STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235442	A. Building B. Wing	11/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Great Lakes Rehab Center	4180 Tittabawassee Road Saginaw, MI 48604

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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 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Reasonably accommodate the needs and preferences of each resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37666 Based on observation, interview and record review, the facility failed to ensure that food preferences were identified and followed for 2 residents (#8 and #109) of 2 residents reviewed for food or choices, resulting in both Resident #8 and #109 becoming upset, and discouraged that they did not receive the food that they had requested. Findings Include: Resident #109: A record review of the Face sheet and Minimum Data Set/MDS assessment indicated Resident #109 was admitted to the facility on [DATE] with diagnoses: Cirrhosis of the Liver with ascites, vitamin/mineral deficiency, dehydration, history of falls, left hip pain, hypertension, COPD, depression, Panic disorder, GERD and arthritis. The MDS assessment dated [DATE] indicated Resident #109 had full cognitive abilities with a Brief Interview for Mental Status/BIMS score of 15/15 and needed some assistance with care. The MDS section K identified the resident was receiving a Therapeutic diet. On 11/19/2024 at 9:20 AM, Resident #109 was viewed sitting in a chair in his room. He said he had been at the facility for about 2 weeks, and he received 3 salads. The resident said it was difficult to get fresh fruit and salads, as he was trying to eat less processed foods. Resident #109 stated, I asked for a salad with every meal, like a side salad. I don't think they have salads every day here. I don't get milk unless I ask for it. The resident was asked if he had talked to anyone about not receiving the food he requested and he said he had spoken to several people from the kitchen. The resident showed his meal ticket on his breakfast tray. It listed his type of diet and fluids. There were no food preferences listed. On 11/20/2024 at 2:40 PM, the Certified Dietary Manager/CDM F was interviewed about Resident #109. She said she had spoken to him and he received a 4 week menu and alternative menu. The CDM said a side salad was an option on the alternative menu and included: lettuce, tomatoes, green pepper, cucumber, and onion. She said it was the only option for a salad and there was no chef salad. The CDM said Resident #109 could receive a salad and noted he had received several salads. The CDM said she would follow up with the resident, and flag his ticket to ensure he received a salad and fruit. (continued on next page)

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

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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 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During the interview with the CDM on 11/20/2024 at 2:45 PM, a dietary note dated 11/7/2024 was reviewed. It was created on 11/13/2024 and dated for 11/7/2024; a week after the resident was seen by the CDM. She said sometimes the notes were created late. Discussed with the CDM that Fruit was mentioned on the 11/7/2024 assessment but not addressed on the resident's food ticket. Salads were not mentioned on the notes/assessments, but the CDM said the resident had mentioned it to her and he had received them several times, although not consistently. On 11/21/2024 at 1:00 PM, Resident #109 was interviewed; his lunch tray was sitting on the bedside table. He said he talked to someone from the kitchen, and he said he didn't want a salad for breakfast but with lunch and supper It would be nice. He pointed at his meal tray and showed that he did not get a salad. In reviewing his lunch ticket, it did not identify any preferences or mention the resident would like fresh fruit and a salad. There was no fruit on the meal tray, but Resident #109 said he had some fruit the previous day and had an extra apple and orange in his room. On 11/21/2024 at 2:00 PM, during an interview with the CDM, it was pointed out that the resident did not receive a salad with his meal and his meal ticket did not identify food preferences. On 11/21/2024 at 2:45 PM, during an interview with the Administrator, Resident #109's food preferences were reviewed: the resident's meal ticket did not identify the resident's preferences, and he had been in the facility for 16 days. She said there were some challenges in the dietary department, and they were going to work on it. 38471 Resident #8: During Resident Council on 11/19/2024 at 10:30 AM, Resident #8 shared she requested grits from the kitchen for breakfast and received them consistently for 3-4 days and suddenly she stopped being served them. When she asked dietary staff about it, they stated she could not have them as she was the only resident that requested them. On 11/19/2024 at 2:00 PM, Dietary Manager F was queried regarding Resident #8's request to have grits daily for breakfast. She reported her cook informed her she was making it for the resident, but it was coming back to the kitchen, so they stopped preparing it for the resident. Manager F was asked to clarify if dietary spoke to Resident #8 regarding removing grits from her plate or if it was assumed she did not want them because it was not being eaten. On 11/20/2024 at 7:55 AM, a review was completed of Resident #8's records and it indicated she admitted to the facility on [DATE] with diagnoses that included, Acute Pancreatitis, Anxiety, Pulmonary Hypertension, Diverticulitis, Syncope and Collapse. Further review yielded the following: Care Plan: .Offer (Resident #8) food preferences. Offer subs of same nutritional value if resident dislikes main meal . Provide (Resident #8) wit as much control as possible in routines, food preferences etc. (continued on next page)

