STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235411	A. Building B. Wing	07/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hampton Nursing and Rehab	800 Mulholland Rd Bay City, MI 48708

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 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Reasonably accommodate the needs and preferences of each resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39059 Based on observation, interview and record review, the facility failed to provide timely responses to call lights, ensure that call lights were within reach and ensure that privacy curtains were within reach and used for seven residents (Resident #1, Resident #4, Resident #20, Resident #36, Resident #38, Resident #39, Resident #244) and five rooms (room [ROOM NUMBER], room [ROOM NUMBER], room [ROOM NUMBER], room [ROOM NUMBER] and room [ROOM NUMBER]), resulting in unmet care needs, unmet privacy needs and with the likelihood of feelings of anger and hopelessness. Findings include: On 7/15/24, at 08:45 AM, During initial pool task, the following Residents' rooms had their privacy curtains tucked away out of reach: 100, 103, 107, 108 and 110. On 7/15/24, at 8:55 AM, Resident #36 was lying in bed in their gown. Their call light was out of reach sitting on a chair to the left of their bed approximately 4 feet away. Resident #36 was asked if they could reach their call light and Resident #36 stated, well, I guess someone didn't want me to bother them. 07/16/24 07:54 AM, an observation of Residents' rooms 103, 107, 108 and 110 revealed the privacy curtains remained tucked out of reach. On 7/16/24, at 9:46 AM, Resident #4 (room [ROOM NUMBER] bed 1) was on top of their bed in their clothes with the sheets pulled back. CNA F was leaning over the resident upon entering the door. On 7/16/24, at 9:50 AM, the ADON was alerted of the numerous rooms noted with the privacy curtain tucked out of reach and was asked for an observation of the 100 Hall rooms. On 7/16/24, at 9:52 AM, an observation along with ADON G of 100 room revealed the privacy curtain had been pulled to offer privacy and numerous wrinkles were noted in the curtain. CNA F had offered that they hadn't pulled the curtain because they were just clipping the resident's toe nails. A further observation of the 100 Hall privacy curtains along with ADON G revealed the privacy curtains remained out of reach.

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
	235411	A. Building B. Wing	07/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hampton Nursing and Rehab	800 Mulholland Rd Bay City, MI 48708

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. 39059 Based on observation, interview and record review, the facility failed to provide Activities of Daily Living (ADL) care for four residents (Resident #5, Resident #21, Resident #33 and Resident #36) out of nineteen residents reviewed for ADL care, resulting in long jagged fingernails, missed showers and unkept appearance. Findings include: Resident #5: On 7/16/24, at 10:00 AM, a record review of Resident #5's electronic medical record revealed an admission on 3/22/2023 with diagnoses that included stroke, heart failure and dysphagia. A review of the I have an ADL self-care performance deficit care plan revealed . PERSONAL HYGIENE/ORAL CARE: I am totally dependent of (2) staff for personal hygiene and oral care. Date Initiated: 09/25/2023 . A review of the Task: Shower/Bed Bath - Tuesday and Friday morning and PRN (as needed) Look Back: 30 (days) . revealed the following documented showers 6/18/2024 6/21/2024 6/28/2024 7/2/2024 7/9/2024 7/12/2024 There were 2 showers missed 6/25 and 7/4. Resident #21: On 7/15/24, at 8:49 AM, Resident #21 was lying in their bed. Their right hand was closed. Their bilateral hands had long jagged nails. On 7/16/24, at 7:54 AM, Resident #21 was lying in bed. Resident #21's nails remained long and there were no hand splints or palm protectors noted. On 7/16/24, at 1:53 PM, Resident #21 was resting in bed. Their nails remained long. On 7/16/24, at 3:00 PM, a record review of Resident #21's electronic medical record revealed an admission on 8/14/2020 with diagnoses that included Hypertension, Chronic Obstructive Pulmonary disease and seizures. A review of the (the resident) has ADL Self care deficit r/t anoxic brain damage, physical limitations . I request assist of two with ADL's . A review of the Kardex revealed . SPECIAL NEEDS . Bilateral hand protectors to be worn during day. Applied after hand hygiene, and taken off before sleep hours with skin checks for redness. FMP-Palm Protector (rt) hand, donned during day after hand hygiene, removed at night FMP-Palm Protector right and left hand, donned during day after hand hygiene, removed at night . (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235411	A. Building B. Wing	07/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hampton Nursing and Rehab	800 Mulholland Rd Bay City, MI 48708

