STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235380	A. Building B. Wing	03/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Villa at Rose City	517 W Page St Rose City, MI 48654

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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 0694 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide for the safe, appropriate administration of IV fluids for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37668 Based on observation, interview and record review, the facility failed to implement and operationalize policies and procedures for management and care of a Peripherally Inserted Central Catheter per standards of practice for one resident (Resident #124) of one resident reviewed. Findings include: On 3/4/25 at 12:30 PM, Resident # 124 was observed in their room in bed. The Resident had a neck immobilizer brace in place. An IV pump and pole were positioned on the right side of the Resident. A 250 milliliter (mL) bag of 0.9% normal saline solution containing 1.75 grams (g) of Vancomycin (antibiotic) with approximately 40 mL of solution remaining in the bag was hung on the pole and fed into the IV pump but not connected to the Resident. When queried, Resident #124 revealed they had spinal fusion surgery which was why they had to wear the neck brace. When queried regarding the IV antibiotic, Resident #124 revealed had an infection. When queried regarding IV access, Resident #124 revealed they had a PICC line and moved their shirt sleeve to show a PowerPICC line in their right upper arm. The transparent Tegaderm dressing covering the PICC line insertion site was undated, lose and peeling. Resident #124 was asked when the dressing had been changed last and indicated they were not sure of the date. Record review revealed Resident #124 was admitted to the facility on [DATE] with diagnoses which included cervical spinal fusion, osteomyelitis of the cervicothoracic vertebrae (infection of the spine), and antibiotic use. Review of the Minimum Data Set (MDS) assessment dated [DATE] revealed the Resident required none to moderate assistance to complete Activities of Daily Living (ADLs). The MDS further detailed the Resident had intravenous (IV) access. Review of Resident #124's Health Care Provider (HCP) orders and Medication Administration Record (MAR) revealed the following: - Sodium Chloride Flush Intravenous Solution 0.9 % (Sodium Chloride Flush) Use 10 milliliters four times a day for before and after antibiotic administration . (Start Date: 2/25/25) - Heparin Lock Flush Solution 10 units/mL Use 5 mL intravenously two times a day for per protocol . Use 5 mL as final flush in non-valved lines . (Start Date: 2/25/25) - IV PICC line change dressing every 7 days . every Wednesday . per protocol (Start Date: 2/26/25) (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0694 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Per the MAR, the PICC line dressing was changed on 2/26/25. Review of Resident #124's hospital Patient Summary Discharge Instructions, Orders and Medications dated 2/24/25 revealed, Complete Medication List . list of medications for you to use at home. Take only the medications listed below . New Medications . Sodium chloride (sodium chloride 0.9% injectable solution) 10 milliliters (mL) IV flush every 8 hours . Vancomycin 1.75 g (IV) solution every 12 hours . How to care for your PICC . Flush the PICC as told . Keep the PIICC dressing dry and secure it with tape if the edges stop sticking to your skin . Preventing Other Problems. Do Not use a syringe that is less than 10 mL to flush the PICC . How to care for your PICC dressing: Keep your PICC dressing clean and dry . Your PICC dressing needs to be changed if it becomes loose or wet . On 3/5/25 at 8:45 AM, Resident #124 was observed in their room. The Resident was receiving vancomycin IV infusion via the PICC line in their right upper extremity and the dressing over the PICC line insertion site was undated, loose, and peeling. On 3/6/25 at 7:09 AM, Resident #124 was observed in their room. The Resident was receiving vancomycin IV infusion via the PICC line in their right upper extremity. An interview was completed with the Director of Nursing (DON) on 3/6/25 at 8:07 AM. When queried if the transparent dressing over PICC line insertion site should be loose and peeling, the DON stated, No. When asked if the dressing should be dated, the DON replied, I don't know if the policy stated that. The DON was informed of observations of Resident #124's PICC line dressing at this time but did not provide further explanation. When queried why the facility was flushing Resident #124's PowerPICC line with heparin, the DON indicated that was the protocol and HCP order. The DON was then asked if flushing a PICC line with heparin is evidence based best practice and stated it is. When queried why Resident #124's hospital discharge documentation specified the PICC line should be flushed with 10 mL normal saline and not heparin, the DON did not provide further explanation. On 3/6/25 at 9:57 AM, an interview was conducted with Licensed Practical