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F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 11/20/24 03:35 PM, Dietary Manager F followed up on Resident #8's grits preference. She expressed she found their cook made the decision to stop making Resident #8's grits every morning because it was too many breakfast items to prepare. Manager F explained they are going to use instant grits for Resident #8 Review was completed of the facility policy entitled, Resident Food Preferences, reviewed 2/2024. The policy stated, Individual food preferences will be assessed upon admission and communicated to the interdisciplinary team. Modification to diet will only be ordered with the resident's or representative consent . When possible, staff will interview the resident directly to determine current food preferences based on history and life patterns related to food and mealtimes .

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37666 The facility failed to ensure comfortable room temperatures for two residents (Resident #24, Resident #110) from a census of 52 residents, resulting in Resident #110 becoming upset and disgruntled because he was too cold to eat and sleep. FACILITY Environment Resident #110: A record review of the Face sheet and Minimum Data Set/MDS assessment indicated Resident #110 was admitted to the facility on [DATE] with diagnoses: Kidney disease, heart disease, pneumonia, COPD, and a history of falls with a fracture. The MDS assessment dated [DATE] revealed the resident had mild cognitive loss with a Brief Interview for Mental Status/BIMS score of ,d+[DATE] and needed some assistance with all care. On [DATE] at 10:53 AM, Resident #110 was observed lying in bed, watching TV. He was awake, alert and talkative. The resident pointed at the heat register in the room; it read 68 degrees Fahrenheit. Resident #110 said he was very cold. He was very upset. He said he kept telling people that he was too cold and they would tell him they would send someone. He said no one came to look at the heat register. He said the staff offered an extra blanket. Resident #110 stated, It's just cold. I'm cold. Three days in a row, I'm used to 72 degrees at home. I want to be comfortable. I can't eat or sleep. I don't want an extra blanket. I want them to do something about it. On [DATE] at 11:02 AM, Maintenance staff K entered Resident #110's room. He said he just received a work order that morning for the cold temperature in Resident #110's room. Maintenance staff K stated, You can hear the heat duct running; there's nothing blowing. He said the temperature was set at 79 degrees, but now it was reading 69 degrees. Maintenance staff K said there had been other resident rooms with the same issue. He said some of those residents had to be moved to another room, so the heating unit/heat register could be repaired. Certified Nursing Assistant L said she worked over the weekend and Resident #110 said he was too cold, so she put the work order in. On [DATE] at 10:25 AM, Operations Manager B was interviewed, and he said the resident's wall unit was not working and Maintenance staff K reset it on [DATE] and it was currently working. He said the facility had issues with other wall heating units in the residents' rooms and he said the would have to make a plan to replace them. 38471 Resident #24: (continued on next page)

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During the initial tour on [DATE], Resident #24 shared she does not participate in many activities as she once did, because the common areas are cold. Even with a long sleeve shirt and sweatshirt on she is still cold in the common areas and hallways of the facility. Resident #24 stated many residents, and staff are bundled up when outside of their room given the cool temperatures in the facility. During Resident Council on [DATE] at 10:30 AM, all nine residents in attendance at the meeting expressed the common areas (theater, hallways, library and activity) are cold. They reported there is cool air blowing through the vents and they have to bundle up when coming out of their room as they anticipate being cold. Review was completed of Resident Council notes and the following was indicated in the notes from [DATE], . Facility is cold multiple residents . During the survey three facility staff members who requested their anonymity was maintained, stated residents have complained regarding it being cold in the hallways and common areas. They reported they typically wear jackets/fleeces throughout their shift and it's reasonable to believe that if they are cold so are the residents. The staff stated the residents have informed them they will not go to activities due to the cool temperatures. On [DATE] at 1:10 PM, the thermostat on 300 hall read 70.1 and it felt as if cool air was filtering from the vents on the ceiling. An infrared thermometer was utilized to measure temperatures in common areas and hallways the temperatures were as follows: Activity Area: 69.7 100 Hall: Thermostat: 73.5 Between room [ROOM NUMBER] and 103: 68.3 Outside room [ROOM NUMBER]: 71.2 Outside room [ROOM NUMBER]: 71.0 Outside room [ROOM NUMBER]: 69.7 200 Hall: Thermostat: 70.5 Outside room ,d+[DATE].7 Outside room ,d+[DATE].4 Outside room ,d+[DATE].3 (continued on next page)

