

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235351	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/29/2024
NAME OF PROVIDER OR SUPPLIER Skld Plymouth		STREET ADDRESS, CITY, STATE, ZIP CODE 105 Haggerty Rd Plymouth, MI 48170	

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34901</p> <p>This citation pertains to Intake MI00145543.</p> <p>Based on interview and record review, the facility failed to ensure staff to resident verbal abuse did not occur for one resident (R2), resulting in verbal abuse.</p> <p>Findings include:</p> <p>A review of the facility's incident reported to the State Agency documented on 6/25/24 at approximately 6:50 AM, Housekeeping Aide (HA) T heard CNA S use profane language towards R2 and told R2 that he was irritating and annoying.</p> <p>A review of the clinical record revealed R2 was admitted to the facility on [DATE]. R2's diagnoses included dementia with agitation and sensorineural hearing loss. A Minimum Data Set assessment dated [DATE] documented moderate cognitive impairment, minimal difficulty in ability to hear, and did not exhibit behaviors towards others.</p> <p>Further review of the abuse investigation documented that HA T informed Staffing Coordinator (SC) U that CNA S was yelling at R2. SC U heard CNA S say, 'You're going to make me clock the (expletive) out. You're getting on my (expletive) nerves. SC U reported CNA S appeared aggravated and frustrated. R2 looked a little shaken up. SC U reported the incident to the Nursing Home Administrator (NHA) and Director of Nursing (DON). The NHA and DON immediately placed CNA S on suspension pending investigation. R2 was assessed for injury and there were none. The local police were notified.</p> <p>The following employee interviews were conducted regarding the abuse allegation, and documented in part:</p> <p>- SC U: Around 6:50 AM she came up to C floor to go to the storage room and the housekeeper (HA T) told her CNA 'S' was yelling at the (R2). As (SC 'U') approached, she listened and heard CNA 'S' yelling at (R2). She said it was loud and disturbing. She heard her say, 'You're going to make me clock the (expletive) out. You're getting on my (expletive) nerves.' She appeared aggravated and frustrated and while handling (R2's) catheter bag. (R2) was looking at her while she was yelling at him and looked a little shaken up.</p> <p>(continued on next page)</p>

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- Staff V: Can't say verbatim what she (CNA 'S') said. In computer room charting, but heard yelling all the way down the hall from (R2's) room. She could tell it was aggressive. The housekeeper (HA 'T') said she said, 'You are (expletive) irritating, you are gonna make me punch out from this (expletive).</p> <p>- Housekeeping Aide T, Stated hearing yelling coming from (R2's) room and (CNA 'S') said, shut the (expletive) up, you are so irritating and annoying. I've been telling you all night, I'm not about to tell you again. I'm gonna leave you like this and leave out this room.</p> <p>- CNA S: Stated that she was frustrated with (R2) because he was repeatedly putting on his light and calling for help despite her every effort to assist him. She was struggling to empty his catheter bag and he was not cooperating. She said she was frustrated and raised her voice and shouldn't have but did not use profanity. She knew that (SC 'U') saw her and felt that (SC 'U') told on her to get her in trouble for some reason.</p> <p>The abuse investigation documented five residents in the vicinity who were cognitively able to participate in interviews reported not hearing any yelling or profanity. These residents had also been under the care of CNA S previously. None reported any mistreatment by the staff.</p> <p>On 6/25/24 Social Services met with R2 and no signs of symptoms of distress were noted. There were no reports of issues with mood, sleep, or appetite. He mentioned the skin assessment and the police but did not have any issues with the staff.</p> <p>The facility verified that verbal abuse occurred in term of yelling and profane language toward the resident.</p> <p>A review of CNA S employee file documented a hire date of 12/3/23, participation in abuse education, and did not have any previous disciplinary write-ups. CNA S was terminated from employment at the facility on 7/2/24.</p> <p>On 8/29/24 at 11:15 AM, the NHA said CNA S should have backed away and gotten some help when she became frustrated. CNA S should not have raised her voice at R2. The NHA provided in-service education on triggers to all staff.</p> <p>A review of the facility policy titled, Abuse and Neglect, dated 3/24/23, documented in part the following: Verbal abuse includes but not limited to the use of oral, written or gestured language. This definition includes communication that expresses disparaging and derogatory terms to residents within their hearing/seeing distance.