Nurse (LPN) B. When queried if they were going to flush Resident #124's PICC line, LPN B stated, Already did it. LPN B was then asked what they used to flush the Resident's PICC line and opened the medication cart. LPN B presented a prefilled 10 mL syringe of normal saline and a prefilled 5 mL syringe of Heparin 10 units/mL. LPN B was asked to describe the process in which they flush the PICC line and stated, Heparin is second. When asked to clarify if they were saying they flushed the PICC with the normal saline flush followed by the 5 mL syringe of heparin, LPN B verified. When asked if a 5 mL flush syringe is appropriate to use with a PICC line, LPN B indicated that was what the facility pharmacy had sent. Upon request for a facility policy/procedure pertaining to PICC line care and maintenance, the facility provided a pharmacy procedure entitled, 005-J: Flushing Midline and Central Line IV Catheters (May 2022;) . Flushing . 1. Flush open ended (non-valved) catheters with normal saline and heparin . 2. Flush closed ended (valved) catheters with normal saline . Technique: 1. Always use a syringe barrel size of 10 mL or greater when flushing . Flushing when giving medication with SASH (saline, administer medications, saline, heparin) method . 16. Connect 10 mL syringe containing heparin . A study conducted by [NAME], [NAME], Atem, Nair, Warkola, and [NAME] (2025) showed consistent results with previous research studies and literature reviews to recommend discontinuation of heparin use and implementation of normal saline only as a flush and locking agent in routine PICC line care. (continued on next page)

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F 0694 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Reference: [NAME], L., [NAME], M., Atem, F., Nair, K., Warkola, R, & [NAME], M. (2025). Heparin Versus Saline: A Comparative Study to Support Practice Change Within an Organization. Journal of Infusion Nursing, 48, 11-16. https://doi.org/10.1097/[NAME].0000000000000569

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F 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident's drug regimen must be free from unnecessary drugs. 40383 Based on interview and record review, the facility failed to follow two physicians' orders to discontinue a medication for one resident (Resident #11) of five residents' records reviewed for unnecessary medications. Findings include: Resident #11 (R11): On 3/05/25 at 2:27 PM, the medication orders for R11 were reviewed. An active and current order for Melatonin Oral Tablet 5 MG (milligrams) Give 1 tablet by mouth every 24 hours as needed for insomnia at bedtime was observed. A review of the Behavioral Health Solutions (BCS) recommendations for the date of service 12/29/2024 included, Based on the data obtained and discussions with patient and staff, this provider concludes: a change in medication will be recommended at this time-dc PRN (discontinue as needed) Melatonin as not used in December. The summary of this report further stated, Plan: Patient with no c/o (complaints of) insomnia. No PRN Melatonin use is noted in December. Recommend dc of Melatonin at this time. Recommend staff continue to monitor sleep. Document episodes of insomnia. The recommendation had been highlighted, and the physician had signed near the highlighted recommendation. During an interview on 3/05/25 at 4:07 PM, the Director of Nursing (DON) and the Director of Social Services (Staff F) reviewed the recommendations made by BCS on 12/29/24 and acknowledged the physician had signed and agreed with the recommendations. The medication administration records for 12/2024, 01/2025 and 02/2025 revealed the Melatonin ordered as needed had not been discontinued. Further review of the medical record for R11 revealed an additional consultation by BCS for the date of service 2/25/2025 included, . Plan Patient with no c/o insomnia. Recent scheduling of Melatonin noted per PCP (Primary Care Physician) 2/2/2025; no PRN Melatonin use has been noted. Recommend dc of PRN Melatonin at this time. Recommend staff continue to monitor sleep. Document episodes of insomnia. The recommendation had been highlighted, and the physician had signed near the highlighted recommendation and made a check mark on the highlighted recommendation. During an interview on 3/05/25 at 4:07 PM, the DON and Staff F reviewed the recommendations made by BCS on 2/25/25 and acknowledged the physician had signed and had agreed with the recommendations. The medication administration records for 02/2025 and 03/2025 revealed the Melatonin ordered as needed had not been discontinued. During an interview on 3/06/25 at 4:00 PM, the DON and Staff F upon reviewing BCS recommendations and physician follow up agreed the Melatonin as needed order had been approved by the physician to be discontinued but remained an active order until 3/5/25. (continued on next page)