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Nurse Station-72.3 300 Hall: Between room [ROOM NUMBER] and 303: 71.4 Outside room [ROOM NUMBER]: 69.9 Outside room [ROOM NUMBER]: 70.3 Outside room [ROOM NUMBER]: 68.5 400 Hall: Nurse Station-68.8 Thermostat- 70.7 Outside room ,d+[DATE].0 Between Room: [DATE] Outside room [ROOM NUMBER] ,d+[DATE].5 Outside room ,d+[DATE].3 On [DATE] at 10:00 AM, an interview was conducted with Maintenance Director B regarding the resident complaints of the common areas being cold and the issues with heating/cooling units in residents' rooms. Director B explained they switched out a unit in a resident room and now they will have spare parts on hand in the event another unit malfunctions. The in-room units have a life expectancy of ,d+[DATE] years given how the residents run them continuously. He reported they maintain the facility at 71 -74 . Director B reported staff have complained the hallways are too warm as residents' room are close to 80 which push the hallway temperatures up. Director B was provided with concerns discussed from resident council, facility staff and initial tour on the coldness in the common areas and how they asked for it to be remedied without success. The Director explained there is a pinpoint size leak in the [NAME] line on the unit on the roof. There are six Fujitsu units on the roof, two outside units and units in the basement that work conjunctively to heat/ cool the common areas and hallways in the facility. The unit has been leaking Freon, which then causes the unit to continuously work and there is buildup on the copper tubing from it. They have to shut down the unit to defrost and contact an HVAC contractor to refill the Freon. They continuously go through this cycle as they do not know where the leak is. So, in the summer the building could be warmer and in winter cooler. Adding the Freon each time is a temporary fix to the main issue at hand and he stated it was recommended they mix an additive with the Freon and when the additive locates the leak it will mix and solder the pinpoint hole. But this solution has not yet to be presented and approved. Review was completed of facility's contracted HVAC work orders for [DATE]: (continued on next page)

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	[DATE]: Routine fall check. Due to current weather conditions, we are not finished. We are performing maintenance on HVAC. We found heat pumps units 1 and 6 low on refrigerant charge. Charged units and checked operation. Repaired 2 PTACH room units. Both units required blower repairs. I can forward the remaining repairs if there are any when the service is complete weather permitting. [DATE]: [DATE] @3:50 PM Maintenance Call ([NAME]) from facility stating some areas of facility are running cool, hall, library, movie theater. Also wants PTAC units in three rooms checked. Service call scheduled first available on Monday ,d+[DATE]. Rooms 113, 414, 314. Complete indoor blower rebuild. Note: parts availability for these units are ,d+[DATE] weeks out. Review was completed of the facility policy entitled, Maintenance of Building Temperatures/Provisions for Extreme Heat or Cold, reviewed ,d+[DATE]. The policy stated, .Required temperatures range- the building temperature in all resident areas at the facility will be maintained between seventy- one degrees Fahrenheit and eighty- one degrees Fahrenheit .Maintenance department staff are responsible for adjusting temperature thermostats and servicing heating and cooling units during the change of seasons .all reports of temperature problems must be reported to the Administrator or DON. In conjunction with maintenance staff, Administrator and nursing will assess and determine the extent and length of the problem and determine what types of action will need to be taken .

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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 0636 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Assess the resident completely in a timely manner when first admitted, and then periodically, at least every 12 months. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37666 Based on observation, interview and record review, the facility failed to complete a Minimum Data Set/MDS Comprehensive Assessment for 2 residents (#35 and #45) of 15 residents reviewed for Comprehensive Assessments, resulting in the potential for the misidentification of resident needs, treatments and services for Resident #35 and Resident #45. Findings Include: FACILITY Resident Assessment Resident #35: A record review of the Face sheet and Minimum Data Set/MDS assessment indicated Resident #35 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including: Dementia, heart disease, diabetes, kidney disease, depression and hypothyroidism. On 11/18/2024 at 10:27 AM, during a review of the MDS assessments for Resident #35 identified an Admission assessment on 10/31/2023 and 4 quarterly assessments dated: 1/31/2024, 5/2/2024, 8/2/2024 and 11/2/2024. At the top of the MDS screen in the electronic medical record/EMR, identified Next Full: ARD (assessment reference date: 10/31/2024, 5 days overdue was highlighted in red print. There was no Full assessment for Resident #35 after his initial Admission MDS on 10/31/2024. ON 11/19/2024 at 11:34 AM, MDS Nurse I was interviewed. She said she was the only MDS nurse at the facility and completed all MDS assessments for the residents. MDS Nurse I said the Director of Nursing/DON signed the MDS completion page when the assessment was completed. During the interview with MDS Nurse I on 11/19/2024 at 11:34 AM, it was reviewed that Resident #35 had 4 quarterly assessments in a row over the last year and an annual full assessment was not completed. The MDS Nurse I said the computer system cued her to complete 4 quarterly assessments instead of 3 quarterlies and an annual. She said it had happened before also. The MDS Nurse said she did not complete the required annual full MDS assessments for 2 residents currently residing in the facility: Resident #35 and Resident #45. Reviewed both residents' assessment screens with the MDS Nurse. The MDS screen for Resident #45 identified an admission to the facility on [DATE] and an Admission MDS assessment dated [DATE]. There were then 4 quarterly assessments dated: 1/31/2024, 5/2/2024, 8/2/2024 and 11/2/2024. This was similar to Resident #35. (continued on next page)

