STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235376	A. Building B. Wing	03/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Belle Fountain Nursing & Rehabilitation Center	18591 Quarry Rd Riverview, MI 48192

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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 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** 39465 Based on observation, interview, and record review, the facility failed to ensure a care plan for a communication deficit was developed and implemented for one resident (R282) of nineteen residents reviewed for care plans. Findings include: On 3/10/2025 at 10:40 a.m., R282 was observed in room, alert and sitting on the bed with multiple sheets of writing paper and three ink pens on the bed side table. During an interview, R282 stated, If you are talking to me, you have to write it down because I cannot hear you. R282 pointed to the right ear and stated, This hearing aid I have is useless and I can't hear with it. On a handwritten note, R282 was asked how the hearing loss affects your communication and interaction with others. R282 stated, I avoid being around a crowd of people because I cannot communicate and interact with them. I wish I can try (Name Brand) for hearing aids, maybe they would work better. My ears have ringing sounds sometimes and I cannot hear my phone calls. On 3/12/2025 at 9:29 a.m. Unit Manager (UM) C said while walking to the resident's room that R282 did not wear a hearing aid and did not need any communication device or writing material to aid in communication. UM C walked in R282's room and attempted to communicate with the resident. R282 gestured to the right ear hearing aid and indicating not being able to hear and to use the writing paper. UM C said the resident did say the family would bring a hearing aid that the resident was using at home. UM C was unable to recall when and who brought in the hearing aid. R282 said the hearing aid probably needed new batteries and it had been about three weeks since the batteries were changed. According to the electronic medical record review, R282 was initially admitted to the facility 9/10/2018 and readmitted on [DATE] with diagnoses of depression, anxiety disorder, heart failure, type two diabetes, and hearing loss. R282's Admission Minimum Data Set Assessment (MDS) with a reference date of 9/17/2018 indicated R282 had intact cognition with a BIMS (brief interview for mental status) score of 13/15. Review of the 3/10/2025 Activity of Daily Living (ADL) care plan documented, R282 has an ADL self-care performance deficit. Resident will reach highest practicable physical, mental and psychosocial well-being, and will continue to participate in ADLs daily .Encourage the resident to participate to the fullest extent possible with each interaction. Resident required two persons assist with ADLs and transfers. (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 0655 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the medical record revealed, R282 had no communication interventions. On 3/12/2025 at approximately 10:00 a.m. UM C was asked should there be a care plan to further care for the resident hearing deficit. UM C said Yes and reviewed R282's medical record and confirmed there was not a hard of hearing care plan noted. On 3/12/2025 at 10:14 a.m. the Director of Nursing (DON) was queried if there should be interventions for residents with hearing deficit. The DON said, Yes, and reviewed R282's medical record and said the care plan was created on 3/8/2025 and resolved on 3/10/2025. The care plan was resolved without a reason and it must have been the MDS nurse (assess residents care areas) who resolved it. The DON confirmed because there was no hard of hearing care plan, there wouldn't be a Kardex (aid in the resident's care) for the CNAs to use to provide care for the R282 and would affect the resident's care and interaction with others. On 3/12/2025 at approximately 10:20 a.m. during an interview, MDS Nurse K stated, The hard of hearing care plan was resolved on 3/10/2025 because the care plan was not completed, so I resolved it and just had not been back to complete it and I should have. Resolving the care plan did not allow staff to review and provide care to the resident. (R282) is hard of hearing and a lack of communication would have a negative impact on the resident's care and ability to communicate. On 3/12/2025 at approximately 3:30 p.m. a care plan policy was requested but was not provided prior to exiting the facility at approximately 4:30 p.m.

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39465 This citation pertains to intakes MI00150118 and MI00150053. Based on observation, interview, and record review the facility failed to provide Activities of Daily Living (ADLS) in a timely manner for one resident (R23) of three reviewed for ADL care. Findings include: On 3/10/2025 at 10:59 a.m. and on 3/12/2025 at 1:36 p.m. R23 was observed sitting in a wheelchair with facial hairs, greasy unkempt hair, and long dirty untrimmed fingernails. R23 during an interview verbalized wanting to get shaved, hair washed and combed, and nail care. R23 confirmed no one asked to assist with nail care, shaves and grooming of the hair on scheduled shower days. R23 was unable to recall the last day a shower was given and unable to recall scheduled shower days. According to the electronic medical record, R23 was initially admitted into the facility on [DATE] and readmitted on [DATE] with diagnoses of congestive heart failure, major depressive disorder, dementia, chronic kidney disease stage 3, chronic obstructive pulmonary disease, and osteoarthritis. R23 quarterly Minimum Data Set (MDS) assessment dated [DATE] indicated R23 had moderately impaired cognition and required one person assistance with all ADLs. A care plan revised on 2/14/2025 for Activity of Daily Living had an ADL self-care performance deficit related to muscle weakness, required one person assist with bathing/shower, dressing, and Personal hygiene. On 3/12/2025 at 1:50 p.m. Unit Manager (UM) C Confirmed the Resident scheduled shower days were Monday's and Thursday's afternoon and should have been shaved and had nail care at that time. On 3/12/2025 at 1:30 PM, the DON reported that all residents should receive nail care and shaves if it is the resident's preference.

