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	04/28/2026

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

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 0689 Level of Harm - Actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to ensure staff implemented safe repositioning techniques during incontinence care for one resident (R107) of two residents reviewed for accidents and supervision resulting in R107 falling from the bed and sustaining a dislocated shoulder. Findings include: On 4/26/26 at 10:53 AM, R107 was interviewed and reported they had experienced a fall a few days prior during bed care. R107 said there was only one staff member present providing care when two staff were required. In addition, R107 said that during the attempt to change the pad underneath them, they were rolled onto their left side, which was their weakened side due to a recent stroke, and subsequently fell out of the bed. R107 said they are not sure if CNA F pushed them too hard or if they fell from being turned with too much force. R107 said since the fall they have had pain in the left arm and left knee.On 4/27/26 at 3:00 PM, Certified Nurse Aid (CNA) F was interviewed and reported on 4-24-26 the night of the incident, R107 indicated their pad was wet. While attempting to change the pad, CNA F said they rolled R107 away from them, at which time the resident fell out of the bed. When queried regarding proper technique, CNA F said they were not trained on the correct method of rolling a resident prior to the incident, and acknowledged they later learned the resident should have been rolled toward the staff member to ensure safety.On 4/28/26 at 9:03 AM, R107 was interviewed and reported they were transferred to the hospital on 4/26/26 after results from prior x-ray were received. They repeated imaging at the hospital confirmed a dislocated left shoulder. The resident further reported ongoing pain in the left arm and left knee following the fall.On 4/28/26 at 12:06 PM, the Director of Nursing (DON) was interviewed and confirmed that two staff should have been utilized to provide care for R107. The Corporate Nurse Registered Nurse (RN) B was present and said staff are trained when they are hired on the proper way to turn a resident, which is toward the staff person. On 4/28/26 at 12:40 PM, during an interview with the DON, RN B and the Nursing Home Administrator (NHA) the DON said staff are expected to follow the care plan interventions, including rolling residents toward staff and utilizing two-person assistance when indicated by the Kardex. The DON said R107 was evaluated for a mobility bar but there is no indication for a mobility bar since they are now utilizing a bariatric mattress. The NHA had no additional information to contribute. Review of R107 Electronic Medical Records (EMR) revealed resident was admitted on [DATE] with the diagnosis as follows: HEMIPLEGIA AND HEMIPARESIS FOLLOWING CEREBRAL INFARCTION (stroke), TRANSIENT CEREBRAL ISCHEMIC ATTACK, DYSPHAGIA, OROPHARYNGEAL PHASE, CHRONIC KIDNEY DISEASE, RESPIRATORY FAILURE and MUSCLE WEAKNESS. Review of R107 Minimum Data Set (MDS) date 4/22/26 revealed resident Brief Interview for Mental Status was 13 out of 15 indicating cognitively intact. Review of progress note dated 4/26/2026 22:19 Nursing - Progress Note stated, resident had a positive x ray results for left dislocated shoulderThe document provided by the facility did not address repositioning of a resident.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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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 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. Based on observation, interview, and record review, the facility failed to maintain best practices in the food service area resulting in the potential to spread food borne illness to all residents that consume food from the kitchen. Findings Include:On 4/26/2026 at 8:51 AM observed residue on the shelving surface of the food storage racks in walk in cooler. An interview with Dietary Manager (DM) H at this time found the shelves are cleaned. When asked how often, DM H indicated weekly or monthly.On 4/26/2026 at 8:53 AM observed the stand mixer with a plastic cover over it. When asked if the mixer is used, DM H indicated yes. Upon removal of the cover, brown buildup was observed accumulated on the upper portion of the mixer above the mixing bowl. DM H stated they would get someone to clean it.On 4/26/2026 at 9:15 AM observed red residue buildup on the inside nozzle of the juice gun. An interview at this time regarding cleaning of juice gun found the nozzle is ran through the dishwasher daily.According to the 2022 FDA Food Code section 4-601.11 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.On 