STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235300	A. Building B. Wing	12/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Medilodge of Taylor	23600 Northline Rd Taylor, MI 48180

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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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview, and record review, the facility failed to maintain best practices in the food service area resulting in the potential to spread food borne illness to all residents that consume food from the kitchen.Findings Include: On 12/8/25 at 9:40AM, observation of the kitchen hand sinks found that they have an automatic faucet that is activated by movement. Once activated, the sinks were only found to have a run time of 3-5 seconds unless continually reactivated. According to the 2022 FDA Food Code section 5-202.12 Handwashing Sink, Installation. (A) A HANDWASHING SINK shall be equipped to provide water at a temperature of at least 29.4 C (85 F) through a mixing valve or combination faucet. Pf (B) A steam mixing valve may not be used at a HANDWASHING SINK. (C) A self-closing, slow-closing, or metering faucet shall provide a flow of water for at least 15 seconds without the need to reactivate the faucet. On 12/8/25 at 9:50 AM, an interview with Dietary Manager (DM) D and Registered Dietician (RD) D found that the facility uses a cooling process for food two to three times a week depending on the menu. On 12/8/25 at 9:54 AM, observation of the walk-in cooler found a quarter pan of puree chicken, tightly wrapped in foil, and dated 12/8-12/10. The temperature of the puree chicken was taken and found to be 70F when tested with a rapid read thermometer. When asked what time the chicken started cooling, DM E stated it was this morning, but would have to check the log to see when. A review of the cooling log found it started at 8:30 AM at 135F. According to the 2022 FDA Food Code section 3-501.15 Cooling Methods. (A) Cooling shall be accomplished in accordance with the time and temperature criteria specified under S 3-501.14 by using one or more of the following methods based on the type of FOOD being cooled: (1) Placing the FOOD in shallow pans; (2) Separating the FOOD into smaller or thinner portions; (3)Using rapid cooling EQUIPMENT; (4) Stirring the FOOD in a container placed in an ice water bath; (5) Using containers that facilitate heat transfer; (6) Adding ice as an ingredient; or (7) Other effective methods. (B) When placed in cooling or cold holding EQUIPMENT, FOOD containers in which FOOD is being cooled shall be: (1) Arranged in the EQUIPMENT to provide maximum heat transfer through the container walls; and (2) Loosely covered, or uncovered if protected from overhead contamination as specified under Subparagraph 3-305.11(A)(2), during the cooling period to facilitate heat transfer from the surface of the FOOD. On 12/8/25 at 9:52 AM, observation of the plastic storage racks inside the walk-in cooler found an increased accumulation of spotted black debris on the shelves and legs of the racks. When asked if there was a cleaning frequency for the storage racks, DM E stated she had only been here a few weeks and hadn't established one yet. On 12/8/25 at 10:16 AM, observation of the tabletop slicer found it covered with a plastic bag. An interview with DM E found that the bag means its clean and sanitary. When asked how often the slicer gets used, DM E stated one to three times a week pending on the menu. Observation of the slicer found areas on the back side of the blade with an accumulation of debris. 12/8/25 at 10:25 AM, observation of the clean pots and pans storage rack found two quarter pans and two eighth pans stacked and stored wet trapping moisture between the pans. 12/8/25 at 10:26 AM, observation of the clean utensil bins found an accumulation of crumb debris, when asked how often these bins would get cleaned, DM E was unsure. 12/9/25 at 8:39 AM, observation of the clean utensil area found a hand press chopper used for single produce. Upon (continued on next page)

