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	09/04/2025

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 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Implement a program that monitors antibiotic use. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to implement an effective Antibiotic Stewardship Program. This deficient practice has the potential to affect all residents in the facility.Findings include:On 9/4/25 at 9:45 A.M during the Infection Control task the Antibiotic Surveillance Program was reviewed with the Infection Preventionist, Registered Nurse (RN) A . Review of the facility's July 2025 Infection control program revealed the following. R40 received an antibiotic (Bactrim DS) for seven days (7/25/25 - 8/1/25) with diagnosis of Urinary Tract Infection (UTI). R40's Infection Report did not include documentation of signs or symptoms of UTI or any urinary lab work. During inquiry RN A confirmed that the facility followed the McGeer's criteria to determine if residents have true infections and should be prescribed antibiotics. RN A said, There is no documentation in the resident's medical record to support the resident had a UTI. There is no lab work. R27 had received an antibiotic (Bactrim DS) for 10 days (7/22/25 - 8/01/25) with diagnosis of Urinary Tract Infection (UTI). R27 did not have an Infection Report. There were no documented signs or symptoms of infection. On 7/18/25 a urinalysis lab report indicated the resident was positive for an infection that was resistive to Bactrim. The report identified a different antibiotic (Nitrofurantoin) as a more effective antibiotic against the infectious pathogen (aerococcus sanguinicola). During inquiry RN A acknowledged that R27's urine culture indicated that the infectious pathogen was resistant to Bactrim. There was no documentation to support this lab report had been reviewed by either RN A or the resident's attending physician (MD B). MD B was also interviewed during this time and said that he reviewed most of the labs through an application on his cell phone. MD B reviewed R27's urinalysis and could not explain why the resident remained on Bactrim. Review of the facility's June 2025 Infection control program revealed the following: R4 had been prescribed an antibiotic (azithromycin) on 6/23/25. This antibiotic prescription was not identified on the June Infection control Report or included in the facility's Infection Rate resulting in June 2025's infection rate to be inaccurate.According to the facility's Surveillance for Infections policy (undated):Policy StatementThe Infection Preventionist will conduct ongoing surveillance for Healthcare-Associated Infections (HAIs) and other epidemiologically significant infections that have substantial impact on potential resident outcome and that may require transmission-based precautions and other preventative interventions.Policy Interpretation and Implementation1. The purpose of the surveillance of infections is to identify both individual cases and trends of epidemiologically significant organisms and Healthcare-Associated Infections, to guide appropriate interventions, and to prevent future infections.2. The criteria for such infections are based on the current standard definitions of infections.Policy Interpretation and Implementation7. When infection or colonization with epidemiologically important organisms is suspected, cultures may be sent, if appropriate, to a contracted laboratory for identification or confirmation. Cultures will be further screened for sensitivity to antimicrobial medications to help determine treatment measures.8. The Charge Nurse will notify the Attending Physician and the Infection Preventionist of suspected infections.a. The Infection Preventionist and the Attending Physician will determine if laboratory tests are indicated, and whether special precautions are warranted.b. The Infection Preventionist will determine if the infection is reportable.c. The Attending Physician and interdisciplinary team will (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 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	determine the treatment plan for the resident.Gathering Surveillance Data1. The Infection Preventionist or designated infection control personnel is responsible for gathering and interpreting surveillance data. The Infection Control Committee and/or QAPI Committee may be involved in interpretation of the data.2. The surveillance should include a review of any or all of the following information to help identify possible indicators of infections:a. Laboratory records;b. Skin care sheets;c. Infection control rounds or interviews;d. Verbal reports from staff;e. Infection documentation records;f. Temperature logs;g. Pharmacy records;h. Antibiotic Review; [NAME]. Transfer log/summaries 3. If laboratory reports are used to identify relevant information, die following findings merit further evaluation:c. Positive urine cultures (bacteriuria) with corresponding signs and symptoms that suggest infection;Data Collection and Recording1. For residents with infections that meet the criteria for definition of infection for surveillance, collect the following data as appropriate:a. Identifying information (i.e., resident's name, age, room number, unit, and Attending Physician);b. Diagnoses.c. admission date, date of onset of infection (may list onset of symptoms, if known, or date of positive diagnostic test);d. Infection site (be as specific as possible .).e. Pathogens.f. Invasive procedures or risk factors (i.e., surgery, indwelling tubes, Foley, etc., fractured hip, malnutrition, altered mental status, etc.);g. Pertinent remarks (additional relevant information, i.e., temperatures, other symptoms of specific infection, white blood cell count, etc.). Also, record if the resident is admitted to the hospital, or expires; andh. Treatment measures and precautions (interventions and steps taken that may reduce risk.1. Using the current suggested criteria for Healthcare-Associated Infections, determine if the resident has a Healthcare-Associated Infection.2. DAILY (as indicated): Record detailed information about the resident and infection on an individual infection report form (e.g., Infection Treatment/Tracking Report, Infection Report Form, or similar form).

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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. 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 9/2/24 at 10:00 AM, and review of the Facility Bed Count Information sheet revealed the following:ROOM # SQ. FT # OF BEDS # RESIDENTS 104 155 2 2105 153 2 2106 153 2 2107 218 3 3108 221 4 3109 230 3 2110 234 3 2111 153 2 2113 92 1 1204 153 2 2205 153 2 2206 155 2 2207 222 3 3208 285 4 3209 228 3 3210 233 3 2211 150 2 2213 158 2 2Each resident's room was observed. Cognitively intact residents were interviewed. No concerns were observed or reported.