4/26/2026 at 8:56 AM an interview with DM H regarding the high temperature dishwasher found the wash gauge on the dishwasher is unreliable. DM H indicated the rinse gauge moves throughout the cycle but the wash gauge stays the same. The dish machine was run through two full cycles and the wash gauge was observed remaining at 140 F during both cycles, while the rinse gauge fluctuated to 180 F. DM H indicated the kitchen staff rely on the rinse gauge to assess temperatures.According to the 2022 FDA Food Code section 4-501.110 Mechanical Warewashing Equipment, Wash Solution Temperature, (A) The temperature of the wash solution in spray type warewashers that use hot water to SANITIZE may not be less than: (1) For a stationary rack, single temperature machine, 74oC (165oF); Pf.On 4/26/2026 at 9:06 AM observed the drain line from the prep sink in the kitchen extend into the janitor sink and terminate below the flood level rim creating an improper air gap.On 4/26/2026 at 9:09 AM observed the kitchen three compartment sink drain line directly connected to the wastewater line.On 04/26/2026 at 12:02 PM an interview with DM H regarding the three-compartment sink found they had talked to the Maintenance Director (MD) I. MD I indicated the drain line was replaced three years ago and the previous maintenance director did not believe an air gap was necessary.On 04/26/2026 at 1:03 PM observed the drain line behind the ice machine in the dining room extend behind the cabinet unit. No air gap was visible from the drain line.On 04/26/2026 at 1:17 PM an interview was conducted with MD J from a neighboring facility. When asked about the three-compartment sink, MD J indicated there had been an air gap previously and the drain line was changed because a new grease trap had to be installed.On 04/26/2026 at 1:19 PM an interview was conducted with MD J regarding the drain line behind the ice machine. When asked about the ice machine in the dining room, MD J indicated it was newly installed by maintenance, and the drain line would not be visible unless the cabinets were taken out.On 04/26/2026 at 3:00 PM MD I arrived to the facility and an interview was conducted regarding the three-compartment sink drain line. MD I indicated they had put an air gap in previously and it was taken out.On 04/26/2026 at 3:03 PM in an interview with MD I when asked about the ice machine drain line that is hidden, MD I indicated they had not seen the air gap before, and the ice machine had been installed before they got here.According to the 2022 FDA Food Code section 5-402.11 Backflow Prevention, (A) Except as specified in (B), (C), and (D) of this section, a direct connection may not exist between the SEWAGE system and a drain originating from EQUIPMENT in which FOOD, portable EQUIPMENT, or UTENSILS are placed. On 4/26/2026 at 9:18 AM observed the two-door cooler in the kitchen with chipped and worn paint on multiple storage rack surfaces. Paint was observed peeling (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	from edges in high use areas of the rack leaving exposed metal. According to the 2022 FDA Food Code section 4-501.11 Good Repair and Proper Adjustment, (A) EQUIPMENT shall be maintained in a state of repair and condition that meets the requirements specified under Parts 4-1 and 4-2. (B) EQUIPMENT components such as doors, seals, hinges, fasteners, and kick plates shall be kept intact, tight, and adjusted in accordance with manufacturer's specifications. On 4/26/2026 at 9:41 AM observed a container of a thickening agent in medication refrigerator with a facility marked date of 4/13 and a manufacturer expiration date of July 2026. A sign on the refrigerator door stated, No food is to be kept in medication refrigerators.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to have an active plan for reducing the risk of legionella and other opportunistic pathogens of premise plumbing (OPPP). This deficient practice has the increased potential to result in waterborne pathogens to exist and spread in the facility's plumbing system and an increased risk of respiratory infection among all residents in the facility. Findings Include:On 04/26/2026 at 8:32 AM observed an inoperable water fountain in the front entrance of the building lobby indicating possible stagnant water. The electric plug was observed unplugged and hanging. On 04/26/2026 at 10:36 AM observed an inoperable water fountain in the hearth room indicating a possible stagnant line.On 04/26/2026 at 11:06 AM observed a therapy tub in the spa room A hall. An interview with Housekeeping/Laundry Supervisor (HLS) K at this time found they were not sure if it is used or not.On 04/26/2026 at 11:16 AM observed a shower room converted to a clean linen room in the spa room E hall. The