STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235375	A. Building B. Wing	05/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Applewood Nursing Center Inc	18500 Van Horn Rd Woodhaven, MI 48183

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 0655 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38208 This citation pertains to intake MI00137764. Based on interview and record review the facility failed to implement a skin care plan upon admission to facility for one resident (R250) out of 37 residents reviewed for care plans. Findings Include: Record review of R250's electronic medical records revealed admission into the facility on [DATE] with a pertinent diagnosis of discitis (inflammation of discs) of vertebra (spine). According to the Minimum Data Set (MDS) dated [DATE], R250 had intact cognition and review of Section G of MDS revealed resident was extensive assist with bed mobility and transfers. Record review of Admission assessment dated [DATE], R250 had redness to bilateral buttocks documented under skin integrity. Record review of Braden Scale (assessment for potential skin breakdown) dated 5/26/23, R250 scored 13/23 resulting in moderate risk for skin breakdown. Record review of R250's care plans revealed no at-risk base line skin care plan implemented on or during admission to the facility. During an interview on 5/3/24 at 2:10 PM with Director of Nursing, it was reported that related to R250's age, assessments, bed mobility and pertinent diagnosis a base line care plan for skin integrity should have been implemented upon admission to the facility. Record review of policy Care Plans last reviewed 5/21, documented: .Each resident will have a care plan that is current, individualized, and consistent with their medical regimen.

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 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. 15194 This citation pertains to intake MI00142960. Based on observation, interview and record review the facility failed to ensure meals were served at a preferred and palatable temperature for four sampled residents (R15, R25, R88 and R90) from a total of 64 residents on the 200 unit, resulting in complaints of cold food and dissatisfaction with meals. Findings include: On 4/30/24 at 9:48 A.M. during a breakfast meal observation residents on the 200 unit were asked about the food. R15, R25, R88 and R90 voiced concerns that their meals were delivered to their rooms and the meals were always cold. During the meal observation entrees were observed delivered from the unit kitchen to residents' rooms without domes or coverings. On 4/30/24 at 9:50 A.M., R15 stated, My Food is always cold. It does not matter what food is served or the meal. The resident explained there was no place to have meals reheated or warmed and other residents had expressed to her the same concern about the food. On 4/30/24 at 9:55 A.M. R88 was asked how was the food? R88 responded the meals were served cold and residents could no longer receive hot dogs or hamburgers. The resident stated when able, food was ordered from the outside. At 10:50 A.M., R90 was observed with an untouched breakfast. The resident was asked about the food and if the meals were served at an acceptable temperature, R90 commented they needed assistance to be fed, but the meals were served cold. The resident stated he frequently asked visitors to bring a sandwich or salad, which was saved for the next day or whenever hungry. On 5/3/24 at 12:01 P.M. during an interview, R15 received two grilled cheese sandwiches. The resident was asked about the temperature. R15 reported an allergy to fish, and the nurse aide had ordered an alternate, but the sandwich was cold. R15 said, It's not hot off the grill as indicated on the ALA Carte Menu. R15 stated, I requested a hamburger but was informed later that's no longer available, I consider the hamburger a hot food item. On 5/3/24 at 1:05 P.M. in the presence of Nurse Aide K the lunch meal tray of R25 was used as a test tray, after the resident said the food was cold and refused to eat the meal. Temperatures obtained were: Breaded fish sandwich- 80.4 Degrees Fahrenheit (D.F.), Orange Drink-54.6 D.F., Jello gelatin- not taken. R25 was quired by Nurse aide K concerning and alternate, but the resident refused stating I am sick of peanut butter, that's cold too. Record review for R15, R25, R88, and R90 revealed the residents were all cognitively intact and had a Brief Intellectual Mental Status (BIMs) of 15/15. (continued on next page)

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 5/3/24 at approximately 1:30 P.M., During an interview with Certified Dietary Manager (CDM) A concerning the complaints of cold food, the manager confirmed the facility no longer offered hamburgers on the A'LA Carte Menu. CDM 'A' was unaware of residents complaints of cold food served.