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

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

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	pressing the chopper down the wavy blade was observed with staining and encrusted debris from previous uses. When shown to DM E, she stated she didn't think anyone used that item and she would throw it away. According to the 2022 FDA Food Code section 4-601.11 Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils. (A) EQUIPMENT FOOD-CONTACT SURFACES and UTENSILS shall be clean to sight and touch. (B) The FOOD-CONTACT SURFACES of cooking EQUIPMENT and pans shall be kept free of encrusted grease deposits and other soil accumulations. (C) NonFOOD-CONTACT SURFACES of EQUIPMENT shall be kept free of an accumulation of dust, dirt, FOOD residue, and other debris. On 12/8/25 at 10:43 AM, observation of the kitchen dish machine, while in operation by kitchen staff, found it required a minimum of 159F in the wash tank, 180F for the final sanitizing rinse minimum temperature before it goes into the machine, and a 160F contact temperature for pots, pans, and utensils. Observation of the next four cycles, using the surveyor and facility provided dish plate thermometers, found that the contact temperature of the three thermometers read between 147F - 158F between the four cycles performed. During these cycles it was noted that the rinse gauge would range between 165F-190F as racks of dishes were run through the conveyor. At this time, an interview with DM E found that they would reach out to their service representative to get the machine looked at. On 12/9/25 at 8:20 AM, an interview with DM E found that the service representative for the dish machine was out and had to turn up the temperature of the booster heater and will be back today to check it over more. According to the 2022 FDA Food Code section 4-501.112 Mechanical Warewashing Equipment, Hot Water Sanitization Temperatures. The temperature of hot water delivered from a ware washer sanitizing rinse manifold must be maintained according to the equipment manufacturer's specifications and temperature limits specified in this section to ensure surfaces of multi-use utensils such as kitchenware and tableware accumulate enough heat to destroy pathogens that may remain on such surfaces after cleaning.The surface temperature must reach at least 71 C (160 F) as measured by an irreversible registering temperature measuring device to affect sanitization. When the sanitizing rinse temperature exceeds 90 C (194 F) at the manifold, the water becomes volatile and begins to vaporize reducing its ability to convey sufficient heat to utensil surfaces. The lower temperature limits of 74 C (165 F) for a stationary rack, single temperature machine, and 82 C (180 F) for other machines are based on the sanitizing rinse contact time required to achieve the 71 C (160 F) utensil surface temperature

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F 0813 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Have a policy regarding use and storage of foods brought to residents by family and other visitors. Based on observation, interview and record review, the facility failed to fully implement a policy regarding use and storage of resident foods brought in from outside sources resulting in the potential for nutritional decline and decreased satisfaction for all residents. Findings Include:On 12/8/25 at 10:52 AM, observation of the nourishment rooms' large refrigeration unit, found minimal food storage. When asked where residents would store food brought in from outside sources that needed refrigeration, Registered Dietician D, stated the facility does not have a refrigerator for residents and only has residents keep shelf stable products in their rooms. A record review of facility policy entitled, Use and Storage of Food Brought in by Family or Visitors, revised 7/1/25, found that It is the right of the residents of this facility to have food brought in by family or other visitors. The policy goes on to state that, The facility may refrigerate labeled and dated prepared items in the nourishment refrigerator., and that, . The facility staff will assist residents in accessing and consuming food that is brought in by resident and family or visitors if the resident is not able to do so on their own.