hand sink faucet and shower head were observed on. On 04/26/2026 at 11:19 AM observed a shower room converted to a clean linen room in the spa room D hall. An interview with HLS K found it is not used as a shower room. The hand sink faucet and shower head were observed on. On 04/26/2026 at 11:27 AM an interview with HLS K found the water fountains were turned off during covid and have not been turned back on.On 04/26/2026 at 1:36 PM an interview with Nursing Home Administer (NHA) and phone interview with Maintenance Director (MD) I was conducted. When asked about control measures regarding water management, MD I indicated they do water temperature checks weekly, and yearly testing for Legionella. When asked if chlorine monitoring is done, NHA indicated they do not test for free chlorine in the domestic cold or hot water supply that residents use and that they only receive and review the water reports from their municipality. When asked about decorative fountains, MD I indicated they have one that is closed for the season currently. MD I indicated when the fountain is opened it is treated and treatment is done on a need be basis. When asked if there are control limits in place, NHA stated the facility would change their course of action depending on Legionella test results. MD I indicated they did have a positive Legionella test in the kitchenette a few months ago and changed the faucet and line set per the recommendation. When asked if the process is written out, NHA indicated the processes are in TELS for controls in place. When asked if aerators are cleaned, MD I indicated they are changed on a need be basis. On 04/26/2026 at 2:31 PM MD I arrived at the facility and an interview was conducted. When asked about unoccupied rooms, MD I stated they run faucets in unoccupied rooms weekly. When asked if the shower rooms that were converted to clean linen rooms are flushed, MD I indicated they are flushed when taking water temperatures but are not on a regular cycle. MD I indicated they go to different areas every week to take water temperatures. When asked about the water fountains that are inoperable, MD I stated the water fountains were unplugged and turned off at the valve during covid and have not been turned back on.Record review of the facility provided document titled [NAME] Fountain Nursing & Rehabilitation Center Legionella Water Management Program dated 2/2019 states, The purpose of the water management program is to identify areas in water system where Legionella bacteria can grow and spread, and to reduce the risk of Legionnaire's disease. The policy includes the components of the plan, including The identification of areas in the water system that could encourage the growth and spread of Legionella or other waterborne bacteria, including . 3. Filters 4. Aerators 5. Showerheads and hoses . 7. Hot Tubs 8. Fountains.Record review of the facility provided document titled Maintenance and Monitoring of Water Systems dated March 2022 states, Where practicable, the following engineering measures will be incorporated into the design and operation of the system.The design should eliminate dead legs and other areas of stagnant water.Record review of the facility provided policy titled Legionella Policy/Procedure - Environmental dated last reviewed 2/4/2025 states procedure steps including, 2. Building Water Systems: The WMT will describe and assess the Facility's water system. The assessment will identify where Legionella (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	could grow and spread, which may include . hot and cold water tanks; water heaters; pipes, valves and fittings; water filters; water faucets; aerators . hot tubs and saunas; decorative fountains. Step three includes, 3. Control / Maintenance Measures: The facility will implement control measures to reduce the potential for the growth and spread of Legionella as identified in the Legionella Management Plan. Control measures will include, but are not limited to: A. Routine testing of chlorine levels . C. Monitoring and flushing pipes in rooms and/or areas of the building that are not in use .A record review of the facility provided document titled Water Management Program Plan includes a date of February 12, 2026. The plan does not include identified areas where Legionella could grow and spread, or a description of control measures taken.According to the Centers for Disease Control and Prevention, Controlling Legionella in Potable Water Systems dated January 3rd, 2025, Flush low-flow piping runs and dead legs at least weekly. Flush infrequently used fixtures (e.g., eye wash stations, emergency showers) regularly as needed to maintain water quality parameters within control limits. Eliminate dead legs, which are sections of no- or low-water flow.