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 7/17/24, at 9:06 AM, an observation along with TD A of Resident #21 was conducted. TD A began range of motion for skin assessment which revealed long jagged nails on both hands. TD A I think they just cut his nails last week and Resident #21 quickly responded, they are not cut. Resident #21's pinky nail on their right hand was nearly a centimeter long. Their palm had dirty buildup. TD A gathered linen and cleaned Resident #21's hands and asked them if they clip their nails and Resident #21 stated, I want you to. TD A completed nail care. Resident #33: On 7/15/24, at 8:27 AM, Resident #33 complained they don't always get their showers as scheduled and are supposed to be on Wednesdays and Sundays. Resident #33 further complained that they did not get their scheduled shower the night before because the girls that normally do it weren't working. On 7/15/24, at 3:30 PM, a record review of Resident #33's electronic medical record revealed and admission on 6/30/2023 with diagnoses that included heart attack, Myeloma and compression spinal fracture. A review of the I have an ADL self-care performance deficit care plan revealed . BATHING/SHOWERING: I require limited assistance by (1) staff with bathing/showering . A review of Resident #33's Task: Shower/Bed Bath Sunday/Wednesday PM Look Back: 30 (days) revealed the following showers were given 6/16/2024 6/23/2024 6/26/2024 6/30/2024 7/3/2024 7/7/2024 7/10/2024 There were two showers missed: 6/19 and 7/14. Resident #36: On 7/15/24, at 8:55 AM, Resident #36 was lying in bed in their gown. Their call light was out of reach sitting on chair to the left of their bed approximately 4 feet away. Resident #36 was asked if they could reach their call light and Resident #36 stated, No and I guess someone didn't want me to bother them. On 7/15/24, at 11:02 AM, Resident #36 was lying in bed in their nightgown. On 7/16/24, at 9:00 AM, a review of Resident #36's electronic medical record revealed and admission on 11/06/2023 with diagnoses that included heart failure, Diabetes and Alzheimer's disease. A review of the I have an ADL self-care performance deficit care plan revealed . DRESSING: I require extensive assistance by (1) staff to dress. Date Initiated: 11/06/2023 . On 7/16/24, at 1:56 PM, Resident #36 was lying in their bed and remained in their nightgown. On 7/17/24, at 9:53 AM, Resident #36 was lying in bed in their nightgown. On 7/17/24, at 10:25 AM, the Director of Nursing (DON) was alerted that Resident #36 had not been dressed in clothing the last three days and the DON planned to follow up. On 7/17/24, at 10:35 AM, the DON offered that Resident #36 was dressed in their clothing. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235411	A. Building B. Wing	07/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hampton Nursing and Rehab	800 Mulholland Rd Bay City, MI 48708

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A review of the facility provided Activities of Daily Living (ADL's), Supporting Policy revealed Residents will be provided with care, treatment and services as appropriate to maintain or improve their ability to carry out activities of daily living (ADL's). Residents who are unable to carry out activities of daily living independently will receive the services necessary to maintain good nutrition, grooming and personal and oral hygiene .

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235411	A. Building B. Wing	07/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hampton Nursing and Rehab	800 Mulholland Rd Bay City, MI 48708