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to ensure dignity was provided during care for one (R26) of two cognitively impaired residents and for five of eight cognitively intact residents that participated in an Anonymous Resident Council meeting reviewed for resident's rights, resulting in feelings of being ignored and discomfort.Findings include:On 12/10/2025 at 12:35 p.m., while standing in the hall across from R26's bedroom in which the door was closed, loud laughter could be heard coming from the bedroom. With moving closer to the door, two nurse aides (CNA G and CNA H) were heard laughing and talking loudly and having a personal conversation using profanity while giving R26 activity of daily living care. The aides did not verbally interact with R26, just with each other. After CNA G and H exited the room, R26 was observed resting in bed. An interview was attempted with R26, however was not completed due to the R26's impaired cognition. R26 appeared confused and had difficulty with understanding. On 12/10/25 at 12:41p.m. CNA H was interviewed and said the conversation that was overheard was not appropriate and should not have happened while giving care. On 12/10/25 at 12:45 p.m. CNA G was interviewed and said what was heard was not appropriate, That was my bad. On 12/10/25 at 12:48 p.m. the Assistant Director of Nursing (ADON) was interviewed and said the staff have been in-serviced many times about residents' dignity while giving care. The two aide's behavior will be addressed. Review of the clinical record documented R26 was admitted into the facility on 8/17/23 with diagnoses that included cerebral infarction, a-fib, vascular dementia with psychotic disturbance, and adjustment d/o with anxiety. According to the significant change Minimum Data Set (MDS) assessment dated [DATE], R26 was severely cognitively impaired (BIMS-2) and required total two-person assistance with activities of daily living. Review of the cognition and communication care plan dated 11/14/24 documented: Resident (has) impaired communication related to dementia, as evidenced by: difficulty making self-understood, as evidenced by: difficulty understanding others. Interventions: Encourage conversations in calm, quiet locations with minimal background noise. Resident Council-On 12/11/25 at 11:00 a.m. an Anonymous Resident Council meeting was held with eight cognitively intact residents. Five of eight residents verbally expressed strong dissatisfaction and discomfort with staff (primarily nurse aids) having inappropriate discussions about their personal lives while giving care. The residents said they often feel ignored while receiving care because the aides are either on the phone having personal conversations or talking to each other. The concern of loud talking, laughing, and inappropriate music in the halls on the afternoon/night shift. The residents said they must keep their doors closed just to be able to sleep and the loud noises can still be heard. The residents said they should not be subjected to hearing loud music with profanity and loud noises (laughing, talking loudly, and yelling in the halls) from staff. The residents said they have brought this concern to the attention of the facility through the regularly held monthly Resident Council meetings, but nothing has changed. Review of the Resident Council Meeting minutes for the month of November dated 11/19/25 documented a staff in-service that was to address the concern of resident's rights- dignity during care stated, Be careful of what you talk about in the hallways and in resident's rooms. Residents do not want to hear about your personal life. No phones or earbuds on the unit's period. If there is an emergency, step outside or off the unit. Failure to comply will result in you being asked to go home and disciplinary action will follow. Review of the facility's policy titled Promoting/Maintaining Resident Dignity revision date 10/26/23 documented in part the following: It is the practice of this facility to protect and promote resident rights and treat each resident with respect and dignity as well as care for each resident in a manner and in an environment, that maintains or enhances resident's quality of life by recognizing each resident's individuality. All staff members are involved in providing care to residents to promote and maintain resident dignity and respect resident rights. Staff members do not talk to each other (continued on next page)

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	while performing a task for the resident as if the resident is not there. Conversation should be resident focused, and resident centered.

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. Based on observation, interview, and record review the facility failed to provide food at a palatable temperature for five of eight cognitively intact residents that participated in an Anonymous Resident Council meeting, and all residents who consume food resulting in the potential for decreased food consumption and potential nutritional decline.Findings include:Anonymous Resident Council- On 12/11/25 at 11:00 a.m. an Anonymous Resident Council meeting was held with eight cognitively intact residents. Five of eight residents verbally expressed strong dissatisfaction with food services. One of the five residents that expressed concern of food palatability eats their meal in their room, the other four eat their meals in the dining room. The residents stated, Food that is supposed to (be) hot (soup) is cold and foods that are supposed to (be) cold are hot (ice cream). The grill cheese sandwiches are so cold that the bread and cheese are as hard as the table. Eggs and sausage are cold to touch and taste. The food is overcooked and often hard and difficult to chew. The group said the food concerns have been brought to the attention of the facility multiple times and the food is getting worse. They stated, We feel like we are not being heard. This is supposed to be our home, but it doesn't feel like. We should get everything we need and sometimes what we want. Review of the Resident Council Monthly Meeting minutes for the months of September, October, and November 2025 did not document concerns with food palatability. On 12/8/25, at 11:33 AM, an interview with Registered Dietician (RD) D and Dietary Manager (DM) E found that food on the steam table should be 165F or above for service. When asked how long service takes, DM E stated they should start around 11:15 AM and take 60-90 minutes. When asked if they take temperatures of the food on the steam table at any point during the meal service to ensure temperatures of the food are maintained, DM E stated its not something they currently do. When asked if they do test trays or tray audits, RD D stated that they do perform test trays and do tray audits to ensure hot food and ensure meal tickets are correct. When asked the order in which food is delivered for lunch service, RD D stated with the main dining room down, due to Heating Ventilation and Air Conditioning (HVAC) repair, the current flow is carts to 100, 200, Lotus Dining, 300, 400, and then the rest of 100 hall. Meal carts observed were covered non-insulated stainless-steel carts that hold 20-24 trays. Meals were placed on trays with insulated covers, but no heating or pellet system was used to help maintain hot food temperatures over time once plated for service. On 12/8/25 at 11:40 AM, a regular test tray was requested for the 200 hall. On 12/8/25 at 12:01 PM, a regular test tray was plated as one of the first few meal trays on the 200 hall cart. On 12/8/25 at 12:18 PM, the test tray with 23 other trays made it to the 200 hall. On 12/8/25 at 12:34 PM, all trays on the 200 hall had been delivered and the test tray was brought into the conference room with the following temperatures found for hot food: Shepherd's Pie was found at 115F when the temperature was taken with a rapid read thermometer. On 12/9/25 at 11:40 AM, a regular test tray for the 200 hall was plated and placed as one of the first trays onto the 200 hall meal cart. On 12/9/25 at 11:56 AM, the 200 hall cart made it to the hall with trays starting to be delivered. (continued on next page)