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F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38230 Based on observation, interview, and record review the facility to ensure the foley catheter bag (bags used to collect urinary drainage from Foley catheters) was not resting on the floor for one (R37) of three residents reviewed for catheter/UTI (urinary tract infection) potentially resulting in the spread of infections and dislodgement. Findings include: On 3/10/25 at 2:03 p.m. R37 was observed in bed asleep. The bed was in a low position (approximately 4-6 inches from the floor). R37 was also observed with a catheter in which the catheter bag was observed resting on the floor wedged between the floor mat and wheel of the bed. Review of the electronic medical record documented R37 was admitted into the facility on [DATE] with diagnoses that included neuromuscular dysfunction of bladder and repeated fall. According to the admission Minimum Data Set assessment dated [DATE], R37 was cognitively intact (BIMS=13) and required dependent two-person assistance with most activities of daily living. R37 was also admitted with a foley catheter. Review of the Alteration of Elimination care plan dated 2/21/25 documented: Problem: (R37) has an alteration in elimination r/t: indwelling foley catheter. Intervention: Secure catheter with securement device. Provide a barrier for foley catheter when (R37) choses to lay on the floor mat or the bed in lowest position. Review of the physician's orders dated 3/2/25 documented: Maintain foley catheter and provide care every shift. On 3/12/25 at 11:10 a.m. Unit Manager (UM) E was queried about the improper positioning of R37's catheter bag. UM E said the nurse aides are responsible for ensuring catheter bags are hung properly on the bed and not supposed to be on the floor. There is a white pan that is supposed to be under the catheter bag so it wouldn't be on the floor when the bed is in a low position. UM E was not able to explain why the barrier was not applied. On 3/12/25 at 1:26 p.m. the Director of Nursing (DON) was informed R37's catheter bag was on the floor and said there should have been a white basin under the catheter bag to prevent it from being on the floor. Review of the facility's policy titled Catheter Care dated 8/24/23 documented in part the following: It is the policy of this facility to ensure that residents with indwelling catheters receive appropriate catheter care .

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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 Based on observation, interview, and record review, the facility failed to ensure an adequate supply of emergency food was available. Findings include: On 3/10/25 at 12:00 PM, an observation and interview regarding the facility's emergency food supply was conducted with Dietary Manager (DM) A. A section in the dry food storage room was delineated by a sign that read, EMERGENCY FOOD DO NOT TOUCH!! DM A stated, They (kitchen staff) have been told not to use the emergency food. DM A said emergency food items were obtained from a commercial food supply company and provided a list of emergency foods that should be on hand. The emergency food supply list was compared to the foods currently available in the emergency food area, and the following items were not available: chicken noodle soup, cheese sauce, and green beans. DM A provided a policy titled, Disaster and Emergency Planning for Food Service, dated 2/3/23, that documented in part the following: The facility provides a disaster and emergency plan to ensure that the food service department will have on hand adequate food, water and disposable supplies to ensure that meals are prepared and served to our residents and staff. On 3/12/25 at 1:23 PM, the Nursing Home Administrator (NHA) said the kitchen should audit the emergency food and ensure emergency food is in place.

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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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34901 Based on observation, interview, and record review, the facility failed to: 1. Ensure pans were cleaned and air dried before stacking; 2. Properly date-label food in the kitchen; 3. Ensure food items past the use-by-date were not stored with active food; 4. Store cartons of milk in a manner to avoid splash from mop water; and 6. Adequately clean the air gap basin. These deficient practices had the potential to affect all residents who consumed food from the kitchen, resulting in the increased potential for food borne illness. Findings include: During the initial tour of the kitchen on [DATE] at 8:45 AM with Dietary Manager (DM) A, the following was observed: 1. Two wet ,d+[DATE] pans and one ,d+[DATE] pan soiled with food debris were observed nestled and stored with clean pans in the clean pot/pan storage area. 2. Inside of the three-door cooler contained, a.) two opened 16-ounce containers of chicken base and one opened 16-ounce container of vegetable base which were not labeled with an expiration date; b.) a box with 15 four-ounce containers of apple juice which all expired [DATE]; and c.) an opened bag, containing approximately 15 hot dogs, labeled with an opened date of [DATE] but not labeled with an expiration date. 3. Inside of the walk-in cooler, a milk crate, full of eight-ounce cartons of milk, was stored directly on the cooler floor. DM A said the case of milk should be 12 inches off the floor. On [DATE] at 12:00 PM, during a return visit to the kitchen the following was observed in the dry food storage room, opened and not labeled with an expiration date, a pack of spaghetti and bag of polenta. On [DATE] at 9:10 AM, during a return visit to the kitchen, two sheet pans stacked with clean pans in the cook's area were observed soiled with food debris. On [DATE] at 9:20 AM, the air gap basin for the two-compartment sink, used to clean produce and thaw meat, was observed with Maintenance Director (MD) B and DM A. The drain in the basin was partially covered with peas and carrots. The inside perimeter and sink drainpipe had a build-up of some type of brown and black residue. MD B stated, We pour bleach (in the basin), but we don't clean it. DM A stated, It looks dirty. On [DATE] at 1:23 PM, the Nursing Home Administrator (NHA) said the air gap basin needs a good scrubbing because it does not look clean. Food should not be stored on the floor (in the kitchen). The NHA added that she was a little surprised about the concerns identified in the kitchen because the kitchen was recently audited. The NHA stated, That's a problem for me. A review of the 2013 FDA Food Code documented the following: (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	- Section ,d+[DATE].11, entitled, Safe, Unadulterated, and Honestly Presented. Food shall be safe, unadulterated, and, as specified under S ,d+[DATE].12, honestly presented. - Section ,d+[DATE].11 Food Storage. A) Except as specified in (B) and (C) of this section, food shall be protected from contamination by storing the food: (1) In a clean, dry location; (2) Where it is not exposed to splash, dust, or other contamination; and (3) At least 15 cm (6 inches) above the floor. - Section ,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. - Section ,d+[DATE].13, Nonfood-Contact Surfaces: Nonfood-contact surfaces of equipment shall be cleaned at a frequency necessary to preclude accumulation of soil residues.