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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 22348 Based on observation, interview and record review, the facility failed to prevent the development of a facility-acquired pressure injury and ensure that timely nutritional care plans are updated and implemented with the development of the pressure injury for one resident (Resident #39) of three residents reviewed for pressure ulcers resulting in deep tissue injury to R39's left heel and potential for lack of nutritional intervention to hasten the healing of pressure injury and potential for pain and discomfort. Findings include: Resident #39 (R39): A wound observation was conducted on 07/17/24 at 1:17 PM. R39's on 7/3/24 developed a Deep Tissue Pressure Injury (DTI) located at R39's left heel. The Wound Nurse O described that R39 have a blackened area on her Left Heel upon admission. Although R39 had a vascular ulcer on her right big toe before her admission at the facility, R39 developed the DTI acquired at the facility. Wound Nurse O revealed, R39 was admitted to the facility on [DATE], and developed DTI few weeks after on July 2nd when R39 complained of soreness to the left heel. The DTI on the left heel was a blackened area that measured: Length 2.55 centimeter (cm) by Width 2.57 cm. with a treatment order of skin prep every shift. It was observed to have felt tenderness and pain when surveyor observed R39 did a slight jerk movement and a grimace when treatment was applied on the left heel. R39 was observed to be alert and oriented regarding time, place, and person. According to the Electronic Medical Record EMR reviewed in 7/16/24 at 9:30 am, R39 was admitted to the facility on [DATE] with the diagnosis of Pulmonary Embolism with Acute Pulmonale, Type 2 Diabetes, in addition to other diagnoses. No wounds were indicated in her admission diagnosis. The doctor's orders reviewed included R39's Diet order dated 6/18/24, which were noted as CCD (Controlled Carbohydrate Diet), NAS (Cardiac or No Added Salt) diet with Regular Food consistency. A laboratory report dated 6/26/24 revealed that the blood glucose level was flagged at a high level at 439 mg/dL (normal range of 82 up to 115 mg/dL). A review of R39's Weight record on 07/16/24 at 10:10 AM revealed the following: On 06/17/2024, R39 weighed 109.5 pounds (lbs.) On 07/8/2024, R39 weighed 99.5 lbs., a confirmed weight loss of 10 lbs. a 9.13 percent (%) weight loss in approximately 21 days (3 weeks) since admission to the facility. A facility Wound List was reviewed on 7/16/24 at 4:30 PM. It revealed R39 developed wounds inhouse SDTI - Left Heel Acquired IH (In House) MASD- Sacrum Acquired OA Venous- Right Great Toe Acquired OA (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235411	A. Building B. Wing	07/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hampton Nursing and Rehab	800 Mulholland Rd Bay City, MI 48708

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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Cellulitis- Left Arm Acquired IH (In House) Care Plan was noted to have been revised on 7/15/24, on the day state survey started. The Wound Nurse O during the interview on 7/17/24 at 1:20 PM, revealed that R39 besides DTI have also developed an open area on her left forearm and later was diagnosed with vascular cellulitis of the left arm which had opened up. It was swollen, red and had an apparent wound drainage. According to Wound Nurse O, R39 was prescribed antibiotic for it with a stop date of 7/19/24. Although improving and the drainage are less, daily dressing changes continued and Wound Nurse O had indicated that she was responsible for monitoring and providing the wound care on all of R39's wound treatments. R39 in an interview on 7/17/24 at 1:20 PM, revealed that she does not consistently get the wound care when she's supposed to. R39 stated that for example today, they have not done any of her wound treatment this morning and she did not receive her protein shakes as ordered on a regular basis. An interview with R39's significant other L was conducted on 07/15/24 at 12:42 PM. He was observed bringing in fresh strawberries for R39. R39's significant other L stated they don't follow the doctor's orders especially the nutritional interventions to help with healing. He stated, The meals are not planned for people with diabetes or with wounds. She does not receive her protein drink and cottage cheese consistently as she's supposed to. I had to bring them get them from the store. An interview with the Dietary Manager (CDM N) was conducted on 7/17/24 at 1:30 PM. The CDM N indicated that she met with R39 during her care conference initial eval/assessment but not since. CDM N was unaware of the complaints and her preferences were not honored. CDM N described her responsibility of monitoring that food preferences are honored, she helps out in creating resident's meal trays and ensuring food preferences and dietary orders are followed, and to make sure trays are distributed in the units timely. CDM N admitted she was unaware that R39 had complaints with her tray received. DM N admitted that they did ran out of strawberries. Tuesday was the fruit deliveries, but CDM N was unable to follow-up up with the R39 if she got her strawberries. When DM N was queried about if they had ran out with cottage cheese, CDM N said they did not. But was unaware R39 have not been receiving the preferred nutritional needs as ordered and as specified preference. According to the Registered Dietician (RD M) on 7/17/24 at 1:40 PM. R39 was seen for the first time on 7/1/24, to address the wounds. Supplement (protein) started on 7/3/24. Ordered MedPass (sugarfree) to be given times a day and Proheal twice a day. A care plan was created specifically and was updated when the wounds developed. When RD M was queried how can they monitor if the preferences and protein supplements are given. RD M stated that they will follow-up thoroughly next time and pay more attention to the high in protein and protein supplements given to R39 and honor preferences. A review of R39's Care Plan for wound was reviewed and did not have additional nutritional interventions focusing on the prevention and promote wound healing other than supplements which were not available consistently during meals and during medication pass as observed during the survey. Wound Policy was reviewed on 7/17/24 at 2:30 PM. The purpose of this procedure is 1) to identify residents at risk for developing alterations in skin including pressure ulcer/injury risk factors, and 2) to identify specific interventions to assist with prevention and management of skin alterations.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235411	A. Building B. Wing	07/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hampton Nursing and Rehab	800 Mulholland Rd Bay City, MI 48708

