STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235345	A. Building B. Wing	05/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Froh Community Home	307 N Franks Avenue Sturgis, MI 49091

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)
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** 38384 Based on interview and record review, the facility failed to ensure a Trauma Care Assessment was completed and care plan developed to mitigate triggers of trauma in 2 of 2 residents (R22 and R40) reviewed for history of trauma, resulting in the potential for unidentified re-traumatization. Findings include: Review of facility Matrix received at survey entrance (5/21/25), identified R22 and R40 with PTSD/Trauma. R22 According to the Minimum Data Set (MDS) dated [DATE], R22 scored 5/15 on her BIMS (Brief Interview Mental Status), indicating she was cognitively impaired with diagnoses that included anxiety and depression. Section D-Mood indicated the resident had feelings of being down, depressed or hopeless with times of social isolation. Section A-Identification Information indicated the resident had been admitted [DATE]. Review of R22's medical records did not reveal a Trauma Care Observation Assessment had been completed upon admission or any other time. During an interview and record review on 5/20/25 at 3:29 PM, Social Services (SS) E stated during review R22's Care Plan and medical records, (R22's) has trauma related to her childhood. I've known her for a long time. I did not do a trauma assessment for (R22) and there are not any in her chart. Her Care Plan has a Psychosocial Well-Being focus that talks about her psychological needs. It is dated 5/1/25. It was noted R22's Care Plan was created for the residents' specific-treatment needs almost 5 months after admission without giving staff a treatment plan to follow and meet the residents' needs. R40 According to the MDS dated [DATE], R40 was unable to complete the BIMS, indicating she was not cognitively intact. Her diagnoses included anxiety and depression. Section D-Mood indicated she could be short-tempered and easily angered. Section A-Information Identification indicated R40 was admitted to the facility on [DATE]. (continued on next page)

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

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview and record review on 5/20/25 09:41 AM, Guardian CC' reported when the guardianship service received their referral from the facility in October 2023, trauma was not indicated on the referral, and they were unaware of care needs. During an interview and record review on 5/20/25 3:20 AM, Social Services E stated while reviewing R40's medical record, I do not have an admission trauma assessment form for (R40). I just had a conversation with the resident. When I do the PHQ-9 (depression/mood) her score was from staff assessment because she could not continue a conversation. There is a Care Plan focus related to neglect under cognition loss and dementia. During an interview and record review on 5/21/25 at 9:49 AM, Director of Nursing (DON) B stated, A trauma assessment should be done for each resident. It would be in the Observation part of the medical records and titled Trauma Informed Observation. This form should be done within the first 14-days of a resident admitting. DON B reviewed R22's and R40's medical chart stating there was not a formal trauma assessment completed upon admission for either resident and No starting point for treatment. I don't know how the resident would be cared for if an assessment with their needs was not completed. Review of facility policy Trauma Informed Care dated 3/11/25, revealed, Goal: It is the policy of (name of facility) to ensure residents who are trauma survivors receive culturally competent, trauma-informed care in accordance with professional standards of practice .Trauma is defined as an event, a series of events, or set of circumstances experienced by an individual as physically or emotionally harmful or life-threatening, that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being .Trauma-Informed Care is defined as an organizational structure and treatment framework that involves understanding, recognizing, and responding to effects of all types of trauma .Procedures: Each resident will be screened for a history of trauma within 14-days of admission by Social Service Director or designee .

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38384 Based on observation, interview and record review, the facility failed to ensure cleaning of respiratory equipment for two (R7 and R22) of two residents reviewed for respiratory care, resulting in the potential of harboring bacteria and pathogens causing infection in a vulnerable population. Findings include: R7 According to the Minimum Data Set (MDS) dated [DATE], R7 scored 13/15 on his BIMS (Brief Interview Mental Status) indicating he was cognitively intact and had diagnoses that included heart failure and pneumonia. Section O-Special Treatments and Programs indicated R7 received oxygen therapy via a non-invasive mechanical ventilator (CPAP). Observed on 5/19/25 at 10:15, a CPAP machine ((continuous positive airway pressure) a machine that uses mild air pressure to keep breathing airways open while sleeping) was at R7's bedside with the mask lying on personal items without being protected from dust and debris. During an observation and interview on 5/20/25 at 2:25 PM, R7 was awake in bed with CPAP on dresser next to bed. The CPAP mask was lying on personal items without being protected from dust and debris. R7 stated, I need help getting my mask (CPAP) off in the morning. Staff help me. I don't think it was cleaned this morning. I came here from the hospital with pneumonia and the doctor tells me I am healed. I don't need to get sick again. I could if my CPAP mask is not clean. Is it dirty? Can you see it? During an interview on 5/21/25 at 9:28 AM, Certified Nursing Assistant (CNA) P stated, My job duty for a CPAP is to remove it from the resident in the morning and the nurse will clean it. I do not know if the nurse cleaned (R7's) CPAP mask today. Observed on 5/21/25 at 9:33 AM, a CPAP was at R7's bedside with mask lying on personal items without being protected from dust and debris. During an interview on 05/21/25 09:37 AM, Registered Nurse (RN) EE stated, I clean CPAP masks but (R7) does not have CPAP, he has BiPAP. Review of R7's Order Summary dated 4/23/25 revealed, -Apply CPAP at night, Remove in AM Twice A Day 06:00 - 11:00, 18:00 - 22:00 - Clean CPAP Daily: 1. Remove facial oils from mask by wiping surface with damp cloth and mild detergent. 2. Rinse mask with water tap water. Once A Day 06:00 - 14:00 (continued on next page)

