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	02/18/2025

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 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident. 34901 This citation pertains to Intake MI00149373. Based on observation, interview, and record review, the facility failed to ensure an adequate supply of emergency food was available. Findings include: It was reported to the State Agency that the facility was using the emergency stock of food as their current, daily supply of food. On 2/18/25 at 11:00 AM, an observation and interview regarding the facility's emergency food supply was conducted with Food Service Director (FSD) B. FSD B said the food items listed on the emergency menu referred to canned and shelf-stable items that are not frozen or do not require refrigeration. The emergency food supply was stored in the dry food storage room. Based upon a review of the emergency menus, the following foods were not available: Day 1 menu: canned kidney beans for chili, canned green beans, canned tuna, and canned beets. Day 2 menu: canned chicken, canned carrots, canned ravioli, and canned waxed beans. Day 3 menu: canned tuna and canned beets. FSD B said the facility uses the emergency menus and guidelines from a company that provide services to the healthcare industry. A review of the facility document titled, Emergency Menu, dated 2019, documented in part the following: - In the event of an emergency or disaster, the facility shall have a plan in place to provide for the subsistence of all persons, including residents, staff, and visitors and/or volunteers. - When the regular menu can no longer be supported by the main food supply, the emergency menu and emergency stock shall be used. - The emergency menu is designed to utilize shelf-stable items needing only minimal preparation, and which do not require refrigeration or cooking. (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 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	- Emergency Food Stock: -- Food for the emergency menu shall be stored in an area less likely to be affected by an emergency or stored per facility policy and/or state regulation in an area separate from the regular menu items. -- Inventory of the emergency stock shall be taken routinely, and/or per facility policy. The inventory shall include notation of both product quantities and product expiration dates. Any item quantities below par level shall be replenished with the next order. Any items approaching their expiration date or maximum storage time shall be replaced with the next order. - Emergency stock rotation: --Items within the emergency stock (food and water) will need to be replaced periodically according to product expiration date, facility policy, and/or state regulations. To minimize expenditures food items from the emergency stock may be incorporated into and used for the regular menu, once they have been replaced in the emergency stock and prior to their expiration date. When queried about the minimum amount of inventory (par level) of the emergency stock of food, FSD B provided no answer. On 2/18/25 at 2:09 PM, the Nursing Home Administrator (NHA) stated, We should have had the emergency food supply that coordinates with the menu. On 2/18/25 at 2:22 PM, during the exit conference, the NHA and Director of Nursing did not offer additional documentation or information pertaining to this deficient practice when asked.

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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 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34901 This citation pertains to intake MI00148149. Based on observation, interview, and record review, the facility failed to provide a clean and sanitary environment for two residents (R102 and R109), out of five residents reviewed for a clean environment, resulting in an unclean and unsanitary environment with a build-up of dried tube feeding formula on tube feeding poles and floor. Findings include: It was reported to the State Agency that the facility was unclean. On 2/18/25 at 10:13 AM and at 1:30 PM, R102 was observed lying in the bed. R102 was observed with an opened tube feeding system which occurs when the formula is poured directly from its container into a feeding bag. A tube feeding pole was positioned partially on a fall mat next to R102's bed. The tube feeding pole and its base, the fall mat, and the floor were observed heavily soiled with encrusted tube feeding formula. On 2/18/25 at 12:28 PM, R109 was observed lying in the bed. R109 was observed with an opened tube feeding system. The tube feeding pole and its base was observed soiled with dried tube feeding formula. On 2/18/25 at 1:30 PM, Unit Manager, Registered Nurse (RN) C was requested to observe R102's tube feeding pole. RN C said the nurses were responsible for cleaning the tube feeding poles. RN C said the dried tube feeding formula on the mat and tube feeding pole/base was not acceptable. RN C stated, This is their home environment. This is not okay. RN C referenced the dried tube feeding formula and stated that it was dark brown in color, like it had been there for a while. Longer than a day. A review of R102's clinical record documented an initial admission on 9/20/24 and readmission on 1/20/25. R102's diagnoses included dysphagia-oropharyngeal phase. A Minimum Data Set (MDS) assessment dated [DATE] documented severe cognitive impairment. R102's physician orders documented a continuous enteral feeding of Glucerna 1.5 at 45 ml/hr (milliliter per hour) via a feeding pump and NPO status (nothing by mouth). A review of R109's clinical record documented an initial admission on 1/24/25 and readmission on 2/3/25. R109's diagnoses included dysphagia-oropharyngeal phase, adult failure to thrive, and gastrostomy status (the presence of a feeding tube inserted in the stomach). A Minimum Data Set (MDS) assessment dated [DATE] documented severe cognitive impairment. R109's physician orders documented the administration of Glucerna 1.5 via a feeding pump at 65 ml/hr for 16 hours and NPO status. (continued on next page)

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F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 2/18/25 at 1:15 PM, the Director of Nursing (DON) said it was everyone's responsibility to keep the tube feeding poles clean. The facility uses cans of formula for tube feedings. If the nurses see a spillage, they should clean it. The DON stated, It (the formula) spilled at some point, and it was not cleaned up. The DON added, housekeeping was responsible for cleaning spots on the wall, and this should cover cleaning tube feeding poles because they are to clean spills. On 2/18/25 at 2:22 PM during the exit conference, the Nursing Home Administrator and DON did not offer additional documentation or information pertaining to this deficient practice when asked other than the tube feeding poles had been cleaned.