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 12/9/25 at 12:19 PM, all trays had been delivered, and the test tray was brought to the conference room with the following temperatures found for hot food: Mashed potatoes 125F, Spinach/Mushrooms 123F, and the Chicken was 110F.

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F 0806 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options. Based on observation, interview, and record review, the facility failed to offer additional food preferences, alternative or optional food choices for two (R117 and R120) residents out of 13, and three of eight cognitively intact residents that participated in an Anonymous Resident Council meeting reviewed for food, potentially resulting in weight loss and dissatisfied dining/nutrition experiences. Findings include: Anonymous Resident Council- On 12/11/25 at 11:00 a.m. an Anonymous Resident Council meeting was held with eight cognitively intact residents. Three of eight residents verbally expressed strong dissatisfaction with food services. Three residents that have concerns with food preferences being honored eat in the dining room. One resident whose family member was present during the meeting stated, My (family member) is on a special diet and cannot eat potatoes or tomatoes due to high potassium and they still give it anyway. I have written on the meal ticket not to give potatoes or tomatoes and handed them to the kitchen staff, and they still put potatoes or tomatoes on my (family member's) plate. The residents said the kitchen does not provide condiments although it is listed on the meal ticket. Juice is listed on the meal ticket but is not given. Residents request extra food items and do not receive them. The residents said they have made multiple complaints about the food, and nothing is being done. They stated, We feel like we are not being heard. This is supposed to be our home, but it doesn't feel like. We should get everything we need and sometimes what we want. Review of the Resident Council Monthly Meeting minutes documented the following: -September 17, 2025: Old Business Review- Residents receiving disliked items on their meal tray. Outcome: Not resolved- Action needed. New Business- Residents receiving disliked items on their meal tray. Outcome: No response documented. -October 15, 2025: Old Business Review: All previous concerns resolved. New Business: Residents receiving disliked items on their meal tray. Outcome: Not Resolved-Action Needed. Quality Assistance Form 10/15/25 documented the concern: Residents receiving items on Dislike Items list on their meal tickets. Plan/Action: Kitchen Manager made aware. Review of the provided documents revealed there was no evidence that the Kitchen Manager addressed this concern. -November 19, 2025: Old Business Review: There was nothing documented that concerns from the previous meeting were reviewed and accepted. On 12/8/25 at 3:38 PM, an interview with Dietary Manager (DM) E found that some items did run out today such as ice cream. When asked what the kitchen would do in the event they run out of something, DM E stated a similar alternative should be given to residents. When asked if they were out of 2% milk and bananas today, DM E stated they were not out of them. When asked if the facility should prioritize food items knowingly running low, for residents who need a higher caloric intake, DM (continued on next page)