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F 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to develop and implement written comprehensive advance directives (Cardiopulmonary Resuscitation/CPR, Artificial Nutrition/Peg Tube, Artificial Hydration/ IV, and Diagnostic Testing) for six (R4, R6, R7, R9, R64, and R70) of 14 residents reviewed for advance directives, resulting in the missed opportunity to grant life sustaining or life withholding decisions known by the resident or legal representative.Findings include:R64 On [DATE] at approximately 9:00AM, R64 was observed in their room in bed. On [DATE] at approximately 9:30AM, R64 was queried regarding their advance directives. R64 said they did not recall making a choice or decision upon admission but would not want chest compressions if their heart or breathing would stop. A record review was conducted and revealed R64s most recent admission to the facility was on [DATE] with diagnoses that included fracture of the right femur, acute kidney failure, pain, dementia, delirium, and urinary tract infection. A review of R64's physician orders revealed an order dated [DATE] which read, Adv. Directive: Full Cardiopulmonary Resuscitation (CPR). Section C of the Minimum Data Set with an Assessment Reference Date of [DATE] revealed R64 scored 12/15 on the Brief Interview for Mental Status assessment – indicative of moderate cognitive impairment. A social work progress note dated [DATE] revealed in part, Advanced directives reviewed & (and) discussed. Education provided on difference between full code & DNR (Do Not Resuscitate) status, put in place of FULL CDE [sic] status per (R64) wishes. There was no other documentation in the electronic health record (EHR) to support the decision made by the resident. R6 On [DATE] at approximately 10:00AM, R6 was observed in their room in bed. R6 was alert and communicated appropriately during the interview. A record review was conducted and revealed R6's most recent admission to the facility was on [DATE] with diagnoses that included pressure ulcer of sacral region, chronic kidney disease, heart failure, anxiety disorder, depression, chronic respiratory failure, chronic obstructive pulmonary disease, sleep apnea, and type II diabetes. Section C of the Minimum Data Set with an Assessment Reference Date of [DATE] revealed R6 scored an 11/15 on the Brief Interview for Mental Status assessment – indicative of moderate cognitive impairment. There was no active physician order related to advance directives. R6's demographic sheet (Face Sheet) listed the code status as Full Cardiopulmonary Resuscitation. A social work progress note dated [DATE] revealed in part, Advanced Directives reviewed and & discussed. Education provided on difference between FULL CODE & DNR. Voiced understanding. Put in place of FULL CODE status per (R6) wishes. There was no other documentation in the EHR to support the decision made by the resident. R70 On [DATE] at approximately 10:00AM, R70 was observed in their room. R70 was alert and (continued on next page)

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F 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	communicated appropriately during the interview. A record review was conducted and revealed R70s most recent admission to the facilty was on [DATE] with diagnoses that included metabolic encephalopathy, adjustment disorder with mixed anxiety and depressed mood, dementia, delirium, respiratory failure, acute kidney failure, heart failure, type II diabetes, and obesity. A review of R70's physician orders revealed an order dated [DATE] which read, Adv Directive: Full Cardiopulmonary Resuscitation (CPR). Section C of the Minimum Data Set with an Assessment Reference Date of [DATE] revealed R70 scored 11/15 on the Brief Interview for Mental Status assessment – indicative of moderate cognitive impairment. A social work progress note dated [DATE] revealed in part, Advanced Directives reviewed & discussed. Education provided on difference between DNR & FULL CODE status. Voiced understanding. Put in place of FULL CODE status per wishes. There was no other documentation in the EHR to support the decision made by the resident. R7 Record review of R7 electronic medical record revealed that R7 was identified as Full Code. However, further review of medical records revealed no documented evidence that the resident nor responsible party had been educated regarding advanced directives, including the right to formulate advanced directives and accept or refuse treatment. Further review revealed no signed consent, advance directive documentation, or other supporting documentation identifying how the resident's Full Code status had been determined. Review of R7 Electronic Medical Record (EMR) revealed resident was admitted on [DATE] with the diagnosis as follows: FRACTURE OF LOWER END OF RIGHT TIBIA, FRACTURE OF SHAFT OF RIGHT FIBULA, PARANOID SCHIZOPHRENIA, CHRONIC DIASTOLIC (CONGESTIVE) HEART FAILURE and DYSPHAGIA. Review of Minimum Data Set (MDS) for R7 with date of [DATE] for Brief Interview for Mental Status (BIMS) noted R7 was 15 out of 15 cognitively intact. R9- On [DATE] at 11:27 a.m. R9 was observed in the dining room. R9 presented as alert and oriented to person and place with confusion. R9 was able to participate in simple conversation and make basic needs known. Review of the clinical record revealed R9 was initially admitted into the facility on [DATE] with diagnoses that included chronic obstructive pulmonary disease, post-traumatic stress disorder, and chronic developmental disorder. According to the quarter Minimum Data Set (MDS) assessment dated [DATE], R6 had moderate cognitive impairment (BIMS-12) and required max assistance with most activities of daily living. According to the resident profile in the electronic medical record, R9 has a court appointed legal guardian. Review of the advance directive form in the electronic medical record dated [DATE] documented a Full Code status that was signed by R9. There was no revised written evidence that showed the legal guardian was informed or agreed with the code status. (continued on next page)