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 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason. 39059 Based on observation, interview and record review, the facility failed to apply bilateral palm protectors for one resident (Resident #21) of two residents reviewed for range of motion, resulting in the likelihood of decreased range of motion and discomfort. Findings include. Resident #21: On 7/15/24, at 8:49 AM, Resident #21 was lying in their bed. Their right hand was closed. They did not have any form of palm protectors on. On 7/15/24, at 11:01 AM, Resident #21 was lying in bed in the same position. There bilateral hands appeared contracted, and they were not wearing any palm protectors. On 7/16/24, at 7:54 AM, Resident #21 was lying in bed They did not have any palm protectors on. On 7/16/24, at 1:53 PM, Resident #21 was resting in bed. They did not have any palm protectors on. On 7/16/24, at 3:00 PM, a record review of Resident #21's electronic medical record revealed an admission on 8/14/2020. A review of the Kardex revealed . SPECIAL NEEDS . Bilateral hand protectors to be worn during day. Applied after hand hygiene, and taken off before sleep hours with skin checks for redness. FMP-Palm Protector (rt) hand, donned during day after hand hygiene, removed at night FMP-Palm Protector right and left hand, donned during day after hand hygiene, removed at night . On 7/17/24, at 9:02 AM, Therapy Director (TD) A was interviewed regarding Resident #21 and their range of motion needs. TD A offered that they recently had Resident #21 on therapy with a discharge recommendation for palm protectors to be warn during the day and off at night. On 7/17/24, at 9:06 AM, an observation along with TD A of Resident #21 was conducted. Resident #21 was lying in bed without their palm protectors. TD A found the palm protectors in the top drawer of the nightstand. TD A asked Resident #21 if they could clean their hands and place the palm protectors on. Resident #21 stated, I don't really care. TD A gathered linen and cleaned Resident #21's hands and asked them if they clip their nails and Resident #21 stated, I want you to. TD A completed nail care and placed the palm protectors on Resident #21. A record review along with TD A of the instruction photo that was placed inside Resident #21's closet door which revealed pictures of the placed palm protectors on their bilateral hands. TD A offered that they educated the staff on how to place the palm protectors as well.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235411	A. Building B. Wing	07/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hampton Nursing and Rehab	800 Mulholland Rd Bay City, MI 48708

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. 39059 Based on observation, interview and record review, the facility failed to store narcotics properly for one resident (Resident #1) during the medication administration task, resulting in narcotics not being double locked and stored in a medication cup. Findings include: Resident #1: On 7/16/24, at 9:05 AM, During medication administration task, Nurse B prepared morning medications for Resident #1 to include 1 Norco 5/325 tablet and 1 Pregamblin 150 milligram tablet and placed them in a clear medication cup. Nurse B walked to Resident #1's room and offered the medications although Resident #1 was eating breakfast and asked to take them later. Nurse B was asked what they planned to do the medications as Nurse B walked back to the medication cart. Nurse B stated, I capped it and I'm writing her name on it. Nurse B took a black marker and wrote the room number on the medication cup. Nurse B then placed the medication cup inside the top drawer of the medication cart and prepared medications for the next resident. On 7/16/24, at 9:25 AM, during medication administration task, Nurse B opened up the top drawer and removed the clear medication cup for Resident #1 that they had prepared earlier. Nurse B counted the medications and administered them to Resident #1. Nurse B was asked why they counted the medications in the medication cup and Nurse B stated, because I put them in the drawer. On 7/16/24, at 1:30 PM, the Director of Nursing (DON) was alerted of Nurse B who placed the narcotics in the top drawer of the medication cart and the DON offered that they shouldn't have done that. A record review of the facility provided Controlled Substances Policy Statement revealed . Unless otherwise instructed by the Director of Nursing Services, when a resident refused a non-unit dose medication (or it is not given), or a resident receives partial tables or single dose ampoules (or it is not given), the medication shall be destroyed and may not be returned to the container.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235411	A. Building B. Wing	07/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hampton Nursing and Rehab	800 Mulholland Rd Bay City, MI 48708