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F 0806 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	E stated they should. R117: On12/08/2025 at 9:47 AM R117 was in a wheelchair with their breakfast tray on the overbed table at the doorway of their room looking out into the hallway. Upon interview the resident said, They never brought me 2% milk for my cereal. They put whole milk on my tray. I can't drink it. It makes my stomach upset. I've asked several times for 2% milk, and no one has brought it to me. I would have liked to have my cereal, but I can't now. Observation of R17's breakfast tray had a bowl of dry cereal on it, no milk. Observation of R117's meal ticket indicated Milk 2%. R117 said they do not bring them bananas either. My son brings me bananas. The kitchen doesn't have fresh fruit, only canned. On 12/08/2025 at 12:32 PM during the lunch meal R117 did not get hot tea. The meal ticket indicated the resident was to get 'hot tea'. R117's family member was present and said, They do not follow the preferences at all. They forget the hot tea, the bananas, and provide the wrong type of milk. I have been to conferences, resident council meetings, and spoke with the dietary people several times and it's not getting resolved. According to R117's Electronic Health Record (EHR) the residents have no cognition impairments. R117 was prescribed a regular diet with regular texture. On 8/13/2025 the resident's food preferences were updated to include no spicy foods. On 10/20/25 a dietary progress note indicated the residents enjoy banana chips and spicy food even tomato sauce upsets the resident's stomach. At this time the resident was asked if they liked banana chips and replied, I like bananas. I don't know if I'd like the chips. R120: On 12/08/2025 at 12:18 PM R120 and their family member were seated in the dining room for lunch. R120's family member was upset because the resident did not get mashed potatoes, coffee, or ice cream. R120's family member said, He (the resident) has been losing weight and is supposed to get fortified mashed potatoes and ice cream to help with that. Neither are here. He also got cranberry juice instead of apple juice. A review of R120's meal ticket indicated that the resident was to receive 'super spuds' (fortified mashed potatoes), ice cream, coffee, and apple juice. None of those items were on the resident's lunch tray. R120 had a divided plate and was independently feed their self. According to R120's EHR the resident with multiple diagnoses that included dementia and had been identified as having a significant weight loss of 10% in the last 6 months. On 10/30/2025 a nutritional note indicated the resident was to have fortified soups and mashed potatoes with a divided plate during meals. On 12/8/2025 at approximately 12:30 AM Licensed Practical Nurse (LPN) I said the kitchen had run out of mashed potatoes and did not have enough for the resident's (R120) lunch meal. LPN I could not explain why there was no substitute and no ice cream.

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F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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** This citation pertains to Complaint 2681324Based on observation and interviews, the facility failed to maintain a safe, functional, sanitary, and comfortable environment resulting in an increased potential for contamination and a possible decrease in the satisfaction of living for residents in the 100, 200, and 300 halls. Findings Include:On 12/8/25, at 10:59 AM, observation of the Ice room on the 200 Hall found an increased accumulation of black debris in the cabinet under the sink. On 12/8/25 at 1:20 PM, observation of the 100 Hall day space found an accumulation of Kleenex and debris stuffed into the side of chair and couch cushions. On 12/8/25 at 2:15 PM, observation of the 300 Hall Clean Utility room found an open wire rack of clean linen with an accumulation of debris, dust, and trash on the floor under the rack. On 12/8/25 at 2:46 PM, observation of the 200 hall shower room found storage racks in both shower stalls with gloves and towels open and exposed to contamination from residents showering. When asked if this is where items are normally stored, Maintenance Director (MD) F stated that everything should be in the storage closet in the shower room. Further review of shower stall two, noticed an odor to the room with numerous dried pieces of brown debris on the floor. On 12/9/25 at 9:11 AM, observation of the 100 hall storage room, off of the day room, found accumulations of dust and debris underneath the open wire rack storing clean linens. Further review found a couple blankets on the ground that had fallen behind the rack. On 12/9/25 at 9:14 AM, observation of the 100 hall shower room found a shower chair in stall one with an accumulation of dried brown smears on the seat of the chair. A review of stall two found a shower bed with an accumulation of smeared dried brown debris on the top portion of the mattress. Further review found that both stalls contained a storage rack with gloves and towels open and exposed to contamination between residents. A review of the tub area found another shower bed with an accumulation of wet black staining underneath the mattress. On 12/9/25 at 12:40 PM, observation of resident room [ROOM NUMBER] found an accumulation of dirt, crumbs, and paper trash on the floor in bed one and bed two area.

