STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235382	A. Building B. Wing	08/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hamilton Nursing Home	590 E Grand Blvd Detroit, MI 48207

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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39465 Based on observation, interview, and record review the facility failed to administer an accurate dose of medication (MiraLAX laxative) during an observation of medication administration (Med. Pass) for (R12). Findings included: On 8/21/2024 at 9:02 a.m., an observation was made with Licensed Practical Nurse (LPN) H 's morning med. Pass to R12 on the (100's Hallway). During a preparation of R12's morning meds by LPN H it was observed LPN H poured some powdered medication (MiraLAX Laxative) in a pill cup (measurement of 30 milliliters) by holding the pill cup up in the air without measuring the amount poured. LPN H then place the cup of powered medication with other medications already prepared on the medication cart and place the container of the medication back into the cart. As LPN H started to dilute the cup of powdered medication by pouring the medication into a cup of water was interrupted before doing so and was asked the measurement of the medication poured. LPN H said it should be one Scoop which comes to seventeen grams. LPN H said I am assuming it's the same as the cup size. LPN H said the scoop to measure that came with the medication had fallen on the floor about a couple of days ago. LPN H was asked should the medication be given if the measurement of one scoop (17 grams) was unknown. LPN H said I been giving it using the cup and I think the 30 milliliters cup is the same. After asking LPN H a second time should the medication be given without knowing the equivalent of one scoop, LPN H agreed and did not give the medication. On 8/21/2024 at 9:27 a.m., In the Hallway of unit 100, LPN H stated, I am ready to give the MiraLAX. LPN H measured the MiraLAX by using a purple cap which came with the medication calibrated for a measurement of seventeen grams and the equivalent of one scoop as ordered. LPN H was asked was the thirty milliliters pill cup the equivalent of one scoop. LPN H stated, No, it's measured half of the pill cup. LPN H said the pill cup was doubled the amount of the bottle cap measurement. LPN H said the resident had been getting double the amount ordered. According to the electronic medical record, R12 was initially admitted into the facility on [DATE] and readmitted into the facility on [DATE] with diagnoses that included chronic obstructive pulmonary disease, congested heart failure, and vascular dementia. R12's annually Minimum Data Set (MDS) with a reference date of 7/13/2024 indicated R12 had moderately cognition impairment with a BIMS (brief interview for mental status) score of 07/15. (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235382	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/23/2024

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Hamilton Nursing Home	590 E Grand Blvd Detroit, MI 48207

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the Physician's Orders start date of 6/11/2024 documented, MiraLAX Oral Powder 17 grams/Scoop give 1 scoop by mouth one time a day for prophylaxis (constipation). Review of the medication administration record revealed signatures indicating the medication was given daily. On 8/23/2024 at 1:02 p.m. the Director of Nursing (DON) was interviewed regarding the accurate measurement of the MiraLAX and the measurement of a prescribed medication. The DON said the nurse should not assumed the dosage of any medication and didn't need the scoop because everyone knows the purple cap on the bottle comes with the measurement of seventeen grams like it was ordered. According to the facility's 01/23 Medication Administration General Guidelines Policy: Medications are administered as prescribed in accordance with manufacturers' specifications, good nursing principles and practices and only by persons legally authorized to do so.