</p> <p>During the onsite survey, past noncompliance (PNC) was cited after the facility implemented actions to correct the noncompliance which included: identification of affected and like residents. Completed resident assessment and interviews. Provision of staff education on abuse and how to care for residents with behaviors. Wellness visits to R2 from social service staff. Termination of CNA S. Ongoing resident interviews/audits to ensure no resident concerns with abuse. The facility was able to demonstrate monitoring of the corrective action and maintained compliance.</p>		

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<p>F 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>PASARR screening for Mental disorders or Intellectual Disabilities</p> <p>47964</p> <p>Based on interview, and record review, the facility failed to ensure the Preadmission Screening/ Annual Resident Review (PASARR) forms for Mental Illness/ Intellectual Disability/ Related Conditions Identification (DCH-3877) documents were reviewed, revised, and sent to the local state agency for annual evaluation for a Level II determination for one (R46) of three residents reviewed for PASSARs, resulting in the potential for unmet psychosocial care needs.</p> <p>Findings include:</p> <p>A review of R46's electronic medical record (EMR) did not reveal a Level II evaluation. There was not a Mental Illness/Intellectual/Developmental Disability/Related condition exemption Criteria Certification (DCH-3878) form. (The DCH-3878 is a State of Michigan Department of Health and Human Services (MDHHS) form used to claim exemption for level II screening). R46 was admitted to facility on 11/24/2022 with most recent readmission on 5/9/2023 with pertinent diagnoses of schizophrenia, visual hallucinations and bipolar disorder.</p> <p>Review of a Minimum Data Set (MDS) assessment, with a reference date of 7/10/2024, revealed R46 had moderate impaired cognition with a Brief Interview for Mental Status (BIMS) score of 8/15.</p> <p>On 8/28/24 at 1:27 p.m., Social Service Director F was interviewed and said the 3877 was not submitted to the Health Department timely. It should have been submitted on 11/29/23.</p> <p>On 8/29/24 at 11:38 AM the Director of Nursing was interviewed and agreed PASARRs should be completed thoroughly and timely.</p> <p>On 8/29/24 at 9:17 AM a facility Pasarr policy was requested. The facility provided material referencing the State Operating Manual.</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34901</p> <p>Based on interview and record review, the facility failed to implement an individualized comprehensive seizure disorder care plan for one resident (R25)</p> <p>Findings include:</p> <p>A review of the Admission Record for Resident #25 (R25) documented an initial admitted [DATE] and readmitted [DATE]. R25's diagnoses on 2/27/2020 included unspecified convulsions. A Minimum Data Set assessment dated [DATE] documented severe cognitive impairment. Current physician's orders for R25 documented Levetiracetam (medication used to treat seizure disorders) oral tablet 750 mg. Give 2 tablets by mouth two times a day for anticonvulsant. Order date 5/14/24.</p> <p>R25's clinical record documented in part the following:</p> <ul style="list-style-type: none"> - R25 was discharged to the hospital on 5/6/24 and returned to the facility on [DATE]. - Nursing progress note dated 5/6/24 documented the following: The CENA (Certified Nurse Aids) yelled for help, when entering the room the patient was having a seizure. The seizure lasted 1 minute and 45 seconds. The patient was in his bed and safety was maintained throughout. After the seizure stopped the patient opened his eyes but did not respond to verbal or pain stimuli. NP (Nurse Practitioner) was notified and gave order to send to the hospital. VS (vital signs): 155/76, 98.8, 18, 98, 98% RA (room air). (R25's Guardian) notified via voicemail, also attempted to call patient's sister .left message for her to return phone call. The patient was transferred to (local hospital by ambulance) at 0830. <p>On 8/29/24 at 12:30 PM, a review of R25's current care plans was conducted with the Director of Nursing (DON). R25 did not have a focused care plan related to resident's seizure disorder. Rather R25's seizure disorder was included as part of a Risk for Falls, Activities, and Nutrition care plans. The Fall, Activity, and Nutrition care plans provided the following interventions related to a seizure disorder: administer medication as directed and keep bed in lowest position. The DON indicated that R25 had a seizure disorder, was on a anti-seizure medication, and had seizure activity, he should have a seizure care plan. The DON said the care plan drives the care the resident receives. R25's care plan should include more specific interventions related to his seizure disorder and it did not.