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and interview, the facility failed to minimize the risk of scalding and burns by allowing domestic hot water to exceed 120 F. This resulted in an increased risk of injury among residents residing in the facility.Findings Include:On 12/8/25 at 1:33 PM, observation of resident room [ROOM NUMBER] found the hot water in the shower reached a temperature of 126F when tested with a rapid read thermometer. The temperature of the hand sink was 118F at this time and noted to have a point of use mixing valve installed to temper the hot water. On 12/8/25 at 1:38 PM, observation of resident rooms [ROOM NUMBERS] found hot water from the sinks and showers under the maximum 120F for resident care areas. On 12/8/25 at 2:16 PM, an interview with Maintenance Director (MD) F found that hot water temperatures are maintained between 105F-120F and a sample of rooms are checked every morning in a quantity that allows for all hot water fixtures to be checked monthly. MD F went on to state that all sinks have a point of use mixing valve and are adjusted as needed. MD F was informed of the hot water temperature recorded for the shower in resident room [ROOM NUMBER] and asked if the personal showers are part of the hot water checks, MD F stated they are not part of the routine hot water checks, but they do get checked when concerns are brought up. On 12/9/25 at 9:34 AM, observation of the 300/400 Hall boiler room found the hot water tanks set at 128F, sending domestic hot water directly to resident care areas. On 12/9/25 at 9:39 AM, observation of resident room [ROOM NUMBER], with MD F, found that he could not hold his hand under the hot water and stated, It's too hot. MD F stated he would get it fixed.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235300	A. Building B. Wing	12/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Medilodge of Taylor	23600 Northline Rd Taylor, MI 48180

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. Based on observations, interview, and record review the facility failed to follow standards of practice for accurate reconciliation of Controlled Medications in three of eight medication carts resulting in the potential for drug diversion. Findings Include:Controlled Medications are substances that have an accepted medical use (medications which fall under US Drug Enforcement Agency (DEA) Schedules II-V), have a potential for abuse, ranging from low to high, and may also lead to physical or psychological dependence On 12/09/2025 at 11:04 AM inspection of 'Medication Cart - A ' on the 200-hall with Licensed Practical Nurse (LPN) A a review of the Controlled Substance Verification Log revealed it was incomplete. There were no licensed nurse's signatures to verify the Controlled Medications were reconciled for the last 24 hours; on 12/8/25 from the day shift to the night shift and on 12/9/25 from night shift to the day shift. LPN A said, Oh I counted this morning with the night shift nurse, but we forgot to sign the sheet. We should have signed it. LPN A could not say why the night shift nurse did not sign the sheet for either 12/8/25 or on 12/9/24. Further inspection of the medication cart revealed the actual number of controlled substances 'medication cards' in the medication cart did not match the number of 'cards' on the Substance Verification Log. Upon inquiry LPN A said they count the number of the prescriptions not the actual number of 'medication cards'. The Substance Verification Log specifically indicates the 'number of cards' not the 'number of prescriptions'.A complete controlled substance count was conducted with the unit manager, Registered Nurse (RN) B and there were no discrepancies.During interview with RN B she said, We have had some questions as to how we are to count the narcotics. Is it the number of medication cards or the number of prescriptions. It's something we'll have to talk to the DON (Director of Nursing) about. On 12/9/25 at approximately 11:30 AM inspection of 'Medication Cart - B ' on the 200-hall with LPN C a review of the Controlled Substance Verification Log revealed it was incomplete. There were no licensed nurse's signatures to verify the Controlled Medications were reconciled from the 12/9/25 night shift to the 12/9/25 day shift. LPN C said, Yes, I should have signed that I counted with the night shift nurse.During further investigation of this medication cart LPN C said, I need to sign out a couple medications that I gave and did not sign out yet. LPN C acknowledged that standard of practice is to sign out a controlled substance at the time of the administration. On 12/9/25 at approximately 11:50 AM inspection of 'Medication Cart - B ' on the 100-hall with LPN I a review of the Controlled Substance Verification Log revealed it was incomplete. There were no licensed nurse's signatures to verify the Controlled Medications were reconciled from the 12/9/25 night shift to the 12/9/25 day shift. LPN I said, I should have signed earlier when I counted. During an interview with the DON, RN B, and the Assistant Director of Nursing (ADON) on 12/09/2025 at 12:14 PM they confirmed that the facility's policy and standard of practice for medication reconciliation was for both the off-going shift nurse and on-coming shift nurse to sign when the narcotic count was conducted. The DON said, The nurses are supposed to sign the sheet at the time they count. They are supposed to sign out meds at the time they gave it. The DON said the way the controlled substance medication cards are counted will be reviewed to ensure consistency and accuracy. According to the Controlled Substance Administration & Accountability policy last reviewed on 10/13/2025: It is the policy of this facility to promote safe, high quality patient care, compliant with state and federal regulations regarding monitoring the use of controlled substances. The facility will have safeguards in place in order to prevent loss, diversion or accidental exposure.11. Nursing staff must count controlled drugs at the end of each shift. The nurse coming on duty and the nurse going off duty must make the count together. They must document and report any discrepancies to the Director of Nursing Services or His/her designee immediately. Documentation should be made on the shift verification sheet. Controlled Medications are substances that have an accepted medical use (medications which fall under US Drug Enforcement Agency (DEA) Schedules II-V), have a potential for abuse, ranging from low to high, and may also lead to physical or psychological dependence.

