of three medication carts reviewed. Findings include: On 3/12/2025 at 02:07 PM, along with Licensed Practical Nurse (LPN) G, two expired stock medications were located in the top drawer of Unit 100's lower numbered medication cart. The medications were Glucosamine Chrondroitin with an open date of 10/1/24 and a stamped expiration date of 01/25 and Oyster Shell Calcium 500mg (milligrams) with an open date of 9/25/24 and a stamped expiration date of 08/24. On 3/12/2025 at 04:15 PM, the Director of Nursing (DON) indicated expired medications should be removed from use. A policy for Medication Storage was requested but not received by the end of the survey.

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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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38207 Based on observation, interview, and record review, the facility failed to ensure food was served in a palatable manner and at the preferred temperature for nine residents (R6, R21, R22, R24, R60, R74, R108, R146, R188) and six confidential group residents, of sixteen residents reviewed for food palatability. Findings include: R188 On 3/10/25 at 10:44 AM, R188 was interviewed about the palatability of the food at the facility and indicated the food was, lousy and frequently cold. A review of R188's electronic medical record (EMR) revealed that R188 was admitted to the facility on [DATE] with diagnoses that included Partial amputation on left mid foot and COPD (Chronic obstructive pulmonary disease) (Lung disease). R188's most recent minimum data set assessment (MDS) dated [DATE] revealed R188 had an intact cognition. R108 On 3/10/25 at 10:56 AM, R108 was interviewed about the palatability of the food at the facility and stated, I don't like the food. A review of R108's EMR revealed R108 was admitted to the facility on [DATE] with diagnoses that included Osteomyelitis (Bone infection) and Protein-Calorie malnutrition. R108's most recent MDS dated [DATE] revealed that R108 had an intact cognition. R146 On 3/10/25 at 11:29 AM, R146 was interviewed about the palatability of the food at the facility and indicated the food did not taste good, was not prepared in a palatable manner, and the meat was hard to chew. A review of R146's EMR revealed R146 was admitted to the facility on [DATE] with diagnoses that included Respiratory failure and Heart failure. R146's most recent MDS revealed that R146 had an intact cognition. R6 On 3/10/25 at 2:26 PM, R6 was interviewed about the palatability of the food at the facility and stated, It's terrible and the portions are small. On 3/12/25 at 10:31 AM, R6 was further interviewed regarding the palatability of the food and indicated the food was not good saying, The food is better when you're (survey team) here. (continued on next page)

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	A record review of R6's EMR revealed R6 was admitted to the facility on [DATE] with diagnoses that included Sepsis (Infection) and Respiratory failure. R6's most recent MDS dated [DATE] revealed that R6 had an intact cognition. On 3/12/25 at 12:15 PM, a lunch tray was pulled off of a lunch cart in the facility and temperature checked by District Dietary Manager (DDM) M. The results were the following, Cranberry orange chicken: 119.8 Degrees Farenheight (F); Brussel sprouts: 121.3 F; Rice Pilaf: 122.1 F. DDM M was interviewed regarding their preferred temperatures for the food and indicated that it was based upon the resident preference. On 3/12/25 at 12:20 PM, the chicken and rice was taste tested by the survey team members and was noted to be luke warm and the brussel sprouts were mushy and lacked flavor. On 3/12/25 at 12:27 PM, the Administrator (NHA) was interviewed regarding their expectation for food palatability regarding food served to the residents at the facility. The NHA indicated food palatability was all related to resident preference. 34851 R21 On 3/10/25 at 11:48 AM, R21 reported the only concern they had was the food. R21 stated, the food is cold and sometimes burnt. A review of R21's medical record noted, R21 was admitted to the facility on [DATE] and readmitted [DATE], a review of R21's quarterly Minimum Data Set (MDS) assessment dated [DATE] noted, R21 with a moderately impaired cognition. R22 On 3/10/25 at 10:05 AM, R22 explained, the food was nasty and cold. R22 requested for a temperature check of their lunch meal today. On 3/10/25 at 1:03 PM, R22's lunch meal temperature was as follows; 117.8 F pork slices, 115.8 F mashed potatoes, and 99.6 F sliced carrots. R22 explained the food was as hot as they liked their food. A review of R22's medical record noted R22 was admitted to the facility on [DATE] with a diagnosis of Incomplete at T11-12 level of Thoracic Spinal Cord. A review of R22's MDS assessment noted, R22 with an intact cognition. R24 On 3/10/25 at 10:27 AM, R24 reported the food is terrible and breakfast is really bad. R24 explained, they order out to restaurants. (continued on next page)

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Medilodge of Sterling Heights	14151 E 15 Mile Rd Sterling Heights, MI 48312