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 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 22348 Based on observation, interview, and record review, the facility failed to ensure that the resident's food preferences were honored, food was palatable, and an adequate amount of food and choices were offered according to the care plan to one resident (Resident #39), resulting in weight loss and potential for anger and frustration, malnutrition and poor wound healing. Findings include: Resident #39 (R39): R39 was observed talking to her significant other in her room, waiting for her lunch on 7/15/24 at 1:15 PM. She was alert and oriented regarding time, place, and person. R39 was admitted to the facility on [DATE] with the following diagnosis: Pulmonary Embolism with Acute Pulmonale, Type 2 Diabetes, in addition to other diagnoses. The doctor's orders reviewed included R39's Diet orders, which were noted as CCD (Controlled Carbohydrate Diet), NAS (Cardiac or No Added Salt) diet with Regular Food consistency. A laboratory report dated 6/26/24 revealed that the blood glucose level was flagged at a high level at 439 mg/dL (normal range of 82 up to 115 mg/dL). During the interview on 7/15/24 at 11:17 AM, R39 complained about food palatability, and food served to her is rich in carbs, serving large quantities of cookies and cakes rich in sugar content when she has a diagnosis and being monitored and receiving diabetes treatment. She indicated she hardly eats what is on her tray for every meal. R39 also complained about protein shakes not being consistently provided and food/ meal preferences not being honored. R39 further stated, The food is awful. My food preferences are not honored. My tray has rice, potatoes, and pasta. I don't eat sweets, cookies, or cakes, rich in sugar content. I have to bring fresh fruits from home because they don't serve them here. An interview with R39's significant other L was conducted on 07/15/24 at 12:42 PM. He was observed bringing in fresh strawberries for R39. R39's significant other L said he received a call from R39 because the meal trays frequently do not have the food items she had explicitly indicated in the preferences, such as strawberries during lunch and cottage cheese. R39 stated, I am glad you (the surveyor) are here to see what I have on my tray. Indeed, there are no strawberries, and you served me the thickest slice of white bread, a lot of carbs, and sugar cookies. R39's significant other L stated, The meals are not planned for people with diabetes. She does not receive her protein drink consistently as she's supposed to. During meal observation on 7/15/24 at 11:17 am, R39's lunch tray came. It contained baked chicken, a thick slice of white bread (Texas Toast) that was not toasted, boiled green peas, and another side dish that looked like pasta or potatoes in white cream. R39 had a sugar cookie in her tray for dessert. After examining her lunch tray, R39 stated, Why would they bother to write down my preferences if they don't follow them? I have a thick white bread, sugar cooking, and a potato overloaded with white cream. I like chicken, but this one is hard and tough to bite. I would usually not eat and return the tray without eating the food served. R39 ate a portion of the baked chicken, ate a bite of peas, and covered her tray like she was done with it. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235411	A. Building B. Wing	07/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hampton Nursing and Rehab	800 Mulholland Rd Bay City, MI 48708

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 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A review of R39's meal ticket revealed CCD/NAS. CCD means Caloric Controlled Diet, and NAS means No Added Salt. R39 is in Fluid Restriction. >Baked Chicken >Fried Potatoes with Onion >Green Peas >Sugar cookie Bar >Margarine 2% Milk >Sugar substitute, pepper (1 each) R39's Preferences were written on the lunch meal ticket as specified dated July 15, 2024: DISLIKES: Scrambled eggs, egg salad sandwich, white bread, watermelon, cucumbers, lettuce Others: Lid for Hot liquids Likes: Wheat Bread, 1500 ml Fluid Restriction, Raisin Bran, Strawberries every Lunch, and cottage cheese every dinner. A review of R39's Weight record on 07/16/24 at 10:10 AM revealed the following: On 06/17/2024, R39 weighed 109.5 pounds (lbs.) On 07/8/2024, R39 weighed 99.5 lbs., a confirmed weight loss of 10 lbs. a 9.13 percent (%) weight loss in approximately 21 days (3 weeks). An interview with the Dietary Manager (CDM N) was conducted on 7/17/24 at 1:30 PM. CDM N stated she was unaware that her preferences were not followed. CDM N indicated that she did not hear any reports of R39 being received. CDM N admitted that she checks the trays to ensure that the appropriate diet is followed as prescribed and preferences are honored. CDM stated that she had spoken to her today and would follow up. CDM N was unaware that R39 was not receiving her fresh strawberries and cottage cheese. CDM N thought it was available. The Registered Dietician (RD M) was interviewed on 7/17/24 at 1:40 PM. She acknowledged that R39 had a weight loss since admission but explained that it was because she had edema (swelling) upon admission, and she is known to be a picky eater. RD M was unaware that fresh strawberries were not offered or available, the protein drink was not consistently given, and cottage cheese was not served per R39's preferences. R39's care plan, dated 6/18/24 and revised on 7/9/24, was reviewed on 7/17/2024 at 2:00 PM. The following interventions were specified: Diet as ordered: CCD/NAS/regular texture/thin liquids . Honor preferences as able. See tray card for preferences . (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235411	A. Building B. Wing	07/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hampton Nursing and Rehab	800 Mulholland Rd Bay City, MI 48708