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F 0636 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The assessments were compared and reviewed with the MDS Nurse I. She said she had not completed the required annual assessments for either resident and was not sure why the computer program was cuing her to complete the wrong assessment. Resident #45's MDS page in the EMR also said Next Full ARD: 0/31/2024 5 days overdue highlighted in red. The MDS Nurse I said she would have to fix this as both full MDS assessments needed to be completed for Resident #35 and Resident #45. She said she wasn't sure why this was happening, but would have to check into it. On 11/21/2024 at 3:30 PM, during an interview with the Administrator and Assistant Administrator, it was reviewed that Residents #35 and #45 did not have the required Full MDS assessments completed. The Administrator said she had become aware of this and the assessments should have been completed. A review of the facility policy titled, MDS Completion and Submission Timeframes, dated revised July 2017 provided, Our facility will conduct and submit resident assessments in accordance with current federal and state submission timeframes . The Assessment Coordinator or designee is responsible for ensuring that resident assessments are submitted to CMS . in accordance with current federal an state guidelines . Timeframes for completion and submission of assessments is based on the current requirements published in the Resident Assessment Instrument Manual .

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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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37666 Based on observation, interview and record review, the facility failed to update/revise individualized, person-centered care plans to reflect changing care needs for 2 residents (Resident #10, Resident #109), of 15 residents reviewed for care plans, resulting in the potential for unmet care needs. Findings Include: Resident #10: A record review of the Face sheet and Minimum Data Set/MDS assessment for Resident #10 indicated the resident was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses: Alzheimer's dementia, history of falls with right leg fracture, respiratory failure, history of a stroke and heart disease. The MDS assessment dated [DATE] indicated the resident had severe cognitive impairment with a Brief Interview for Mental Status/BIMS score of 0/15 and the resident needed assistance with all care. On 11/19/2024 at 9:50 AM, Resident #10 was observed sitting in the day room looking out the window. Her face was observed to have several very dry and scaly patches. A review of a skin assessment for Resident #10 dated 11/17/2024 did not mention the residents face was dry with scaly skin. A review of the Care Plans for Resident #10 provided the following: (Resident #10) has increased risk for skin impairment r/t (related to): Cognition impairment; need for extensive/dependent assist from staff for ADL's (activities of daily living); Decreased mobility, resident now spends most of the day in bed and rarely self propels in w/c (wheelchair) . resident occasionally refuses shower . date initiated 12/15/2022 and revised 10/25/2024. With Interventions including: CNA's (certified nursing assistants) will check skin daily with care and report anything unusual to the nurse, date initiated 5/29/2021; Nurse to assess skin twice a week, date initiated 12/28/2021; Keep skin clean and dry. May use lotion on dry skin areas, date initiated and revised 10/6/2023. There was no mention Resident #10 having very dry skin on her face. On 11/21/2024 at 1:39 PM, the Wound Nurse J and Unit Manager H were interviewed about Resident #10's dry skin. The Wound Nurse said she had not noticed the resident having dry skin on her face, but if she did, staff could apply lotion. The Wound Nurse and Unit Manager H said they would follow up on this. Resident #109: Care Planning (continued on next page)