</p> <p>On 8/29/24 at 4:00 PM, the Nursing Home Administrator and DON were asked if there was any additional documentation or information that the facility would like to provide prior to the end of the survey and reported there was not.</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34901</p> <p>Based of observation, interview, and record review, the facility failed to document the application of a WHFO (wrist, hand, finger orthotic) as ordered for one resident (R44).</p> <p>Findings include:</p> <p>On 8/28/24 at 8:30 AM, R44 was observed sitting in a wheelchair. R44 did not have a splint on his right hand.</p> <p>A review of the Admission Record for R44 documented an original admitted [DATE] and readmitted [DATE]. R44's diagnoses included atherosclerotic heart disease, anoxic brain damage, and aphasia. A Minimum Data Set assessment dated [DATE] documented severe cognitive impairment. A current physician's order documented: Splint: type R (right) WHFO location: Right wrist wear schedule patient to wear up to 4 hours daily, monitoring for skin breakdown, to position and protect R hand. Ordered 4/3/24.</p> <p>On 8/29/24 at 11:32 AM, Certified Nurse Aide (CNA) P said she was unaware R44 wore a splint. CNA P located R44's splint in his closet drawer. CNA P said she would chart the application of R44's splint as part of her CNA tasks. CNA P said if she attempted to apply R44's splint and he refused to wear it, she would document his refusal. CNA tasks were reviewed with CNA P and did not reveal a task related to R44's splint use.</p> <p>On 8/29/24 at 12:00 PM, the Director of Nursing (DON) said the Therapy Department put the order in for the splint use. Record review of R44's care plans documented in part the following:</p> <p>- Focus: (R44) has limited physical mobility related to weakness. I have a right resting hand splint that I wear during the day. (R44) can remove the splint and take it off. Dated 6/21/24.</p> <p>- Interventions included: Provide encouragement and reassurance during mobility activities. Dated 4/26/23. Nursing rehab/restorative: Restorative to continue PROM B LE (passive range of motion bilateral lower extremity) in available planes as tolerated 10-15 repetitions. Dated 5/25/23. Nursing rehab/restorative: Restorative to continue PROM B UE (passive range of motion bilateral upper extremity) in available planes as tolerated 10-15 repetitions. Dated 5/25/23.</p> <p>A review of R44's care plans did not list interventions related to the application of R44's wrist, hand, finger orthotic.</p> <p>The DON indicated when the splint application was attempted, the nurse or CNA should document it. A review of R44's CNA tasks with the DON did not reveal a task related to splint use. The DON said the system canceled the tasks on 3/27/23. The way the current order was written did not specify charting the application of R44's splint on the Medication Administration Record or Treatment Administration Record. The DON said maybe restorative was documenting the application of the hand splint. Restorative CNA R was queried and said restorative had no documentation of hand splint use for R44. The DON indicated that if the application and removal of R44's right hand splint was on the CNA tasks list, it would trigger the CNAs that it was part of his care.</p> <p>(continued on next page)</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 8/29/24 at 12:03 PM, the Director of Rehab (D.Rehab) Q said at one point R44 began to cradle his arm and they did not want a contracture to develop. The order for the splint was to prevent a contracture.</p> <p>On 8/29/24 at 4:00 PM, the Nursing Home Administrator and DON was asked if there was any additional documentation or information that the facility would like to provide prior to the end of the survey and reported there was not.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34901</p> <p>Based on observation, interview, and record review, the facility failed to: 1.</p> <p>Ensure pans and lids were properly cleaned and allowed to air dry before stacking; 2. Ensure the ice machine and three-compartment sink were properly air gapped; 3. Effectively clean surfaces in the kitchen; 4. Ensure proper drainage of floor drains; 5. Ensure thermometers were available in all refrigerators and coolers; 6. Ensure moldy food items were not stored in the walk-in cooler; 7. Remove expired, undated, unlabeled food from the kitchen walk-in cooler and resident refrigerators; and 8. Properly seal food in the freezer to prevent freezer burn (a condition that occurs when frozen food has been damaged by dehydration and oxidation due to freezer air reaching the food).