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 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Monitor s/sx malnutrition such as weight loss, poor appetite, muscle weakness, muscle loss/cachexia. Report to nursing/MD/RD/SLP . Supplements as ordered. SF MedPass 120 ml TID Pro Heal BID . On 7/17/24 at 1:45 PM, a review of the facility's Therapeutic Diet Policy (undated) explained: Policy Statement: Therapeutic diets are prescribed by the Attending Physician to support the resident's treatment and plan of care and in accordance with his or her goals and preferences. Policy Interpretation and Implementation 1. Diet will be determined in accordance with the resident's informed choices, preferences, treatment goals and wishes. Diagnosis alone will not determine whether the resident is prescribed a therapeutic diet. 2. A therapeutic diet must be prescribed by the resident's attending physician (or non-physician provider). The attending physician may delegate this task to a registered or licensed dietitian as permitted by state law. 3. Diet order should match the terminology used by the food and nutrition services department. A 'therapeutic diet is considered a diet ordered by a physician, practitioner or dietitian as part of treatment for a disease or clinical condition, to modify specific nutrients in the diet, or to alter the texture of a diet, for example: 1. Diabetic/calorie controlled diet; 2. Low sodium diet; 3. Cardiac diet; and 4. Altered consistency diet . The facility's Food Preference Policy (undated) was reviewed on 7/17/24 at 1:45 PM. Policy Statement: Individual food preferences will be assessed upon admission and communicated to the interdisciplinary team. Modifications to diet will only be ordered with the resident's or representative's consent. Policy Interpretation and Implementation 1. Upon the resident's admission (or within twenty-four (24) hours after his/her admission) the Dietitian or nursing staff will identify a resident's food preferences. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235411	A. Building B. Wing	07/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hampton Nursing and Rehab	800 Mulholland Rd Bay City, MI 48708

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 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	2. When possible, staff will interview the resident directly to determine current food preferences based on history and life patterns related to food and mealtimes. 3. Nursing staff will document the resident's food and eating preferences in the care plan. 4. The Dietitian and nursing staff, assisted by the Physician, will identify any nutritional issues and dietary recommendations that might be in conflict with the resident's food preferences.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235411	A. Building B. Wing	07/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hampton Nursing and Rehab	800 Mulholland Rd Bay City, MI 48708

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 0849 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Arrange for the provision of hospice services or assist the resident in transferring to a facility that will arrange for the provision of hospice services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 22348 Based on observation, interview, and record review, the facility failed to ensure that proper communication and documentation of Hospice services were provided to one resident (Resident#26) of two residents reviewed for hospice services, resulting in the lack of receipt of progress notes assessments to resident's medical record with ineffective or delayed communication and collaboration of services between the facility and hospice service, lack of residents and staff awareness of hospice schedule and potential for unmet needs, pain and suffering. Findings include: Resident #26 During the observation tour on 7/15/24 at 10:45 AM, R26 was lying in bed grimacing and looked uncomfortable. When asked how she was, she stated, I don't feel good. When asked if she had told anyone, R26 replied, The nurse has been here, but it's been a while. R26 was admitted to the facility on [DATE], with the diagnosis of rheumatoid arthritis, paroxysmal Atrial Fibrillation, and Acute Embolism and Thrombosis of the Left Iliac Vein in addition to other diagnoses. R26 was assessed with a Brief Interview of Mental Status (BIMS) score of 15/15. A score of 13 to 15 suggests the individual is cognitively intact. R26 was under Hospice care effective 2/16/2024, with the diagnosis of Paroxysmal Atrial Fibrillation, Rheumatoid Arthritis, and Hypertensive Heart Disease with Heart Failure. The unit nurse (LPN B) was interviewed on 7/15/24 at 11:30 AM and asked if she knew of R26's status. LPN B stated that R26 was in hospice and that she had yet to notify the agency about her nausea and vomiting. LPN B was asked when the hospice staff last visited. LPN B said she was unsure when, but the hospice aide and nurse provided services to R26. I am not sure what days and times. LPN B showed me the Hospice Binder for R26 and the hospice calendar of care scheduled. Upon review of the R26 Hospice Services Binder on 7/15/24 at 11:45 AM, the following were observed: There were no progress/ nursing narrative notes found in the binder. There was no Facility Communication Log An Aide Care Plan Report was found with a printed date of 4/30/24 specified: SOC date: 2/16/24 Start of Episode: 2/16/24 End of Episode: 5/15/24 *There was no follow-up documentation found for the R26 Aide Care plan after the date 5/15/24. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235411	A. Building B. Wing	07/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hampton Nursing and Rehab	800 Mulholland Rd Bay City, MI 48708