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F 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	R4- On [DATE] at 2:48 p.m. R4 was observed in the bedroom with the spouse present at the bedside. R4 presented as alert, oriented to person, place, and situation. R4 was also able to make needs known. Review of the clinical record revealed R4 was admitted into the facility on [DATE] with diagnoses that included chronic respiratory failure, end stage renal dialysis, atrial fibrillation, and chronic obstructive pulmonary disease. According to the admission MDS assessment dated [DATE], R4 was cognitively intact (BIMS-14) and required max assistance with most activities of daily living. R4 does not have a legal representative and makes decisions independently. According to the resident profile in the electronic medical record documented R4 was a Full Code. There was no written evidence that showed the R4 was informed or agreed with the code status. On [DATE] at 4:17 p.m. R4 was interviewed again queried if the facility presented an advance directive upon admission. R4 stated, What's that? R4 was informed an advance directive was a written plan to let the facility know what to do if there was an emergency such as CPR or a peg tube. R4 said someone spoke about it a while ago but didn't say anything about wanting a peg tube. On [DATE] at 9:45 a.m. Social Service Director D was interviewed and said the Corporate Social Worker G instructed a written advance directive did not have to be used if residents are a full code. The advance directive for full code is documented in the medical record but there is no written documentation. A code status (Full Code or DNR) is only discussed, and a pamphlet is given to the resident or legal representative upon admission. On [DATE] at 3:32 p.m. Corporate Social Worker G was interviewed via telephone and said written advance directives for full code status used to be used but it was determined it was not required per policy. Corporate Social Worker G did acknowledge pieces were missing (peg tug, IV hydration, diagnostic testing) to thoroughly formulate an advance directive. Review of the facility's policy titled Advance Directives- Code Status revision date [DATE] documented in part the following: It is the policy of the facility that the resident has the right to formulate an advance directive, including the right to accept or refuse medical treatment. Upon admission, the facility will inquire if the resident has executed a written advance directive related to their code status. If the resident is incapacitated or unable to receive information about his or her right to formulate an advance directive, the information may be provided to the resident's legal representative.

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to ensure dignity was maintained for one resident (R38) of one resident reviewed for dignity.Findings include:On 4/26/26 at 8:35 A.M. upon entering the facility walking past R38's room, the resident was observed in the first bed in a supine position (position lying on the back with face upward), with brief and entire upper thighs exposed in full view of the survey team and hallway traffic. The R38's arms were extended to the sides of the bariatric bed, and each exposed leg was positioned at the end of each corner of the bed. The resident's body was not covered and due to the resident's size (480 pounds) and the position of the bed, the resident's brief and body parts were seen from the hallway.In addition to the earlier observation R38 remained in the first bed without a Privacy curtain being pulled or a change of rooms. R38's body was within full view of the hallway showing an exposed brief and no covering of the lower extremities on 4/26/26 at 1:09 P.M., and on 4/27/26 at 8:00A.M.,3:02 P.M. and 4:45 P.M.R38 was readmitted to the facility on [DATE], with diagnoses of defect of end plate of vertebrate, acute and chronic respiratory failure with hypoxia, adult sexual abuse, morbid obesity, undeferential schizophrenia, developmental disorder, seizure, obstructive sleep apnea, and developmental delay.According to [NAME] Data Set (MDS) dated [DATE] R38 had a Brief intellectual mental status (BIMs) of 12 of 15 with moderately cognitive impairment (ability to think) and was dependent on staff for toileting, dressing, shower/bathe, rolling left and right, sitting to lying and lying to sitting on the side.On 4/28/26 at 1:30 P.M. during an interview with Unit Manager (UM) L concerning the observations of the resident's brief and exposed body parts from the hallway, UM L attempted to defend R38's exposed body part as being the resident's rights. During the interview with UM L was asked would a reasonable individual like yourself would want their body and brief to be on displayed to male visitors, other staff and residents entering or walking the hallway? The manager responded no. UM L was then asked had the facility attempted to address the resident's exposure from the hallway by implementing privacy interventions? UM L responded, no and that the resident had been educated on covering her lower extremities and staff tried to check on the resident frequently. UM L was asked how the facility ensured R38 understood the education when the resident had a diagnosis of developmental delay and sometimes could not express herself. UM L had no response.On 4/26/26 at 4:25 P.M., review of the facility's policy titled: Dignity dated 9/21/2023 stated in part.* Demeaning practices and standards of care that compromise dignity is prohibited. * Staff are expected to promote dignity and assist residents. *Staff are expected to treat cognitively impaired residents with dignity and sensitivity.