</p> <p>Findings include:</p> <p>On [DATE] at 8:50 AM, during the initial tour of the kitchen with Food Service Director (FSD) I the following was observed:</p> <ol style="list-style-type: none"> 1. In the clean pot/pan area, three one-third size pans, two half-size pans, and two full-size pans, were stored wet and nestled together. Also, eight steam table lids, nestled together, and a 24-cup muffin pan were observed soiled with food debris. 2. AM [NAME] N was observed putting cleaned, but wet, cooking/serving utensils in a storage drawer with cleaned, dry cooking/serving utensils. Later during the kitchen tour, a sticky-appearing substance was observed inside the drawer. FSD I indicated the sticky substance appeared to be honey or syrup. 3. FSD I said the three-compartment sink was still being used even though the garbage disposal was under repair. The drain line from the three-compartment sink was observed to not have the required minimum one-inch air gap (an unobstructed vertical space between the end of the drain line and the flood rim of the floor drain). 4. The drain line from the ice machine was not properly air gapped. 5. Pipes attached to the wall underneath the dishmachine drain board were observed soiled with grime. FSD I said a dietary aide recently power washed this area. Dirt was visible on a wet paper towel used to wipe the pipes. FSD I stated the power wash was ineffective because it's still dirty. 6. A puddle of water, approximately two feet in diameter, was observed in the cook's prep area. The cook and dietary aides in the kitchen said the floor drain backs up. When Maintenance Director (MD) H arrived in the kitchen, he said the drain gets clogged. It was not sewage. 7. A thermometer was not available inside the reach-in cooler. 8. The following was observed inside the walk-in cooler: <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>- A thermometer was not available.</p> <p>- A box contained a moldy orange and fresh strawberries inside two 16 oz. containers were moldy.</p> <p>- An opened one-gallon container of Caesar dressing had a use-by-date of [DATE], opened one gallon container of mayonnaise and a five-pound container of sour cream did not have a use-by-dates.</p> <p>- Floor tiles were missing in the threshold leading into the walk-in cooler resulting in a floor surface that was stained and not easily cleanable.</p> <p>9. The following was observed inside the walk-in freezer:</p> <p>- Opened and undated containers of pepperoni and breadsticks</p> <p>- A package, container approximately twelve hotdogs, was unsealed and open to the freezer air.</p> <p>10. On [DATE] beginning at 12:00 PM with FSD I, the following was observed regarding the following residents' refrigerators</p> <p>- A Floor resident refrigerator: a 46 oz. opened container of cranberry juice with a use-by-date of [DATE], a six-ounce container of yogurt was not labeled with a resident name, and food in a fast-food bag not labeled with a resident name or a use-by-date.</p> <p>- B Floor resident refrigerator: a temperature log was not available. An opened 46 oz. container of cranberry juice was not labeled with a use-by-date. The following items were not identified with a resident's name: a four-ounce container of yogurt, 16 oz. container of yogurt, and 20 oz. opened bottle of ginger flavored soda.</p> <p>- C Floor resident refrigerator: an opened container of thickened apple juice was not labeled with a use-by-date and ten-ounce fruit-flavored beverage pouch was not identified with a resident's name.</p> <p>On [DATE] at 12:49 PM, the Nursing Home Administrator (NHA) indicated he expected kitchen staff to maintain a daily cleaning schedule and weekly deep cleaning schedule because sanitation was key and essential for the well-being of the residents.</p> <p>A review of the following facility policies documented in part the following:</p> <p>1. Sanitation, dated [DATE].</p> <p>- All utensils, counters, shelves and equipment shall be kept clean, maintained in good repair and shall be free from breaks, corrossions, open seams, cracks and chipped areas that may affect their use or proper cleaning. Seals, hinges and fasteners will be kept in good repair.</p> <p>- Food preparation equipment and utensils that are manually washed will be allowed to air dry whenever practical.</p> <p>- Kitchen and dining room surfaces not in contact with food shall be cleaned on a regular schedule and frequently enough to prevent accumulation of grime.