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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 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34901 Based on interview and record review, the facility failed to adequately assess factors potentially related to weight status change for one high risk resident (R40) receiving 100% of his nutritional requirements through a feeding tube. Findings include: A review of the Admission Record for Resident #40 (R40) documented an original admitted [DATE] and readmitted [DATE]. R40's diagnoses included adult failure to thrive (FTT), unspecified protein-calorie malnutrition (PCM), Parkinsonism, and gastrostomy tube. A Minimum Data Set assessment dated [DATE] documented severe cognitive impairment. A review of R40's weight measurements documented in part the following: 2/9/24: 149.6# 3/8/24: 148.8# 4/19/24: 130# 5/14/24: 128.4# 6/14/24: 116.2# 7/12/24: 121# 8/15/24: 120# R40 experienced approximately 20% weight loss in six months. A review of nutrition notes and assessments documented in part the following: 1. A 4/19/24 progress note: Resident discussed at Nutrition at Risk meeting. Weight loss noted, awaiting reweigh. MD ordered MBS (modified barium swallow procedure) and fluids. 2. A 5/2/24 nutrition risk assessment: NPO (receiving nothing by mouth) on tube feeding: Jevity 1.5, two cartons three times daily. Provides 2133 - 2160 kcal/day. Resident readmitted with a peg tube and weight loss. Current feeding meets estimated needs. Monitor weight, healing and tube feeding tolerance 3. A 5/24/24 nutrition note: Resident discussed at Nutrition at Risk meeting related to weight loss 7.7% past 30 days. He now is meeting all estimated nutrition/hydration needs via enteral feeding. Some weight fluctuations noted since readmission. MD ordered labs. Continue current plan. (continued on next page)

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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 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	4. A 5/31/24 nutrition note: Resident continues to display significant weight loss. Vomiting and peg tube replacement noted past week. Current tube feeding order meets estimated needs. Monitor for tube feeding tolerance. 5. A 8/17/24 nutritional risk assessment: Jevity 1.5, two cartons three times daily. Provides 2133 - 2160 kcal/day. Resident readmitted . Current feeding meets estimated needs. Monitor weight and tube feeding tolerance. On 8/23/24 at 9:54 AM, an interview and record review were conducted with Registered Dietitian (RD) C. RD C said all residents on a tube feeding were considered high risk and are weighed weekly. In general terms, residents on a tube feeding receive a quarterly assessment unless there is a change in the resident's status, such as change in skin condition, weight fluctuation, intolerance to the tube feeding, or when they return from the hospital. The nurses monitor for tolerance to the tube feeding. RD C does not monitor tolerance to their feeding unless something comes up. RD C calculated R40's caloric needs to encourage gradual weight gain by using the calculation of 30 kcal/kg body weight plus an additional 500 kcal daily. R40 caloric needs were estimated to be 2136 kcal/kg per day. R40's Jevity 1.5 prescription provided 2133 kcal daily. RD C acknowledged that R40's current tube feeding order exceeded his nutritional needs and should promote gradual weight gain. RD C said she did not assess why R40 was not gaining weight. RD C said an assessment regarding a lack of weight gain would include an evaluation of diagnoses that impact an ability to gain weight such as alcoholism, PCM, Parkinson, FTT, and dementia. RD C said she would also evaluate if R40 was receiving his tube feeding as ordered. A review of R40's Medication Administration Records (MAR) documented the following: Zero ml of Jevity 1.5 was administered at 6:00 AM on 6/19/24, 6/20/24, 6/24/24 7/4/24, and 6:00 PM on 6/23/24. Only 240 ml of Jevity 1.5 was administered at 6:00 PM on 6/4/24, 6/5/24, 6/11/24, 6/12/24, 6/13/24, 6/14/24, 6/18/24, 6/19/24, 6/20/24, 6/21/24, 6/25/24, 6/26/24, 6/27/24, 6/28/24, 7/1/24, 7/2/24, 7/18/24, 7/30/24, 8/1/24, 8/2/24, 8/6/24, and 8/8/24. After reviewing R40's MARs, RD C acknowledged she was unaware R40 was not getting the full amount of prescribed Jevity 1.5. RD C said it was her expectation that R40 received the amount of formula prescribed. RD C said if it had been investigated earlier, questions could have been asked about why R40 was not receiving the amount of tube feeding formula prescribed. On 8/23/24 at 11:34 AM, the Director of Nursing said it was her expectation that residents on tube feedings receive their tube feeding according to the registered dietitian's recommendations and physician orders. A review of R40's clinical record did not document nursing progress notes regarding why R40 did not receive the full amount of prescribed tube feeding between 6/4/24 and 8/22/24 as previously documented. The DON said there should have been some documentation when the resident did not receive the full amount of tube feeding formula. On 8/23/24 at 4:00 PM, the Nursing Home Administrator and DON were asked if there was any additional documentation or information that the facility would like to provide prior to the end of the survey and reported there was not.

