

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235408	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/27/2024
NAME OF PROVIDER OR SUPPLIER  St Anthony Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  31830 Ryan Rd Warren, MI 48092	

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)
<p>F 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 40330</p> <p>This citation relates to Intake #MI00148781.</p> <p>Based on observation, interview, and record review, the facility failed to provide food which accommodated residents' allergies for two Residents (R703, R706) of seven residents reviewed for food allergies. Findings include:</p> <p>R703</p> <p>On 12/26/24 at 9:10 a.m., Family Member (FM) A reported during a phone interview R703 had been served chicken or chicken soup several times during their stay at the facility, beginning in September 2024. FM A stated, It says right on the meal ticket (they are) allergic to chicken .I have had meetings with them, the facility manager, the people in charge of nutrition, and the nursing manager (about their concerns) . FM A explained there were times when they had to drive to the facility to bring R703 an alternate meal. FM A stated R703 had chicken broth again this month for dinner, which still had chicken in it, and caused them concern.</p> <p>On 12/26/24 at approximately 9:30 a.m., R703 stated, They (facility staff) still give me chicken from time to time .I get bad, persistent diarrhea (from chicken). I have tried to get them (kitchen staff) to acknowledge this since I got here. Then they give me chicken noddle soup .I call down to the kitchen and ask for an alternate meal. It is (served at) lunch and dinner .I just send it back. There are times I don't get an alternate meal and at that point I will ask for a sandwich .They should automatically know by now (about their food allergy). R703 reported this made them feel frustrated and discouraged, as they had been at the facility over two years. R703 clarified, My diet and allergies don't change.</p> <p>Review of R703's meal ticket, observed from their tray during the interview, showed in bold capital letters, with a black outline, Diet: Regular .Allergies: Chicken. Notes: No chicken - Allergic (in bold print) . The Dining Location showed Eats in Room.</p> <p>(continued on next page)</p>