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A record review of the Face sheet and Minimum Data Set/MDS assessment indicated Resident #109 was admitted to the facility on [DATE] with diagnoses: Cirrhosis of the Liver with ascites, vitamin/mineral deficiency, dehydration, history of falls, left hip pain, hypertension, COPD, depression, Panic disorder, GERD and arthritis. The MDS assessment dated [DATE] indicated Resident #109 had full cognitive abilities with a Brief Interview for Mental Status/BIMS score of 15/15 and needed some assistance with care. The MDS section K identified the resident was receiving a Therapeutic diet. On 11/19/2024 at 9:20 AM, Resident #109 was viewed sitting in a chair in his room. He said he had been at the facility for about 2 weeks, and he received 3 salads. The resident said it was difficult to get fresh fruit and salads, as he was trying to eat less processed foods. Resident #109 stated, I asked for a salad with every meal, like a side salad. I don't think they have salads every day here. I don't get milk unless I ask for it. The resident was asked if he had talked to anyone about not receiving the food he requested and he said he had spoken to several people from the kitchen. The resident showed his meal ticket on his breakfast tray. It listed his type of diet and fluids. There was no food preferences listed. On 11/20/2024 at 2:40 PM, the Certified Dietary Manager/CDM F was interviewed about Resident #109. She said she had spoken to him, and he received a 4 week menu and alternative menu. The CDM said a side salad was an option on the alternative menu and included: lettuce, tomatoes, green pepper, cucumber, and onion. The CDM said Resident #109 could receive a salad she said she would follow up with the resident and flag his ticket to ensure he received a salad and fruit. During the interview with the CDM on 11/20/2024 at 2:45 PM, a dietary note dated 11/7/2024 was reviewed. Discussed with the CDM that Fruit was mentioned on the 11/7/2024 assessment but not addressed on the resident's food ticket. Salads were not mentioned on the notes/assessments, but the CDM said the resident had mentioned it to her and he had received them several times, although not consistently. A review of the Care Plans for Resident #109 identified the following: (Resident #109) requires a therapeutic diet as ordered by physician: NAS (no added salt), Regular texture, Thin fluids . date initiated and revised 11/6/2024. With Interventions including: Acknowledge to the resident that his/her needs are unique. Convey a willingness to provide acceptable foods, date initiated 11/6/2024. Approach in a non-judgmental manner, dated 11/6/2024. Obtain dietary consult and follow recommendations, dated 1/6/2024. Offer residents food preferences . date initiated 11/6/2024. Provide the resident with as much control as possible in routines, food preferences, etc., date initiated 11/6/2024. (continued on next page)

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A review of the facility policy titled, Care Plans, Comprehensive Person-Centered, dated revised December 2016 and reviewed 2/2024 provided, A comprehensive, person-centered are plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident .

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Great Lakes Rehab Center	4180 Tittabawassee Road Saginaw, MI 48604