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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 0773 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide or obtain laboratory tests/services when ordered and promptly tell the ordering practitioner of the results. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34901 Based on interview and record review, the facility failed to notify physician of a low lab level in a timely manner for one resident (R55) reviewed for death in the facility. Findings include: A review of the Admission Record for Resident #55 (R55) documented an original admission to the facility on [DATE] and readmission on [DATE]. R55 died in the facility on [DATE]. R55's diagnoses included epilepsy. A Minimum Data Set assessment dated [DATE] documented moderate cognitive impairment. Physician's orders documented R55's was prescribed divalproex (Depakote: an anti-seizure medication) 250 mg - 1 tab by mouth twice daily from [DATE] to [DATE] for epilepsy. Review of R55's seizure disorder care plan documented, Obtain and monitor lab/diagnostic work as ordered. Report results to MD and follow up as indicated. During record review and interview on [DATE] at 12:06 PM with the Director of Nursing (DON) the following was noted: 1. Laboratory collection received [DATE] documented a Valproic Acid (lab test for Depakote levels) of 18.5. The reference range for Valproic Acid was 50.0 - 100.0). 2. Nurse's note dated [DATE]: Physician reviewed abnormal labs, order for Stat Depakote/valproic level, (lab company) telephoned, no answer, voice message left and order requisitions faxed, confirmation received. Physician updated. Resident does not display any deviation from baseline cognition/functioning or seizure activity at this time. 3. Physician changed resident's order for divalproex sodium 250 mg to two tablets by mouth twice daily on [DATE]. The DON said the physician should have been notified of the valproic acid lab results when we received them. There was a delay in letting the doctor know. On [DATE] at 1:13 PM, Physician B said, When I noticed the valproic acid level I changed the Depakote dose. On [DATE] at 4:00 PM, the Nursing Home Administrator and DON were asked if there was any additional documentation or information that the facility would like to provide prior to the end of the survey and reported there was not.

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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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34901 Based on observation, interview, and record review, the facility failed to: 1. Ensure the dish machine was tested to for proper sanitizing prior to use; 2. Ensure the caulking of the dish machine back splash and hand washing sink were in good repair; 3. Effectively clean surfaces in the kitchen; 4. Ensure food past the use-by-date was not stored with active food stock; and 5. Ensure the ice machine was properly air gapped. These deficient practices had the potential to affect all residents who consumed food from the kitchen. Findings include: On [DATE] at 8:40 AM, during an observation of the kitchen with Dietary Manager (DM) F the following was observed: 1. Meal trays had been set through the low temp/chemical sanitizing dish machine by Dietary Aide (DA) E. DA E said the sanitizing solution had not been checked. When the dish machine sanitizing log was requested, none was available. 2. The caulking on the dish machine back splash and hand washing sink were chipped or missing. DM F said water can get behind there. 3. When the top of the eye washing station was wiped with a wet paper towel, DM F said, I saw dust. 4. Approximately ten slices of American cheese were stored in the reach-in cooler with a use-by-date of [DATE]. DM F said items in the refrigerator should be checked daily and any expired food should be discarded. On [DATE] at 12:05 PM, the drain line from the ice machine located on the second floor was observed to not have the required minimum one-inch air gap (an unobstructed vertical space between the end of the drain line and the flood rim of the floor drain). On [DATE] at 4:00 PM, the Nursing Home Administrator and Director of Nursing were asked if there was any additional documentation or information that the facility would like to provide prior to the end of the survey and reported there was not. The 2013 FDA Food Code was reviewed and revealed the following: Section ,d+[DATE].117 Warewashing Machines, Automatic Dispensing of Detergents and Sanitizers. (B) Incorporate a visual means to verify that detergents and sanitizers are delivered Section ,d+[DATE].11 Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils. (C) nonfood-contact surfaces of equipment shall be kept free of an accumulation of dust, dirt, food residue, and other debris. (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].13 Backflow Prevention, Air Gap: An air gap between the water supply inlet and the flood level rim of the plumbing fixture, equipment, or nonfood equipment shall be at least twice the diameter of the water supply inlet and may not be less than one inch.