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 0849 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The latest visit note report in R26 binder was dated 4/03/24 (no time). The nurse does the visit- RN Hospice A Calendar of Hospice visits for May, June, and July 2023 has minimal documentation and no details of the services provided to R26. In each calendar date boxes it was handwritten: nursing visit. It did not specify whether it was a nurse or a nurse aide visit and specific services performed on the following dates: May 1st, May 8th, May 15th, May 22nd and May 30th, June 5, July3 and July 9 Chaplain visits May 14 and May 28, June 10 and 24, 2024. Staff (by the name of [NAME] was written) May 3rd and May 2, 2024 These were all found in R26 Binder on 7/15/24 at approximately 4:00 PM. The nurse (LPN B) was asked when hospice staff visited, and she stated, they vary. The documentation is scanned in the EMR because they (hospice nurses) don't have access to electronic charting for our residents. We rely on their documents that are in each hospice resident's binder. On 7/15/24 at 1:20 PM, a review of Hospice Services in the Electronic Medical Record (EMR) revealed that the latest progress notes scanned from Hospice Agency entitled: Visit Note Report was dated 6/17/24. On 07/16/24 at 1:22 PM, According to the Director of Nursing (DON) during an interview, reported that she reached out and got clarification on Hospice Services with the Hospice Agency. Hospice Agency staff follow the scheduled calendar found in the binder. Nurses usually visit once a week, and Nurse Aide visits are twice a week. They also have the progress notes written since they can't access our EMR. The nursing progress notes are faxed over to the facility, and then scan them into the resident's EMR. The DON was shown R26's EMR. The last scanned Hospice notes were noted on 6/22/24 for 6/17/24 Hospice Progress notes. The DON admitted and stated that there is a delayed in submitting the documentation. The DON acknowledged that the last progress note in R26's EMR was dated 6/17/24. The DON stated, Nothing else was scanned from 6/17/24 visit up to today (7/16/24), which is clearly considered a problem. The DON agreed that there is a communication, collaboration, and coordination gap between the hospice and the facility. On 07/16/24 at 11:52 AM, the Hospice RN K revealed that the information in resident R26's binder was outdated. R26 started on the Hospice Services on February 16, 2024. RN K always leaves a narrative note to inform them that we provided the service. The hospice and facility are not interfaced with our electronic charting, so we have to send our progress notes via fax to the facility, and they scan them to their EMR. RN K updated the surveyor with R26's current status. She stated that R26 complained of nausea and vomiting on 7/15/24 in the morning and had active diarrhea. Zofran was ordered to rule out impaction as a diagnosis. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235411	A. Building B. Wing	07/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hampton Nursing and Rehab	800 Mulholland Rd Bay City, MI 48708