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38471 Based on interview and record review the facility 1) Failed to check blood sugars and administer insulin per physicians' orders for two residents (Resident #30, Resident #158) of two residents reviewed for timely medication administration and 2) Failed to ensure coordination and integration of hospice services for one resident (Resident #51) of one resident reviewed for hospice. Findings Include: Resident #30: During Resident Council on 11/19/2024 at 10:30 AM, Resident #30 shared many times her blood sugar is being checked after she had already completed breakfast. She continued the nurse typically has an excuse as to why it was not checked prior to meal service. On 11/19/2024 at approximately 2:00 PM, a review was conducted of Resident #30's medical record and it revealed she was admitted to the facility on [DATE] with diagnoses that include, Cellulitis, Peripheral Vascular Disease, Type 2 Diabetes Mellitus, Long term use of insulin and Heart Disease. Further review of Resident #30's records revealed the following: Physician Orders: Insulin Glargine 100 Unit/ML (milliliter)- inject 20 units subcutaneously one time a day for diabetes. Slated to be administer at 8:00 AM. Insulin Lispro Injection Solution 100 Unit/ML- inject subcutaneously with meals for diabetes Insulin Lispro Injection Solution 100 Unit/ML- inject as per sliding scale subcutaneously with meals for diabetes: If 0-124=x 125-150=2 151-200=4 201-250=6 251-300=8 301-350=10 351-400-12 401-9999= x Contact physician (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 11/19/2024 at 2:00 PM, Dietary Manager F was asked what times meal service it completed on the halls and the order in which it is served. Manager F explained meals are at 8:00 AM, 12:30 PM and 5:00 PM. The dining room is served first, and halls are completed between 8:45 AM-9:00 AM, with 200 hall being served around 8:30 AM. On 11/19/2024 at 4:30 PM, Unit Manager G stated blood sugars should be checked prior to residents eating meals. Meal service begins in the dining room at 8:00 AM and then then hallways. Review was completed of the facility document that indicated the following mealtimes: Breakfast: 8:00 AM Lunch: 12:30 PM Dinner: 5:00 PM Review was completed of the times Resident #30's blood sugar was checked in relation to facility meal service times. It was found Resident #30's blood sugar was frequently checked well after meal service. The timeframes varied from 45 minutes to two hours after meal service. It can be noted 200 Hall receives their meals around 8:30 AM. The time frames are as follows: 11/17/2024 08:54 224.0 mg/dL 11/16/2024 08:47 216.0 mg/dL 11/15/2024 09:03 197.0 mg/dL 11/12/2024 10:14 200.0 mg/dL 11/12/2024 10:14 200.0 mg/dL 11/12/2024 10:14 200.0 mg/dL 11/10/2024 09:06 193.0 mg/dL 11/10/2024 09:06 193.0 mg/dL 11/10/2024 09:05 193.0 mg/dL 11/9/2024 09:04 157.0 mg/dL 11/9/2024 09:04 157.0 mg/dL 11/9/2024 09:03 157.0 mg/dL 11/8/2024 08:50 168.0 mg/dL 11/7/2024 08:41 189.0 mg/dL (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	11/7/2024 08:41 189.0 mg/dL 11/7/2024 08:41 189.0 mg/dL 11/6/2024 09:31 202.0 mg/dL 11/5/2024 18:03 217.0 mg/dL 11/5/2024 18:03 217.0 mg/dL 11/3/2024 17:46 227.0 mg/dL 11/3/2024 17:45 227.0 mg/dL 11/3/2024 09:32 220.0 mg/dL 11/3/2024 09:30 220.0 mg/dL 11/3/2024 09:30 220.0 mg/dL 10/31/2024 12:30 201.0 mg/dL 10/31/2024 11:06 208.0 mg/dL 10/31/2024 11:06 208.0 mg/dL 10/31/2024 08:40 208.0 mg/dL 10/31/2024 01:40 137.0 mg/dL 10/27/2024 09:04 185.0 mg/dL 10/27/2024 09:03 185.0 mg/dL 10/27/2024 09:03 185.0 mg/dL 10/26/2024 09:22 302.0 mg/dL 10/26/2024 09:22 302.0 mg/dL 10/26/2024 09:22 302.0 mg/dL 10/25/2024 09:01 235.0 mg/dL 10/25/2024 09:01 235.0 mg/dL 10/25/2024 09:00 235.0 mg/dL (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	10/20/2024 08:52 207.0 mg/dL 10/20/2024 08:51 207.0 mg/dL 10/20/2024 08:51 207.0 mg/dL 10/19/2024 08:46 244.0 mg/dL 10/13/2024 09:04 205.0 mg/dL 10/13/2024 09:04 205.0 mg/dL 10/13/2024 09:03 205.0 mg/dL 10/8/2024 09:17 181.0 mg/dL 10/8/2024 09:17 181.0 mg/dL 10/8/2024 09:16 181.0 mg/dL 10/7/2024 18:32 193.0 mg/dL 10/7/2024 18:32 193.0 mg/dL 10/5/2024 08:57 195.0 mg/dL 10/3/2024 18:16 297.0 mg/dL 10/3/2024 18:15 297.0 mg/dL Review was completed of Medication Audit Report from 10/1/2024 to 11/21/2024 and it revealed Resident #30 was administered her insulin well after her meal was completed which coincided with the untimely blood sugar checks. Both documents together show consistence in the resident receiving essential medications outside ordered timeframes. The document provides the following information: Insulin Lispro- injected per sliding scale subcutaneously with meals: 10/3/2024- administered at 18:16 10/5/2024- administered at 09:01 10/5/2024- administered at 18:31 10/7/2024- administered at 18:32 10/8/2024- administered at 09:16 10/13/2024- administered at 09:04 (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	10/26/2024- administered at 09:22 10/27/2024- administered at 09:03 11/3/2024- administered at 09:30 11/5/2024: administered at 18:03 11/9/2024- administered at 09:04 11/10/2024- administered at 09:05 11/12/2024- administered at 10:14 11/15/2024- administered at 13:10 Insulin Lispro Injection- inject 10 unit subcutaneously with meals: 10/3/2024- administered at 18:15 10/7/2024- administered at 18:32 10/8/2024- administered at 09:17 10/13/2024- administered at 09:04 10/25/2024- administered at 09:01 10/26/2024- administered at 09:22 10/27/2024- administered at 09:03 10/31/2024- administered at 11:06 11/3/2024- administered at 09:30 11/5/2024- administered at 18:03 11/9/2024- administered at 09:04 