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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 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide activities to meet all resident's needs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to provide age-appropriate meaningful activities for one cognitively intact (R85) of four residents reviewed for activities, resulting in boredom, lack of interest in facility life, and loss of dignity.Findings include:R85-On 4/26/2026 at 11:23 a.m. R85 was observed resting in bed watching television. R85 presented as alert, oriented to person, place, and time and able to make all needs known. R85 has been observed participating in out of room activities, however R85 said they don't bother going to activities anymore due to there not being enough activities of interest to do. R85 stated, They (facility) no longer offer live entertainment or out the facility trips. It's spring and we should be planting a little garden or building a bird feeder. Instead, they have us doing (kiddie shit) making me feel like an asshole. We should be having activities we enjoy. R85 pointed to the closet door of the bedroom. There was a [NAME] that had cartoon stickers and glitter placed on it. Next to the [NAME], there was a paper plate with cotton balls, stickers, and glitter. R85 said the activities seemed to have changed once the Activities Director took on an additional job and did not seem to have time to plan better activities. R85 was also the Resident Council President.On 4/26/26 at 1:18 p.m. Activities Aide M was observed approaching residents asking if they wanted to attend the activities sand art and a movie. The sand art activity was not listed on the monthly (April) activities calendar. Activities aide was queried who decided on the movie that was going to be watched and why sand art was added as an activity. Activities Aide M said the movie was decided by the Activities Director. The sand art activity was just added today. The aide was queried about residents choosing the movie. Activities Aide M asked, Was it inappropriate that we picked the movie? On 4/27/26 at 10:54 a.m. Activities Director AD C was interviewed and queried about activities occurring not being on the calendar. Activities Director C said it was added at the last minute. Activities Director C was queried about the movie that was selected by the Activities Director and not the residents. AD C said one resident selected the movie and another resident was ok with the choice. No other residents were asked. AD C was queried about the age appropriateness of paper plate, glitter, and cartoon stickers crafts. AD C stated, I choose activities from a website and try to choose activities that lower functioning residents could do. I am also staff challenged. I do not offer an alternative activity for higher functioning residents. I just wait until something is suggested and try to do it. On 4/28/26 at 3:05 p.m. the Nursing Home Administrator (NHA) was interviewed and shown the art that was in R85's room. The NHA said the art was not age appropriate and that things can be improved in the department.Review of the clinical record revealed R85 was initially admitted into the facility on [DATE] with diagnoses that included chronic obstructive pulmonary disease, muscular sclerosis, and congestive heart failure. According to the quarter Minimum Data Set assessment dated [DATE], R85 was cognitively intact (BIMS-15) and required total two-person assistance with most activities of daily living. Review of the Activities/Recreation care plan, date initiated 6/21/24 documented in part the following: Resident can make their own decisions as to which programs they would like to attend. The resident is alert and complete their own assessment. Interventions: Assure that the activities the resident is attending are compatible with physical and mental capabilities; Compatible with known interests and preferences; Adapted as needed, Compatible with individual needs and abilities; and age appropriate.

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	04/28/2026

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F 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Implement a program that monitors antibiotic use. Based on observation, interview and record review, the facility failed to ensure adequate monitoring of antibiotic use for one resident (R64) of five residents reviewed for antibiotic stewardship, resulting in the potential for the resident to experience unnecessary medication side effects or outcomes. Findings include: On 4/27/2026 at approximately 9:20AM, R64 was observed in their room in bed. R64 was asked about their antibiotic use for a urinary tract infection (UTI). R64 responded, they say I'll always have to take it because I'll always have a UTI. When asked if they had any current symptoms of a UTI such as burning with urination, R64 said no. A record review was conducted and revealed R64s most recent admission was on 3/14/2026 with diagnoses that included fracture of the right femur, acute kidney failure, metabolic encephalopathy, chronic obstructive pulmonary disease, dementia, and urinary tract infection. Section C of the Minimum Data Set with an Assessment Reference Date of 3/20/2026 revealed R64 scored 12/15 on the Brief