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of R7's Care Plan, dated 5/13/25, with a focus on ADL (activities of daily living) Functional Status/Rehabilitation Potential from a short hospital stay for pulmonary embolism and pneumonia, indicated the resident wanted to remain safe using interventions that included using a CPAP at night and removing it in the morning. R22 According to the MDS dated [DATE], R22 scored 5/15 on her BIMS, indicating she was cognitively impaired with diagnoses that included dementia, partial paralysis, and Parkinson's disease. Section O-Special Treatments and Programs indicated R22 had a non-invasive mechanical ventilator (CPAP). Review of R22's Order Summary dated 1/29/25 revealed, -Apply CPAP at bedtime and remove it in the morning. Twice A Day 06:00 - 14:00, 19:00 - 22:00 -Clean CPAP Daily per policy. Remove facial oils from mask by wiping with damp cloth and mild soap, rinse with warm tap water. Once A Day 06:00 - 14:00 Observed on 5/19/25 at 10:26 AM, a CPAP machine was at R22's bedside with the mask covered with a fitted blue fabric. The mask was lying on personal items without being protected from dust and debris. Observed on 5/20/25 at 9:36 AM, a CPAP machine was at R22's bedside with the mask covered with a fitted blue fabric. The mask was lying on personal items without being protected from dust and debris. Observed on 5/20/25 at 2:30 PM, a CPAP machine was at R22's bedside with the mask covered with a fitted blue fabric. The mask was lying on personal items without being protected from dust and debris. Observed on 5/20/25 at 9:30 AM, a CPAP machine was at R22's bedside with the mask covered with a fitted blue fabric. The mask was lying on personal items without being protected from dust and debris. with a stuffed animal on top of the mask. During an interview and record review on 5/21/25 at 10:45 AM, Infection Preventionist (IP) I stated, A CPAP should be cleaned as ordered to protect the resident from respiratory infection. There is a policy for cleaning CPAPs. During an interview and record review on 5/21/25 at 9:39 AM, Director of Nursing (DON) B reviewed facility policy, The Cleaning of the C-PAP System (approved 2/10/2021), stating, The CPAP is cleaned daily wipe mask down with mild soap. I would think they (mask) would be in a bag to protect it and keep it clean. I ordered the fabric coverings for (R22's) mask. She gets a rash from wearing the mask. The staff should switch the fabric coverings out daily. (R7) still has a mask whether it is a CPAP or BiPAP. Review of R22's Care Plan for a comprehensive resident-focused treatment of the CPAP machine, did not indicate a treatment plan had been developed.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 48637 Based on observation, interview, and record review, the facility failed to ensure proper label and dating of foods and discarding of foods in the kitchen and kitchenette resulting in the potential to spread food borne illness to all residents that consume food from the kitchen. Findings Include: During the initial tour of the kitchen with Certified Dietary Manager (CDM) D on 5/19/2025 at 7:49 AM, the walk-in refrigerator was observed to have peaches in a large plastic container with no label and date. During the full kitchen tour with CDM D, Chef Manager (CM) C and Food Service Regional Director of Operations (RDO) BB on 5/20/2025 at 8:28 AM, the following was observed: The walk-in refrigerator contained a plastic container with yogurt with an open date of 5/17 and expiration date of 5/19. The reach-in refrigerator contained an open half gallon 2% milk jug with an open date of 5/17 and expiration date of 5/19. The reach in refrigerator also contained an open half gallon 2% milk jug with no label and date. On 5/20/2025 at 9:00 AM, the kitchenette by Maple and Oak Halls were observed to have an open bag of potato chips that was not sealed and did not have a label and date. According to the 2022 FDA Food Code section 3-501.17 Ready-to-Eat, Time/Temperature Control for Safety Food, Date Marking. (A) Except when PACKAGING FOOD using a REDUCED OXYGEN PACKAGING method as specified under S 3-502.12, and except as specified in (E) and (F) of this section, refrigerated, READY-TOEAT, TIME/TEMPERATURE CONTROL FOR SAFETY FOOD prepared and held in a FOOD ESTABLISHMENT for more than 24 hours shall be clearly marked to indicate the date or day by which the FOOD shall be consumed on the PREMISES, sold, or discarded when held at a temperature of 5 C (41 F) or less for a maximum of 7 days. The day of preparation shall be counted as Day 1. (B) Except as specified in (E) -(G) of this section, refrigerated, READY-TO-EAT TIME/TEMPERATURE CONTROL FOR SAFETY FOOD prepared and PACKAGED 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, based on the temperature and time combinations specified in (A) of this section 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 .