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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. 49103 This citation pertains to intake MI00135948. Based on observation, interview and record review the facility failed to post the appropriate directions for isolation care for one resident (R32) of nine residents reviewed for infection control. Findings include: On 4/30/24 at 10:52 AM during observation of R32's door and room it was noted there was a sign hung titled Enhanced Barrier Precautions and with directions for cleansing of hands and for PPE (Personal Protective Equipment) use for anyone providing high-contact resident care activities. On 4/30/24 at 10:54 AM during interview R32 mentioned being in isolation for C, Diff. (Clostridium Difficile is a contagious infection of the large intestine.) According to record review R32's admitted was 4/6/24 and according to a MDS (Minimum Data Set) dated 4/6/24 has a BIMS (Brief Interview for Mental Status) score of 14 indicating intact cognition. On 4/30/24 at 11:15 AM further record review revealed a current physician's order which stated, Contact Isolation. R32 had an order for Vancomycin (an antibiotic) for treatment of Clostridium Difficile to end 5/7/24. On 5/1/24 at 8:25 AM during interview with the Infection Preventionist (IP) P discussion of infection control protocol occurred and the policy was reviewed. The Infection Preventionist acknowledged the physician's order for contact isolation and the policy for Clostridium Difficile isolation which did not match up with the precaution sign on the door of R32's room. The IP P also acknowledged that the facility policy for Clostridium Difficile calls for handwashing with soap and water prior to leaving the isolation room. On 5/2/24 at 8:30 AM a new sign was observed hung on the door for R32's room which stated in part Contact Precautions: Everyone Must: Clean their hands, including before entering and when leaving the room. Next to this note was an image indicating the use of hand sanitizer. On 5/3/24 at 2:00 PM during interview the DON (Director of Nursing) acknowledged the need for appropriate instructions for hand cleansing based on the infection precautions policy. 47964 On 5/1/24 at 9:00 AM a Contact Precautions sign was observed on R32's door. On 5/01/24 at 12:25 PM, Certified Nursing Assistant (CNA) Q was observed delivering a lunch tray to R32's room. CNA Q was observed walking directly into R32's room and placing lunch tray onto bedside table. CNA Q did not don gloves and or gown prior to entering room. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 5/01/24 at 1:05 PM CNA Q was observed removing lunch trays from residents' rooms and placing items on dirty dish cart. When asked where R32's dirty lunch tray dishes were CNA Q stated I put R32's dishes into the dirty dish cart along with the other residents' dirty dishes and I'm taking them to the kitchen. When asked about R32's contact precautions and how items should be handled CNA Q said R32's dirty dishes should be put in a separate container from other residents' dishes or R32 should use throw away silverware and dishes. CNA Q also said they should don a gown and gloves prior to entering R32's room and should wash hands prior to leaving the room. On 5/2/2024 at 1:00 PM Registered Nurse (RN) P was interviewed and said all staff should wear gowns and gloves when entering a resident room with contact precautions and that R32's dirty utensils, dishes and food trays should be bagged and kept separate from general use to prevent cross contamination. Review of the facility policy Transmission Based/Contact Precautions revised 8/2022 revealed in part .Wear a gown and gloves for all interactions with the patient or potentially contaminated areas in the patient's or resident's environment. Donning personal protective equipment (PPE) upon room entry and discarding before exiting the patient room. Use disposable noncritical patient-care equipment (e.g., blood pressure cuffs) or implement patient dedicated use of such equipment. If common use of equipment for multiple patients is unavoidable, clean and disinfect such equipment before use on another patient or resident. Review of the facility policy titled Clostridiodes Difficile (formally Clostridium Difficile) with a last review date of 2023 states in part, Following hand hygiene practices, including before seeing a resident and after removal of gloves (with soap and water).