11/10/2024- administered at 09:06 11/11/2024- administered at 09:20 On 11/21/24 at 01:38 PM, Resident #30 was having lunch her in her room, she reported the nurse that typically checks her blood sugar after she had consumed her meal, informed her if was because they (nurses) had to be in the dining room during meals. (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 11/21/24 at 09:19 AM, Unit Manager G reviewed the Medication Audit Report, for Resident #30. The Unit Manager stated the nurses have not expressed their inability to check blood sugars and administer insulin timely. Morning medication pass is heavier and when reviewing the report, it was not isolated to one nurse, so she is not sure what the root cause is. Manager G understood the concern. Resident #158: On 11/20/2024 at approximately 3:15 PM, a review was completed of Resident #158's medical records and it revealed the resident was admitted to the facility on [DATE] with diagnoses that included Cellulitis, Metabolic Encephalopathy, Bipolar Disorder, Type 2 Diabetes and Schizoaffective Disorder. Further review yielded the following: Physician Orders: Insulin Lispro Injection Solution (Insulin Lispro) Inject per sliding scale- subcutaneously before meals for diabetes. Review was completed of the times Resident #158's blood sugar was checked in relation to facility meal service times. It was found Resident #158's blood sugar was frequently checked well after meal service. The timeframes varied from 45 minutes to two hours after meal services. 11/18/2024 12:53 150.0 mg/dL 11/16/2024 17:55 239.0 mg/dL 11/15/2024 17:54 134.0 mg/dL 11/12/2024 13:13 131.0 mg/dL 11/9/2024 17:56 195.0 mg/dL 11/8/2024 19:56 202.0 mg/dL 11/8/2024 13:12 89.0 mg/dL 11/20/2024 17:46 147.0 mg/dL 11/16/2024 17:55 239.0 mg/dL 11/16/2024 15:01 132.0 mg/dL 11/15/2024 17:54 134.0 mg/dL 11/11/2024 08:43 130.0 mg/dL 11/9/2024 17:56 195.0 mg/dL 11/8/2024 19:56 202.0 mg/dL (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	11/8/2024 13:12 89.0 mg/dL 11/7/2024 18:41 238.0 mg/dL Review was completed of Medication Audit Report from 11/8/2024 to 11/21/2024 and it revealed Resident #158 was administered his insulin well after her meal was completed and coincided with the untimely blood sugar checks. The document provides the following information: Insulin Lispro Injection Solution- Inject per sliding scale subcutaneously before meals: 11/8/2024- administered at 13:12 11/8/2024- administered at 19:56 11/12/2024- administered at 13:13 11/16/2024- administered at 15:01 (lunch administration) On 11/21/2024 at 9:10 AM, an interview was conducted with Unit Manager H regarding the late administration of Resident #158's insulin and checking blood sugars after meals were consumed. Manager H reviewed the Medication Audit Report and reported she was unsure as to why his insulin was being administered after meals. Progress notes were reviewed as well and there was no reasoning located in the charting. Review was completed of the policy entitled, Administering Medications, revised December 2012. The policy stated, .Medications should be administered in accordance with the orders, including any required time frame . 37666 Resident #51: Hospice and End of Life A record review of the Face sheet and Minimum Data Set/MDS indicated Resident #51 was admitted to the facility on [DATE] with diagnoses: Huntington's disease, history of falls, and depression. The MDS assessment dated [DATE] indicated the resident had severe cognitive loss with a Brief Interview for Mental Status/BIMS score of 0/15 and the resident needed some assistance with all care. On 11/18/2024 at 10:49 AM, Resident #51 was observed lying in bed, awake and alert. When asked questions he attempted to answer and stated, I don't know. A review of the Physician orders indicated Resident #51 was admitted to Hospice services on 10/9/2024. A record review of the electronic medical /EMR for Resident #51 indicated there was no Hospice notes or documentation related to resident care or visits with the resident. (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 11/21/2024 at 1:26 PM, Unit Manager/UM Nurse G was interviewed about Resident #51 receiving Hospice services. She said the facility used several different Hospice services and some of the Hospice staff charted in the resident's EMR, but some used a separate paper chart in a binder at the nurse's desk. UM G looked around the nurse's desk and she said the resident did not have a Hospice book/chart at the desk. UM G also looked in the EMR and she said there was an order for Hospice, but nothing else. She said she would check further on it. On 11/21/2024 at 1:48 PM, UM H was interviewed about the Hospice documentation for Resident #51 and said there was no Hospice chart. UM H said she would call the Hospice service to see if they had any notes. On 11/21/2024 at 3:08 PM, the lack of Hospice service documentation of care for Resident #51 was reviewed with the Administrator and Assistant Administrator. They said they would look for documentation. On 11/21/2024 at 4:00 PM, UM H provided a stack of Hospice notes for Resident #51 dated from 10/8/2024 - 11/15/2024. She said they had been sent to the Social Worker's office and she was going to request that they were sent to the nursing department for placement into the resident's medical record in the future. A review of the facility contract with the Hospice service titled, . Hospice Services Agreement, dated March 11, 2022 provided, . Hospice shall communicate with the Resident, family members, Facility staff, and the attending physician to develop and update the content of the hospice plan of care .