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>2. Food Brought by Family/Visitors, dated [DATE]. Perishable foods must be stored in re-sealable containers with tightly fitting lids in the refrigerator. Containers will be labeled with the resident's name, the item and the use by date.</p> <p>The nursing staff is responsible for discarding perishable foods on or before the use by date.</p> <p>On [DATE] at 4:00 PM, the NHA and Director of Nursing were asked if there was any additional documentation or information that the facility would like to provide prior to the end of the survey and reported there was not.</p> <p>According to the following sections of the 2013 FDA Food Code:</p> <p>,d+[DATE].11, entitled, Safe, Unadulterated, and Honestly Presented, was reviewed and revealed, Food shall be safe, unadulterated, and, as specified under S ,d+[DATE].12, honestly presented.</p> <p>,d+[DATE].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.</p> <p>,d+[DATE].13, Nonfood-Contact Surfaces, Nonfood-contact surfaces of equipment shall be cleaned at a frequency necessary to preclude accumulation of soil residues.</p> <p>,d+[DATE].11. Storing Equipment, Utensils, Linens, and Single-Service and Single-Use Articles: (B) Clean equipment and utensils shall be stored as specified under (A) of this section and shall be stored: (1) In a self-draining position that allows air drying.</p> <p>,d+[DATE].13: An air gap between the water supply inlet and the flood level rim of the plumbing fixture, equipment, or nonfood equipment shall be at least twice the diameter of the water supply inlet and may not be less than 1 inch.</p> <p>,d+[DATE].11 Floors, Walls, and Ceilings. Except as specified under S ,d+[DATE].14 and except for antislip floor coverings or applications that may be used for safety reasons, floors, floor coverings, walls, wall coverings, and ceilings shall be designed, constructed, and installed so they are smooth and easily cleanable.</p>		

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<p>F 0814</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Dispose of garbage and refuse properly.</p> <p>34901</p> <p>Based on observation, interview, and record review, the facility failed to properly dispose of rubbish and ensure proper maintenance of outside disposal containers.</p> <p>Findings include:</p> <p>On 8/27/24 at 11:50 AM, during an observation of the exterior refuse area with Food Service Director (FSD) I, three dumpsters, approximately 4 to 6 cubic yards in size, were observed. The two side doors of one of the dumpsters were observed opened. The top lid on a second dumpster was completely broken off and a side door was opened. FSD I stated the broken and opened doors leaves the garbage inside exposed to pest and rodents can be attracted to the smells.</p> <p>On 8/28/24 beginning at 12:49 PM, the Nursing Home Administrator (NHA) said the doors of the dumpsters should be closed to avoid wind causing the garbage to fall out and to keep out rodents and pests. NHA added that it was not effective to have half the lid gone. We want to get that taken care of to avoid garbage spilling out.</p> <p>On 8/29/24 at 4:00 PM, the NHA and DON was asked if there was any additional documentation or information that the facility would like to provide prior to the end of the survey and reported there was not.</p> <p>According to the 2013 FDA Food Code, Section 5-501.110 Storing Refuse, Recyclables, and Returnables: Refuse, recyclables, and returnables shall be stored in receptacles or waste handling units so that they are inaccessible to insects and rodents.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235351	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/29/2024
NAME OF PROVIDER OR SUPPLIER Skld Plymouth		STREET ADDRESS, CITY, STATE, ZIP CODE 105 Haggerty Rd Plymouth, MI 48170	

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Keep all essential equipment working safely.</p> <p>34901</p> <p>Based on observation, interview, and record review, the facility failed to properly maintain the commercial dishmachine.</p> <p>Findings include:</p> <p>On 8/27/24 at 8:50 AM, during the initial tour of the kitchen the side panel of the dishmachine was not properly attached and was observed situated on top of a drainpipe leaving the mechanicals of the dishmachine exposed. Food Service Director I said the panel has been off the dish machine for over four months. Maintenance had reattached the panel, but it keeps falling off.</p> <p>On 8/29/24 at 1:28 PM, the Nursing Home Administrator (NHA) said the panel needs to be in place and maintenance needs to get it fixed properly.</p> <p>On 8/29/24 at 4:00 PM, the NHA and Director of Nursing was asked if there was any additional documentation or information that the facility would like to provide prior to the end of the survey and reported there was not.</p>