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47955 Based on observation, interview, and record review, the facility failed to ensure the use of person protective equipment (PPE) (gown and gloves) by staff during high contact care activities for 1 (Resident #45) of 5 residents reviewed for enhanced barrier precautions (EBP) resulting in the potential for the spread of infection, cross contamination, and disease transmission. Findings include: Resident #45 Review of an Facesheet revealed Resident #45 was a male who was originally admitted to the facility on [DATE] and had pertinent diagnoses which included: dementia, candidal sepsis (a fungal infection of the bloodstream), diverticulitis (a bulge in the large intestine) of large intestine with perforation (a break in the large intestine). Review of a Minimum Data Set (MDS) assessment for Resident #45, with a reference date of 4/10/2025 revealed a Brief Interview for Mental Status (BIMS) score of 2/15 which indicated Resident #45 was severely cognitively impaired. (BIMS score 0-7 indicates severe cognitive impairment). Review of Orders for Resident #45 revealed .Enhanced Barrier Precautions: For resident for whom EBP are indicated, EBP is employed when performing the following high-contact resident care activities in any setting in or out of room: Dressing, Bathing/showering, Transferring, providing hygiene, Changing Linens, Changing Briefs, or assist with toileting. Device care or use: central line, urinary catheter, feeding tube, tracheostomy/ventilator, wound care: any skin opening requiring a dressing, glove and gowns are to be utilized. Eye protection when splashing is possible. Every shift with a start date of 3/25/2025. On 5/19/25 at 8:06 am, no signage was noted outside of, nor in Resident #45's room indicated that staff should use EBP during cares. No PPE was observed available in Resident #45's room or bathroom. On 5/19/25 at 9:47 am, signage indicating that Resident #45 was in EBP was noted on the door frame to his room, and a three-drawer plastic bin with gowns, gloves, and masks was noted outside of the bathroom inside Resident #45's room. On 5/20/25 at 11:30 am, Certified Nurse Assistant (CNA) T was observed in Resident #45's room making his bed. CNA T was not wearing any PPE. In an interview on 5/20/25 at 11:35 am, CNA T reported the three-drawer plastic bin with PPE in it was for residents who were on isolation precautions. CNA T reported that Resident #45 was no longer in isolation and that PPE was not needed for any cares with Resident #45. CNA T indicated that the signage posted outside of Resident #45's door should have been taken down, as it was no longer needed for Resident #45. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of Care Plan for Resident #45 revealed problem/goal/approach .start date 3/25/2025 Problem: Enhanced Barrier Precautions .has an MDRO (multi drug resistant organism) . acute or colonization, requiring enhanced barrier precautions . goal: to provide a safe sanitary and comfortable environment to help prevent the development and transmission of communicable diseases and infections. Reduce the transmission of resistant organisms. Resident to show no signs & symptoms of infection .Approach: Gown and gloves to be worn during high-contact resident care activities that provide opportunities for transfer of MDROs to staff hands and clothing. In an interview on 5/21/25 at 1:31 pm, Assistant Director of Nursing/Infection Preventionist (ADON/IP) I reported that Resident #45 was in enhanced barrier precautions and that her expectations were that staff wore PPE during high contact care activities. ADON/IP I reported linen changes were high contact care activities, and that CNA T should have worn PPE when she was making Resident #45's bed. Review of facility policy Transmission Based Precautions Enhanced Barrier Precautions with a revision date of 5/19/2024 revealed .1. Enhanced Barrier Precautions (EBP) refer to an infection control intervention designed to reduce transmission of multidrug-resistant organisms that employ targeted gown and glove use during high contact resident care activities. High care activities include. changing linens .