Interview for Mental Status assessment - indicative of moderate cognitive impairment. A review of R64's March and April 2026 Medication Administration Record (MAR) revealed the following antibiotic orders:Levofloxacin Oral Tablet 750 MG - start date 3/15/2026: Give one tablet by mouth one time a day every 2 days for UTI for 4 days. Administered on 3/15/2026 and 3/17/2026. Nitrofurantoin Macrocrystal Oral Capsule 50 MG - start date 3/24/2026: Give 1 capsule by mouth one time a day for chronic UTI's. No stop date-prophylactic. Held 3/31/2026 to 4/1/2026 and discontinued 4/6/2026. Administered 3/24/2026 through 3/31/2026. Nitrofurantoin Macrocrystal Oral Capsule 50 MG - start date 3/31/2026: Give 1 capsule by mouth two times a day for UTI for 5 days. Administered on 3/31/2026 and discontinued 3/31/2026. Nitrofurantoin Macrocrystal Oral Capsule 100 MG - start date 4/1/2026: Give 1 capsule by mouth two times a day for UTI for 5 Days. Administered 4/1/2026 through 4/4/2026 and discontinued on 4/6/2026. Sulfamethoxazole-Trimethoprim Oral Tablet 800-160 MG - start date 4/11/2026: Give 1 tablet by mouth two times a day for UTI for 2 days. Administered 4/11/2026 and 4/12/2026. Macrodantin Oral Capsule 50 MG - start date 4/12/2026: Give 1 capsule by mouth two times a day for prophylactically for UTI. Administered 4/12/2026 and 4/13/2026. Discontinued 4/13/2026. Macrodantin Oral Capsule 50 MG - start date 4/14/2026: Give 1 capsule by mouth two times a day for prophylactically for UTI - no stop date per attending Nurse Practitioner as prophylactic. Administered 4/14/2026 through 4/21/2026. Discontinued on 4/21/2026. Bactrim DS Oral Tablet 800-160 MG - start date 4/22/2026: Give 1 tablet by mouth one time a day for UTI prophylaxis - no stop date. Administered 4/22/2026 through current date. A nursing progress note dated 3/15/2026 revealed in part, ABX (antibiotic) started this shift D/T (due to) new admission for UTI. Resident denies nay [sic] pain or discomfort with urination.A nursing progress note dated 3/15/2026 revealed in part, Continues on oral ABX for UTI, no s/s (signs or symptoms) of infection noted to right hip. No c/o (complaints of) pain or discomfort. The patient did experience 3 episodes of diarrhea this shift. None of the bowel regime medications were given. Provider made aware of loose stools and writer is awaiting response for next steps r/t diarrhea.A nursing progress note dated 3/16/2026 revealed in part, Resident continues on ABX for UTI. No c/o pain or any discomfort with urination. Resident did state that she had a loose stool. Imodium given with + results.A nursing progress note dated 3/27/2026 revealed in part, Continues on prophylactic ABX for UTI. Resident has no urinary complaints.Physician progress notes dated 3/16/2026, 3/18/2026, 3/27/2026, 3/31/2026, and 4/24/2026 revealed no mention of the UTI, antibiotic usage, or monitoring of the medication.Further review of the R64's electronic health record revealed that no urinalysis with urine culture laboratory testing had been ordered since R64's admission date of 3/14/2026.On 4/27/2026 at approximately 4:15PM, a telephone interview was conducted with R64's Attending Physician E (AP E). When queried about the numerous antibiotic orders and adjustments, the antibiotic with no stop dates, and lack of laboratory monitoring, AP E said that his nurse practitioner was adjusting the doses; that he does not want to test unless there are signs and symptoms and that R64 has chronic retention of urine and a history of UTI's. On 4/28/2026 (continued on next page)

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F 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	at approximately 11:30AM, an interview was conducted with the Director of Nursing (DON). The facility's corporate nurse consultant (CN G) was also present for the interview. The DON was queried regarding the numerous antibiotic orders and adjustments, the antibiotic with no stop dates, and lack of laboratory monitoring. The DON reported that medications are reviewed within the EHR system for any alerts and corrections are then made. The DON further said that they noticed on 4/27/2027 there was no stop date for the Bactrim and notified the provider. CN G added that the continued use of the antibiotics will keep the resident from going to the hospital and that no stop date is necessary for the prophylactic antibiotic. A policy titled, Antibiotic Stewardship Program originally dated 10/31/2017 was provided by the facility and revealed in part, Recommendations and interventions of an effective antibiotic stewardship program are designed to ensure that residents who meet criteria for infection receive the right antibiotic, at the right dose, at the right time, and for the right duration. The document also revealed, The facility follows the CDC's (Centers for Disease Control) core elements for antibiotic stewardship which includes diagnostic testing required to be completed per McGreer's criteria prior to initiation of antibiotic orders, orders for antibiotics will include name, dose, route, frequency of the antibiotic as well as indication for use and stop date. Finally, the document revealed, Actions to improve antibiotic use: reduction in prescribing antibiotic prophylaxis for the prevention of urinary tract infections.