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:  235408	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/27/2024
NAME OF PROVIDER OR SUPPLIER  St Anthony Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  31830 Ryan Rd Warren, MI 48092	
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)		
<p>F 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 12/26/24 at approximately 10:30 a.m., R703's weekly menu, beginning 12/22/24, posted on their closet, was reviewed with them. R703 was able to read the menu, and showed how chicken was the entree four times for dinner, and once for lunch, for a total of 5 times of 14 opportunities for lunch and dinner. R703 was asked if there was an alternate menu and reported they had never seen one. R703 reported they had to begin calling down to the kitchen when they noticed chicken was being served, and it was hard to reach the kitchen sometimes.</p> <p>On 12/26/24 at 11:28 a.m., Licensed Practical Nurse (LPN) E confirmed R703 had reported they received chicken when they were in isolation, and their family member reported it. LPN E reported R703 was not supposed to receive chicken, as this was designated on their meal ticket.</p> <p>Review of a text message received on 12/27/24 at 8:19 a.m. from FM A, revealed R703 was served chicken twice between November 28th and December 12th, and there were several times they were served chicken in September and October 2024.</p> <p>Review of R703's Minimum Data Set (MDS) assessment, dated 10/30/24, revealed R703 was admitted to the facility on [DATE], with diagnoses including stroke, muscle weakness, and neuropathy (nerve damage). The assessment revealed R703 could feed themselves. The Brief Interview for Mental Status (BIMS) assessment showed a score of 14/15, which showed R703 was cognitively intact.</p> <p>Review of R703's Electronic Medical Record (EMR) revealed in the Allergy tag, dated 10/27/21: Allergen: Chicken. Allergy Type: Intolerance. Severity: Mild. Reaction manifestation: Nausea.</p> <p>Review of R703's Care Plans, accessed 12/26/24, including Nutritional Care Plans, showed no resident allergies designated.</p> <p>Review of the weekly menu, beginning 12/22/24, revealed a chicken salad plate was being served for dinner on 12/26/24.</p> <p>On 12/26/24 at 2:21 p.m., CDM G reviewed the menu for the week beginning December 22nd, which showed chicken being served several times, and acknowledged This is the main entree. CDM G reported they were aware R703 was allergic to chicken. CDM G stated they served an alternate, which was generally a meal.</p> <p>CDM G reported the substitutes were fish, grilled cheese, soup, hamburger, salad, or peanut butter and jelly sandwiches which they said were available. CDM G clarified they had been made aware of R703's and their family's concerns, along with Registered Dietician H recently, although they could not recall a date.</p> <p>R706</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235408	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/27/2024
NAME OF PROVIDER OR SUPPLIER  St Anthony Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  31830 Ryan Rd Warren, MI 48092	
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)		
<p>F 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 12/26/24 at approximately 12:00 p.m., R706 stated in an escalated voice they were angry, as they had been served walnuts yesterday (12/25/24) for the holiday dessert, and they were allergic to them. R706 stated, My throat closes up, and they know (they were allergic to tree nuts). R706 confirmed they had not ingested the walnuts. R706 continued, .Every time they serve cake for dessert, I get walnuts. I went to a food committee meeting and they said, 'Pick them off.' .I don't think they know what it's like to have your throat close up. It says no tree nuts on my ticket. It makes me feel like they don't give a d@mn about me . R706 reported they also continued to receive food that was listed on their meal ticket as dislikes, including pork, strawberry banana yogurt, and bananas. R706 reported they had spoken to the kitchen manager, Certified Dietary Manager, (CDM) G, who had done nothing, as they continued to received cake with walnuts on the icing or in desserts.</p> <p>Review of R706's meal tickets, provided on 12/26/24 at 12:04 p.m. by R706, showed they were allergic to tree nuts in bold print. The meal tickets showed R706 was on a regular diet and ate their meals in their room. The breakfast ticket spelled out, No tree nuts (in bold) - hazelnuts, cashews, almonds, walnuts, pecans, pistachios . Dislikes included ham, pork, walnuts, strawberry banana yogurt, and bananas.</p> <p>On 12/26/24 at 2:40 p.m., CDM G was asked about the process in the kitchen for residents regarding food allergies and preferences. CDM G shared there were typically five staff on the tray line. This included the staff who put the food in the food cart, who was primarily responsible for catching the allergies and preferences/dislikes, and the cook, as they were also aware of resident food allergies and preferences and dislikes saying, All of them (kitchen staff) should be responsible for it (catching when a resident had an allergy or food preference).</p> <p>On 12/26/24 at approximately 2:45 p.m., CDM G was asked if they were aware R706 received tree nuts on their food tray on 12/25/24 confirming it was pecan pie . and were aware of R706's tree nut allergy.</p> <p>On 12/27/24 at approximately 9:30 a.m., Certified Nurse Aide (CNA) D confirmed they were R706's aide on 12/25/24, and they observed R706 served tree nuts at lunch on 12/25/24. CNA D stated, The pie (dessert) had nuts on it; it was walnuts or pecans, I saw it on her tray. I knew (R706) was allergic to it. I told the nurse. (R706) was upset .</p> <p>Review of R706's MDS assessment, dated 9/27/24, revealed R706 was admitted to the facility on [DATE], with diagnoses including ankle fracture, anxiety, and irritability. R706 could feed themselves, and scored 15/15 on the BIMS assessment, which showed they were cognitively intact.</p> <p>Review of R706's Care Plans, accessed 12/26/24, including Nutritional Care Plans, showed no resident allergies designated.</p> <p>Review of R706's EMR revealed in the Allergy tag, dated 3/20/24: Allergen: Tree Nuts. Allergy Type: Allergy. Severity: Moderate. Reaction manifestation: (Blank)</p> <p>On 12/26/24 at approximately 4:00 p.m., Registered Dietician (RD) H was asked if they knew about R703 and R706 being served food they were allergic to which they responded, they get rushed (kitchen staff) .The cook should be reading the ticket, and the last person on the tray line should be reviewing the meal ticket and tray for accuracy.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235408	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/27/2024
NAME OF PROVIDER OR SUPPLIER  St Anthony Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  31830 Ryan Rd Warren, MI 48092	
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)		
<p>F 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 12/26/24 at approximately 4:30 p.m., the concerns related to R703 and R706 receiving food designated as food allergies for them were reviewed with the Nursing Home Administrator (NHA) and the Director of Nursing (DON).</p> <p>Both ensured they were addressing the concerns, and residents' Care Plans and Kardex's (Care guides) would be updated to reflect their allergies.</p> <p>Review of the policy, Diet Orders, revised 12/10/24, revealed, Policy: Diets will be ordered in accordance with the menu guide, with available diets planned and prepared as stated on the Menu Extensions .5. If a Nutritional Services professional is unsure about whether or not a food item is permitted on a particular diet, he or she should refer to the Nutritional Professional. Nursing shall notify the Nutritional Services Department of diet order changes, new admissions/readmission diet orders, food allergies .</p> <p>Review of the policy, Food Preferences, revised 11/12/21, revealed, It is the policy of the facility to obtain food preference for all guests/residents. 4. The guest's/resident's clinical record (care plan, or other appropriate location) will document the guest's/resident's likes and dislikes and special dietary instructions or limitations .6. The dietary department will offer alternate meals for individuals who do not want to eat the primary meal .7. The facility's Quality Assurance Performance Improvement (QAPI) committee will periodically review issues related to preferences and meals to try to identify more widespread concerns about offerings, food preparation, etc .8. Food preferences will be identified on tray tickets to ensure guests/residents are provided with appropriate food items.</p>		