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F 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The facility presented an undated policy titled Medication and Treatment Orders. This policy read in part, Medications shall be administered only upon the written order of a person duly licensed and authorized to prescribe such medications in this state.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37668 Based on observation, interview and record review, the facility failed to ensure that medications and medical supplies were secured, stored and disposed of per professional standards of practice in one of two medication storage rooms, one of two medication carts, and one treatment cart. Findings include: A tour of the C and D hall medication cart was completed with Licensed Practical Nurse (LPN) B on [DATE] at 7:29 AM. A container of undated glucometer testing strips were observed in the top drawer of the medication cart. When queried if the strips should be dated when opened, LPN B verbalized they should and indicated the glucometer controls were completed by night shift staff. On [DATE] at 9:30 AM, the treatment cart positioned near the C hall entrance was observed to be unlocked and unattended by staff. No staff were present at the nurses' station. At 9:33 AM on [DATE], Registered Nurse (RN) H approached the nearby medication cart but did not address the unlocked treatment cart. RN H was then queried regarding the treatment cart and confirmed it was unlocked. A tour of the treatment cart was completed with RN H at this time. The treatment cart contained both prescription and OTC treatment medications. The following open and expired items were present in the cart: - Open and undated package of calium alginate wound dressing - Open and undated package of Xeroform petroleum wound dressing - Open and undated package of Xeroform impregnated with 3% Bismuth Tribromophenate and petroleum The above wound care dressings were partially used and/or cut. When queried if wound care dressing packages are supposed to be opened, undated, partially used and in the cart, RN H stated, Ugh, gross. No. The following expired items were present in the treatment cart: - Nine Hydralock SA 6 X 10 inch wound dressings; Expired: [DATE] - 74 Adhesive Tape Remover Pads; Expired: [DATE] - Prescription Mycostatin (antifungal) cream container; Quantity 120 for Resident #50; the pharmacy label specified, Discard [DATE]. - Prescription Mycostatin (antifungal) cream container; Quantity 120 for Resident #15; Expired [DATE] (continued on next page)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	RN H was asked if Resident #15 was receiving the prescription cream and stated, (Resident #15) has been getting. When queried the last time the topical medication treatment was administered to Resident #15, RN H replied, Today. With further inquiry, RN H confirmed the expired cream was utilized. A tour of the [NAME] End Medication Room was completed on [DATE] at 12:05 PM. There were multiple items observed under the sink including emergency lights and cords, medication disposal solution jug, and another jug labeled, Save Coffee Grounds Please in sharpie. The following expired items were present in the medication room: - Multiple home medications for various residents - Five green top laboratory blood tubes; Expired: [DATE] - Three blue top laboratory blood tubes; Expired: [DATE] - Six blue top laboratory blood tubes; Expired: [DATE] - One 1 milliliter (mL) [NAME] point tuberculosis (TB) syringe; Expired: ,d+[DATE] - 0.5 mL [NAME] point insulin syringe; Expired: ,d+[DATE] The medication refrigerator in the medication room contained multiple vaccines including influenza and pneumococcal. Refrigerator temperature monitoring was completed one time per day. An interview was completed with the Director of Nursing (DON) on [DATE] at 12:41 PM. When queried if supplies should be stored under the sink in the medication room, the DON stated, There shouldn't be anything under the sink. The DON was then queried regarding multiple resident's expired home medications and expired supplies in the medication room and verbalized that expired supplies should be disposed of. When asked how often a medication refrigerator, containing vaccines, temperature should be checked, the DON stated, Once a day. When queried regarding CDC (Center for Disease Control) recommendations related to temperature monitoring of refrigerated vaccines, the DON reviewed the facility policy/procedure and stated, Twice a day. Review of facility policy/procedure entitled, Medication Storage in the Facility (Dated [DATE]) revealed, Medications and biologicals are stored safety, securely and properly, following manufacturer's recommendations . Procedures . B . Medications rooms, carts and medication supplies are locked when not attended by persons with authorized access . H. Outdated, contaminated, or deteriorated medications . are immediately removed . disposed . Temperature . F. The facility should check the refrigerator or freezer in which vaccines are stored, at least two times a day, per CDC guidelines . Expiration Dating . C. Certain medications or package types such as . blood sugar testing solutions and strips, once opened, require an expiration date shorter than the manufacturer's expiration date to insure medication purity and potency .