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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 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	A review of R24's medical record revealed, R24 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnosis of Myocardial Infarction. A review of R24's annual MDS, dated [DATE] noted R24 with an intact cognition. R60 On 3/10/25 at 9:56 AM, R60 was asked about the care at the facility and stated, Food, it sucks. R60 further explained the food doesn't taste good and they have spent a lot of money buying food from the outside. A review of R60's medical record revealed, R60 was admitted to the facility on [DATE] with diagnosis of Heart Disease. A review of R60's quarterly MDS dated [DATE] revealed R60 with an intact cognition. Seven confidential group participants. On 3/11/25 at 1:40 PM, during the group interview all seven participants reported the food was a hot button topic. They explained the food did not taste good and was served mostly warm not hot. On 3/12/25 at 2:05 PM, the Dietary Manager and the Corporate Manager were asked for the food temperature at the point of service. They both reported there is no set number, but what is palatable for the residents. The Dietary Manager explained she attends food committee meetings and it is usually the same residents that attend the meeting. A review of the food committee notes revealed, 2/24/25 . 3. Does the food taste good? 60% like the food saying its tasty, 20% not enough variety . 20% sometimes saying the food is hit or miss . 4. Are food served at the proper temperature: Last meeting we were about the same 65% saying it's hot . 35% say warm or not hot enough . A review of the facility's policy titled, Food: Quality and Palatability undated, noted, Policy statement: Food will be prepared by methods that conserve nutritive value, flavor and appearance. Food will be palatable, attractive and served at a safe and appetizing temperature . Food palatability refers to the taste and/or flavor of the food. Proper (safe and appetizing) temperature: Food should be at the appropriate temperatures as determined by the type of food to ensure resident's satisfaction and minimizes the risk for scalding and burns .

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F 0919 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Make sure that a working call system is available in each resident's bathroom and bathing area. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38207 Based on observation, interview, and record review, the facility failed to ensure call lights were in reach for five residents (R34, R86, R147, R612, and R613) of six residents reviewed for call light accessibility. Findings include: R612 On 3/10/25 at 1:10 PM, R612's call light was observed out of reach of R612 and on the floor. On 3/12/25 at 10:55 AM, [NAME] Clerk (WC) P was observed in R612's room and was interviewed regarding the preferred location of the call light for R612. WC P stated, It should be within hand reach. A review of R612's electronic medical record (EMR) revealed that R612 was admitted to the facility on [DATE] with diagnoses that included End stage renal disease (Damaged kidney) and Type 2 diabetes. R612's most recent minimum data set assessment (MDS) dated [DATE] revealed R612 had an intact cognition and required moderate assistance to supervision for all activities of daily living (ADLs). R613 On 3/10/25 at 2:32 PM, R613's call light was observed on the floor by the end of their bed. On 3/12/25 at 10:32 AM, R613's call light was observed on the floor by the end of their bed. At 10:41 AM, Licensed Practical Nurse (LPN) Q was observed to enter and exit R613's room. On 3/12/25 at 10:44 AM, upon LPN Q's exit from R612's room, an observation was made of R612's call light remaining on the floor. At 11:04 AM and 1:13 PM, R613's call light was observed to remain on the floor out of reach of the R613. A review of R613's EMR revealed that R612 was admitted to the facility on [DATE] with diagnoses that included Osteomyelitis (Bone infection) and Cerebral infraction (Stroke). R612's nursing admission evaluation dated 3/8/25 revealed that R612 had an impared cognition. On 3/12/25 at 1:18 PM, an interview was conducted with Unit Manger, Registered Nurse (RN) R regarding their expectations for placement of call lights in residents' rooms. RN R stated, They should be within reach of the resident when they are in their room. R86 On 3/11/25 at 1:34 PM, R86's call light was observed to be on the floor by the bed out of reach of R86. A review of R86's EMR revealed R86 was admitted to the facility on [DATE] with diagnoses that included, Sepsis (Infection) and Respiratory failure. R86's most recent MDS dated [DATE] revealed that R86 had an intact cognition and required partial to substantial assistance for all ADLs other than eating. (continued on next page)