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 0849 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	R26 Narrative Note was presented to the surveyor on 7/16/24 at 9:34 am. The DON knew that the Narrative note page was not found in the R26 hospice binder on 7/15/24. R26 has an active order for Morphine Sulfate written on 3/7/24 at 12:00 PM. Order of Morphine Sulfate (Concentrate) Oral Solution 100 MG/5ML Given 0.25 ml by mouth every 6 hours as needed for pain and discomfort. A review of the Medication Administration Record (MARS) on 7/16/24 at 3:30 PM revealed: 7/1/24 Administered Morphine Sulfate at 6:56 AM 7/1/24 Administered Morphine Sulfate at 8:56 AM (* Given 2 hours after the last dose) 7/1/24 Administered Morphine Sulfate at 13:30 (1:30 PM) (*Given less than 5 hours after the last dose) 7/1/24 Administered Morphine Sulfate at 15:57 (3:57 PM) (*Given less than3 hours from last dose) 7/2/24 Administered Morphine Sulfate at 23:15 (11:15 PM) 7/3/24 Administered Morphine Sulfate at 01:38 AM 7/3/24 Administered Morphine Sulfate at 5:15 AM (*Given less than 4 hours from the last dose) 7/3/24 Administered Morphine Sulfate at 5:44 AM (* Given less than 30 mins from the last dose) 7/8/24 Administered Morphine Sulfate at 10:50 AM (*Given less than 6 hours from the last dose) 7/8/24 Administered Morphine Sulfate at 11:42 AM (* Given less than an hour from the last dose). 7/8/24 Administered Morphine Sulfate at 23:54 (11:54 PM) 7/9/24 Administered Morphine Sulfate 00:15 (12:15 AM) There were no noted changes in the prescribed order from the facility physician, hospice physician, hospice or facility Nurse Practitioner regarding changes in dosages and frequency of administering the Morphine Sulfate. The Physician's notes were reviewed on 7/17/24 at 3:30 PM. Physician's Progress Notes, dated 7/10/24 at 15:33 (3:33 PM), wrote: Discussed with her and will continue with the treatment and will monitor and will continue with the hospice care. An attempt to call the Facility Medical Director via pager #(989) [PHONE NUMBER] at 3:32 PM on 7/17/24 but did not get a callback. No voicemail was received. The facility policy entitled Hospice Program dated revised on1/2024 specified: . 9. In general, it is the responsibility of the hospice to manage the resident's care as it relates to the terminal illness and related conditions, including: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235411	A. Building B. Wing	07/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hampton Nursing and Rehab	800 Mulholland Rd Bay City, MI 48708

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 0849 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	a. Determining the appropriate hospice plan of care; b. Changing the level of services provided when it is deemed appropriate; c. Providing medical direction, nursing, and clinical management of the terminal illness; d. Providing spiritual, bereavement and/or psychosocial counseling and social services as needed; and e. Providing medical supplies, durable medical equipment, and medications .

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235411	A. Building B. Wing	07/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hampton Nursing and Rehab	800 Mulholland Rd Bay City, MI 48708

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39059 Based on observation, interview and record review, the facility failed to wear Personal Protection Equipment (PPE) properly in Enhanced Barrier Precautions (EBP) rooms (101, 103 and 208), resulting in the likelihood of cross-contamination and further spread of the infections requiring barrier precautions. Findings include: On 7/16/24, at 8:35 AM, Nurse B was observed in an enhanced barrier precautions room [ROOM NUMBER] sitting on the edge of the resident's bed without any form of PPE. On 7/16/24, at 5:04 PM, Resident #5 (room [ROOM NUMBER]) was in their bed in an enhanced barrier isolation room. CNA H was leaning on the left side of the bed caring for Resident #5 who had an incontinent episode. CNA H had on gloves but no gown to protect their uniform. On 7/16/24, at 5:12 PM, Infection Control Nurse E was alerted of the observation of CNA H caring for Resident #5 without a gown on and IC Nurse E was asked if CNA H should have a gown on and IC Nurse E offered, yes. On 7/16/24, at 5:20 PM, a record review of Resident #5's electronic medical record revealed a Physician order . Enhanced barrier precautions: Gloves and gown prior to high-contact care activity . Active 7/28/2023 . On 7/17/24, at 1:18 PM, an observation of Housekeeper I in an enhanced barrier precautions room (room [ROOM NUMBER]) was conducted. Housekeeper I was on their hands and knees cleaning the toilet and floor in the bathroom without a gown on to protect their uniform. On 7/17/24, at 1:20 PM, IC Nurse E was alerted of Housekeeper I who was in cleaning the floor and toilet of an enhanced barrier room without a gown on and IC Nurse E entered the room and offered education to Housekeeper I of the need to have a gown on. On 7/17/24, at 1:30 PM, a record review of the Enhanced Barrier Resident list provided by the facility revealed Rooms 208, 101, 103 are on the list. A record review of the Keeping Residents Safe - Use of Enhanced Barrier Precautions provided by the facility revealed . You may have noticed new signs on some doors that say Enhanced Barrier Precautions and staff wearing gowns and gloves more often. We're doing this based on new recommendations from the Center's for Disease Control and Prevention to protect our residents and staff from germs that can cause serious infections and are hard to treat . Using gowns and gloves. Since we can't wash our clothes between caring for residents, gowns and gloves help keep these germs from getting on our clothes and spreading to others