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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 0814 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Dispose of garbage and refuse properly. 34901 Based on observation, interview, and record review, the facility failed to properly dispose of rubbish and maintain cleanliness of the outside garbage area, resulting in a potential for harborage of pests. Findings include: On 8/20/24 at approximately 12:15 PM, the outside dumpster area was observed with Maintenance/Environmental Director (M/ED) A. The two side doors of the commercial dumpster where observed opened. Food debris such as pizza crust, corn cob, and partial hamburger bun, was observed on the ground near the dumpster. A squirrel was observed noshing on the corn cob. M/ED A said the doors of the dumpster should be closed to keep the critters out. A review of the facility policy titled, Garbage and Pest Control, dated 11/30/14, documented in part the following: - Waste and refuse will be handled in a sanitary manner to prevent cross contamination or pest infestation. - The dumpster door must be kept closed at all times. On 8/23/24 at 4:00 PM, the Nursing Home Administrator and Director of Nursing were asked if there was any additional documentation or information that the facility would like to provide prior to the end of the survey and reported there was not.

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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 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** 50223 Based on interview and record review, the facility failed to implement an active water management 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 water borne pathogens to exist and spread in the facility's plumbing system and an increased risk of respiratory infection among any or all of the residents in the facility. Findings include: On 8/22/24 at approximately 10:30 AM the facilities building water management plan was requested from the maintenance supervisor (MS). A folder containing a document titled Water safety plan workbook was provided. A review of the facilities water safety plan workbook revealed that the facility assessment worksheet and water testing audits were not completed. A review of the included flow map revealed that it was inaccurate with listing for areas on the 4th floor which do not exist in the two floor facility. On 8/22/24 at 11:17 AM, during an interview, MS was asked to describe the facility's water management system. MS responded that all the sinks have an air gap. MS was asked if the air gaps are to prevent legionella. MS replied yes. The water management workbook was reviewed with the MS. The MS was asked if they were using the testing work sheets or logs. MS responded no maam. MS was asked if they are establishing control limits and monitoring water systems as instructed in the facilities workbook. MS stated, No, I do not do any testing of the water. MS was asked about the maintenance of the air conditioner units. MS explained that they do not do any preventative maintenance of the air conditioning units other than cleaning the filters. MS confirms that the workbook states that air conditioner units cause a significant risk of legionella, and that the workbook states preventative maintenance should be done and documented. MS was unable to provide documentation of air conditioner filter cleaning. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	On 8/22/24 at approximately 12:00PM a facility policy titled (Facility Name) Nursing Home Emergency Preparedness Guide Water Management Program was provided which stated the following: Policy: It is the policy of the facility to ensure that the facility has a plan that reduces the risk of growth and spread of legionella and other opportunistic pathogen in the building water systems. Fundamental information: Legionnaires disease is a severe form of pneumonia that often requires hospitalization and is fatal in about 10% of cases, and in 25% of healthcare associated cases. Legionnaires disease is caused by legionella bacteria. There are at least 60 different species of legionella, and most are considered capable of causing disease. Transmission: While legionella is found in natural [NAME] environments it can become a health concern in human made water systems (e.g. plumbing system of large buildings, cooling towers, certain medical devise) where conditions allow it to multiply and come in contact with vulnerable persons. People contract legionella by inhaling aerosolized water droplets containing the bacteria or, less commonly, by aspiration of contaminated drinking water. Cooling tower. Transmission can over via: Shower heads. Plumbing systems. Certain medical devices. Decorative foundations. Risk factors: Age > [AGE] years of age. Smoking. Chronic lung disease, such as emphysema or COPD. Immune system disorders due to disease or medication. Systemic Malignancy. Underlying illness, such as diabetes, renal failure or hepatic failure. Procedure: 1. Complete the CDC worksheet to identify building at risk for legionella growth and spread to identify needs for a water management program. Create the water management team. Identify and document the building description, including location, age, uses and occupants and visitors including the water system description (general summary, uses of water, aerosol-generation devices (e.g. hot tubs, decorative fountains, cooling towers) and process flow diagram. Identify vulnerable areas in the system and create a diagram to visually pinpoint areas for monitoring and control. Identify control measures, including points in the system where critical limits can be monitored and where control can be applied. Confirm procedures are in place, including verification steps to show that the program is being followed as written and validation to show that the program is effective. Document collection and transport methods and which lab will perform the testing if environmental testing is conducted. Water heaters should be maintained water temperature per the federal guidelines and document. Prevention measures include: check shower heads for dripping water and rust. Keep shower heads clean and change as needed and document. Clean ice machine according to (Facility Name) Nursing Homes ice machine cleaning schedule, document and ensure is not excessive standing water. On 8/22/24 at 3:39 PM, during an interview, the Administrator was asked to describe the facility's water management plan. The administrator explained that MS takes care of that and stated, did you talk to (MS) and did (they) show you the plan?. The Administrator stated, I know that we do not do any water testing unless there is a problem. The administrator was informed that the water management toolkit was not being utilized or implemented. Administrator was observed looking through the workbook and stated, I don't see it here. The Administrator was asked if the workbooks instructions should be followed and was asked what components should be included in the facilitys water management plan. The Administrator stated, It should include whatever the instructions say. I'm just trying to think why MS wouldn't have it. We just went through this last year. I'll have to ask MS if this is all we are supposed to use.