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F 0919 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	44750 R34 On 3/10/2025 at 9:28 AM, R34 was observed laying in bed. R34 stated that sometimes they call for help, and it takes a while for staff to come and answer their call light. R34 stated they were unable to locate their call light now. R34's call light was observed on the floor and out of reach of the resident. At 12:03 PM, R34 was observed sleeping. Their call light was still noted to be on the floor and out of reach. On 3/11/2025 at 10:13 AM, R34's call light was still noted to be out of reach and on the floor. R34 stated they did not have their call light all night. A review of the medical record revealed that R34 was admitted into the facility on [DATE] with the following diagnoses, Hemiplegia and Cerebral Infarction. A review of the most recent Minimum Data Set assessment revealed a Brief Interview of Mental Status score of 15/15 indicating an intact cognition. R34 also required staff assistance with bed mobility and transfers. R147 On 3/10/2025 at 9:28 AM, R147 was observed in the bed. R147 stated they often do not have their call light within reach. R147's call light was observed on the floor behind their curtain and out of reach. At 2:48 pm, R147 stated they never know where their call light is located and that they asked for their call light, and no one handed it to them. R147's call light was observed to still be located on the floor, behind their curtain and out of reach. On 3/11/2025 at 10:11 AM, R147's call light was noted to still be out of reach and on the floor, behind their curtain. R147 stated they did not have their call light all night and that they asked for it and no one gave it to them. At 10:31 AM and 11:59 AM, R147's call light was observed to still be out of reach and on the floor, behind the curtain. A review of the medical record revealed that R147 admitted into the facility on [DATE] with the following medical diagnoses, Muscle Weakness and Dysphagia. A review of the most recent Minimum Data Set assessment revealed a Brief Interview for Mental status score of 6/15 indicating an impaired cognition. R147 also required staff assistance with bed mobility and transfers. On 3/12/2025 at 12:27 PM, the Administrator (NHA) was interviewed and asked about their expectations for placement of call lights in residents' rooms and confirmed staff should ensure the call light is placed where the resident wants it. On 3/12/2025 at 1:27 PM, an interview was conducted with the Director of Nursing (DON) and they stated the Unit Managers complete rounds each morning and have huddles with everyone in the morning, and they should be looking for call lights to be within reach. (continued on next page)

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F 0919 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	A review of a facility policy titled, Call Lights: Accessibility and Timely Response noted the following, .1. Staff are educated in the proper use of the resident call system, including how the system works and ensuring resident access to the call light.

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F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 28776 Based on observation, interview, and record review, the facility failed to ensure resident equipment (two beside dressers, one overbed table) was in good, clean, and safe condition for three residents (R20, R143, R167) of residents reviewed for homelike environment. Findings include: On 03/10/25 at 09:55 AM an observation of the bedside dresser for R20 revealed a two-inch gap between the first and second drawer. R20 was queried regarding the gap and responded, oh without further verbalization. On 03/12/25 a review of the record revealed R20 was admitted on [DATE] with a diagnosis of dementia. R26 has a Brief Interview of Mental Status (BIMS) score of 00 indicating severe cognitive impairment. On 03/10/25 at 10:10 AM, an observation revealed the overbed table for R143 had many dark circular stains. R143 was asked if they found the condition of the overbed table bothersome. R143 provided a blank stare and did not respond at all. On 03/12/25 a review of the record revealed R143 was admitted [DATE] with a diagnosis of dementia. R143 has a BIMS score of 03 indicating severe cognitive impairment. On 03/10/25 at 09:38 AM, an observation revealed the resident bedside dresser for R167 had a top that was very stained, rough and with uneven edges. R167 was asked if the dresser top was bothersome. R167 was unable to answer. On 03/12/25 a review of the record revealed R167 was admitted to the facility on [DATE] with a diagnosis of dementia. R167 has a BIMS score of 00 indicating severe cognitive impairment. On 03/12/25 at 3:30 PM the Maintenance Director (MD) I reviewed bedside dressers, and overbed table. MD I reviewed the (name of) system used for maintenance requests and was unable to locate any submitted orders for bedside dressers or tables. MD I further indicated any staff member noting a concern can enter that concern into the maintenance system and concerns should report as soon as possible. A review of the policy, Preventative Maintenance Program dated reviewed/revised 02/12/22 states, The Maintenance Director is responsible for developing and maintain a schedule of maintenance services to ensure that the buildings, grounds, and equipment are maintained in a safe and operable manner. The policy further states, If preventative maintenance is required, the Maintenance Director may decide what tasks need to be completed . The policy further states, Documentation may be completed for all tasks and kept in the (name of) program.

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F 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Make sure there is a pest control program to prevent/deal with mice, insects, or other pests. 22960 Based on observation, interview, and record review, the facility failed to maintain the dish machine area in the kitchen in a clean manner, resulting in the presence of gnats. This deficient practice had the potential to affect all residents, staff and visitors. Findings include: On 03/10/25 at 9:15 AM, there were numerous gnats observed underneath the dish machine tank and drainboard. The flooring was wet with murky standing water, and the pipes underneath the drainboard were coated with a black slimy substance. When queried about the gnats, Dietary Manager S provided no explanation. Review of the pest control service reports noted: 8/20/24 Upon inspection of the kitchen it was found there was heavy gnat activity. The cause of the gnat activity is the cleanliness in the kitchen. Areas all around and underneath dish tank were so soiled with debris that they were creating harboring spaces for gnats. 9/20/24 Upon inspecting the kitchen, many gnats were present. Kitchen staff must do a better job of cleaning. 1/15/25 Upon inspection of the kitchen there was heavy gnat activity. This is mostly due to build up of grime and residue throughout the kitchen but mostly harboring underneath sinks, corners and drains. According to the 2017 FDA Food Code section 6-501.111 Controlling Pests, The PREMISES shall be maintained free of insects, rodents, and other pests. The presence of insects, rodents, and other pests shall be controlled to eliminate their presence on the PREMISES by: .4. (D) Eliminating harborage conditions.