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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. 40383 Based on observation, interview, and record review, the facility failed to ensure that the sanitizer for the wiping cloths, used to sanitize food preparation areas, was at the correct concentration for disinfection. Findings include: During a tour of the dietary department on 3/4/25 at 9:42 AM with Certified Dietary Manager (CDM) A, the red sanitizer bucket was observed with a wiping cloth immersed in solution ready to use. The wiping cloths were used to sanitized dietary counters and food preparation areas. CDM A tested the solution to determine the amount of sanitizer present. The quaternary ammonium sanitizing chemical measured 50 - 100 ppm (parts per million). CDM A stated the proper sanitizer level was 200-400 ppm. During a tour of the dietary department on 3/5/25 at approximately 1:30 PM with CDM A, the red sanitizer bucket was observed with a wiping cloth immersed in solution ready to use. The sanitizer bucket was again tested by CDM A. It did not register any quaternary ammonium sanitizer present as the test strip did not change color. CDM A tried a new test strip dispenser, but it again registered zero ppm. CDM A stated it was the change of shift, and the sanitizer bucket should be emptied, but with the wiping cloth immersed, it appeared ready for use. The CDM stated there was not a written procedure for the sanitizing process. On 3/5/25 at 2:02 PM, CDM A provided a newly formulated undated guide titled Sanitizer Sink Procedure. It read in part, .Compare strip to color chart, Must be between 200-400ppm. During a tour of the dietary department on 3/6/25 at 11:00 AM, CDM tested the sanitizer bucket. The quaternary ammonium sanitizing chemical measured zero indicating there was no disinfectant present in the solution to sanitize and yet contained a wiping cloth immersed ready for use. The FDA Food Code 2017 States: - 3-304.14 Wiping Cloths . (B) Cloths in-use for wiping counters and other EQUIPMENT surfaces shall be: (1) Held between uses in a chemical sanitizer solution at a concentration specified under S 4-501.114; - 4-501.114 Manual and Mechanical Warewashing Equipment, Chemical Sanitization -Temperature, pH, Concentration, and Hardness. A chemical SANITIZER used in a SANITIZING solution for a manual or mechanical operation at contact times specified under 4-703.11(C) shall meet the criteria specified under S7-204.11 Sanitizers, Criteria, shall be used in accordance with the EPA-registered label use instructions, P and shall be used as follows: .C) A quaternary ammonium compound solution shall: (1) Have a minimum temperature of 24oC (75oF), P (2) Have a concentration as specified under S 7-204.11 and as indicated by the manufacturer's use directions included in the labeling, P and (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	(3) Be used only in water with 500 MG/L hardness or less or in water having a hardness no greater than specified by the EPA-registered label use instructions; - 4-702.11 Before Use After Cleaning. UTENSILS and FOOD-CONTACT SURFACES of EQUIPMENT shall be SANITIZED before use after cleaning.