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F 0912 Level of Harm - Potential for minimal harm Residents Affected - Some	Provide rooms that are at least 80 square feet per resident in multiple rooms and 100 square feet for single resident rooms. 39465 Based on observation and record review, the facility failed to provide 80 square feet per Resident in multiple Resident rooms and at least 100 square feet for single Resident rooms, affecting 18 of 28 Resident rooms (#'s 104, 105, 106, 107, 108, 109, 110, 111, 113, 204, 205, 206, 207, 208, 209, 210, 211, and 213). Findings include: Observation of the Resident rooms on 8/23/24 at 10:00 AM, and review of the Facility Bed Count Information sheet revealed the following: ROOM # SQ. FT # OF BEDS 104 155 2 105 153 2 106 153 2 107 218 3 108 221 4 109 230 3 110 234 3 111 153 2 113 92 1 204 153 2 205 153 2 206 155 2 207 222 3 208 285 4 209 228 3 210 233 3 (continued on next page)

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F 0912 Level of Harm - Potential for minimal harm Residents Affected - Some	211 150 2 213 158 2 Each resident's room was observed. Cognitively intact residents were interviewed. No concerns were observed or reported.

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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 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. 34901 Based on observation and interview, the facility failed to maintain facility grounds in a clean and appealing manner. Findings include: On 8/20/24 at approximately 12:15 PM, the backyard of the facility was observed with Maintenance/Environmental Director (M/ED) A. Approximately 40 feet of outdoor planters were positioned along the outside of the building underneath residents' windows. There were four additional planters positioned along the sidewalk. The planters were visible from residents' rooms and the first-floor dining/activity room. The planters had not been maintained and contained weeds that had grown to be at least five feet tall. When M/ED A was queried about how residents might feel looking out their window at the overgrowth, he stated, It's not good. Also, along an exterior wall in the backyard, a downspout was detached about two feet from the gutter. On 8/22/24 at 11:50 AM, M/ED A said the weeds were at least five feet tall and there was no excuse for them to have grown like that. On 8/23/24 at 12:44 PM, the Nursing Home Administrator (NHA) said that maintenance employees should go out there and cut the weeds down. On 8/23/24 at 4:00 PM, the NHA and Director of Nursing was asked if there was any additional documentation or information that the facility would like to provide prior to the end of the survey and reported there was not.