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F 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures for flu and pneumonia vaccinations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure one resident (R45) out of five residents reviewed for immunizations, was provided an influenza vaccination and education resulting in the potential for the development and spread of influenza among vulnerable residents in the facility. Finding include:On 12/9/2025 at 9:28 AM the Infection Preventionist (IP) J was interviewed and reported (R45) did not have documentation of a current influenza immunization or refusal signed by the guardian. Record Review of R45's Electronic Health Record (EHR) revealed R45 was admitted on [DATE] with a diagnosis of Psychomotor deficit following Cerebral Infarction (stroke). R45 did not have documentation to indicate that the influenza vaccine was declined by the guardian or was contraindicated. On 12/11/2025 at 8:50 AM, the Director of Nursing (DON) was interviewed and said the expectation was for the guardian to be contacted and get consent or a declination regarding immunizations. Review of the facility policy titled Influenza Vaccination revised 10/26/2023 revealed in part.It is the policy of this facility to minimize the risk of acquiring, transmitting or experiencing complications from influenza by offering our residents, staff members, and volunteer workers annual immunization against influenza. The resident's medical record will include documentation that the resident and/or the resident's representative was provided education regarding the benefits and potential side effects of immunization, and that the resident received or did not receive the immunization due to medical contraindication or refusal.

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F 0887 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Educate residents and staff on COVID-19 vaccination, offer the COVID-19 vaccine to eligible residents and staff after education, and properly document each resident and staff member's vaccination status. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure one resident (R45) out of five residents reviewed for immunizations, was provided a COVID-19 vaccination and education resulting in the potential for the development and spread of COVID-19 among vulnerable residents in the facility. Findings include: On 12/9/2025 at 9:28 AM the Infection Preventionist (IP) J was interviewed and reported (R45) did not have documentation of a current COVID-19 immunization or refusal signed by the guardian. Record Review of R45's Electronic Health Record (EHR) revealed R45 was admitted on [DATE] with a diagnosis of Psychomotor deficit following Cerebral Infarction (stroke). R45 did not have documentation to indicate that the COVID-19 vaccine was declined by the guardian or was contraindicated. On 12/11/2025 at 8:50 AM, the Director of Nursing (DON) was interviewed and said the expectation was for the guardian to be contacted and get consent or a declination regarding immunizations. Review of the facility policy titled COVID-19 Vaccination revised date 10/20/2023 revealed in part.It is the policy of this facility to minimize the risk of acquiring, transmitting, or experiencing complications from COVID-19 (SARS-CoV-2) by educating and offering our residents and staff the COVID-19 vaccine. Residents or their representatives will sign the consent form prior to administration of the COVID-19 vaccine. This information will be retained in the resident's medical record. Residents or resident representatives or staff retain the right to accept, refuse or change their decision about COVID-19 immunization if administered at this facility. If refused, the residents will adhere to the protocols set forth by specific facility policy. The residents medical record will include documentation of the following: a. education to the resident or resident representative regarding the risks, benefits, and potential side effects of the COVID-19 vaccine.