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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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37666 Based on observation, interview and record review, the facility failed to ensure 1) Appropriate narcotic medication practices including, prevention of discrepancies in the narcotic log count for one resident (Resident #49) from the 300 hall medication cart of 2 carts reviewed for narcotics administration, and 2) Storage and handling of medications for one medication room of one reviewed and one of two medication carts reviewed, in accordance with acceptable pharmaceutical standards of practice, resulting in the potential for inappropriate access to narcotic medications, residents not receiving medications as ordered and a lack of therapeutic benefits of medication. Findings Include: FACILITY Medication Storage and Labeling On [DATE] at 1:59 PM, the 300 hall medication cart was reviewed with Nurse M. While reviewing the Narcotics log and narcotics medication cassettes, it was observed that Resident #49's Narcotic log for Norco 7XXX,d+[DATE] mg (Hydrocodone-Acetaminophen) tablet: Give one tablet by mouth every 6 hours as needed for Pain, did not match the cassette the medication was housed in. The Norco count on the log said 17 and there was 16 in the cassette. Nurse M looked in the electronic medical record/emr and it was documented the medication was given at 9:59 AM. Nurse M corrected the Narcotics log count. During the review of the 300 Hall Narcotics log on [DATE] at 1:59 PM with Nurse M, it was observed that Resident #49 had an additional Narcotics log and medication cassette for Norco, but the dose was , d+[DATE] mg: Take one tablet by mouth every 6 hours as needed for Pain. The count in the Narcotics log said 3, however, it had read 4 and then someone crossed out the 4 and wrote 3 next to it on [DATE]. The entry prior on [DATE] said the Narcotics log count was 5. The resident was supposed to receive one Norco at a time, but the count dropped from 5 to 3 indicating 2 were removed. There was no explanation documented. Nurse M said she had not crossed off the 4 and written 3 next to it, as it was her signature. On [DATE] at 2:20 PM, the Narcotics count was reviewed with Nurse Manager G she said she would look into it. On [DATE] at 2:20 PM during a review of the medication room with Nurse Manager G a treatment cart was observed with the following: Cerave moisture cream expired on ,d+[DATE]. The wound treatment Medihoney's lid wouldn't close and was partially open; it was sticky all over. Three Biofreeze bottles had room numbers and no resident names on them. A large Silver absorbent pad was opened and undated no date. A Dakins solution for wound care was opened and not dated. A Hibiclens bottle was opened, and had something stuck on and running over the side of the bottle. There was a foam strap loose in the cart with no package. (continued on next page)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Upon entering the medication room with Nurse Manager G staff drinks and opened food items were observed on the medication counter. Staff coats, backpacks and purses were lying on the floor and surfaces. The Unit Manager G was asked if the facility had a break room for the staff, as the nurses were continuously in and out of the medication room and it was cluttered with their personal items. During the review of the medication room on [DATE] at 2:20 PM with Nurse Manager G the medication Refrigerator was observed to have a lock on the door. It was unlocked. Nurse Manager G said there were items in the refrigerator that were part of the Medication Dispense system, including narcotics: Nurse Manager G stated, It's supposed to be locked. Lorazepam (an antianxiety medication) was in a lock box in the refrigerator and was not double locked. The TB serum had an unreadable date on the container to indicate when opened. Additional items expired in the medication room were: Fiber laxative dated expired on ,d+[DATE] and 4 green top laboratory test tubes for blood draws were expired on ,d+[DATE]. The Nurse Manager said, They are for Vanco (an IV antibiotic). There were also 4 bottles of liquor in the cabinet for residents who were no longer at the facility. A review of the facility policy titled, Administering medication, dated [DATE] provided, Medications shall be administered in a safe and timely manner, and as prescribed . Medications must be administered in accordance with the orders, including any required time frame . The individual administering the medication must check the label 3 times to verify the right resident, right medication, right dose, right time and right method . When opening a multi-dose container, the date opened shall be recorded on the container .

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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** 38471 Based on observation and interview the facility failed to maintain sanitary conditions in the kitchen, resulting in an increased potential for cross contamination of food, foodborne illness and improper kitchen sanitization, potentially affecting all residents who consume meals from the kitchen. Findings Include: On [DATE] at 7:45 AM, initial tour was conducted in the kitchen in the presence of Dietary Manager F, the following expired/outdated items were found: Dry Storage Room: - ,d+[DATE]-gallon containers of [NAME] Vinegar with expiration date of [DATE] - Manager F stated the vinegar is good for a year after they receive it and the date received was [DATE]. Walk-in Cooler: - ,d+[DATE] pieces of pureed toast- expiration date [DATE] - 1 - Gallon size of brownies with no use by date - Premium Parmesan Cheese- opened [DATE] with no use by date - Manger F stated the cheese should have been discarded of after 14 days ([DATE]) Walk-in Freezer: - 1 bag of pecans- expired [DATE] - Gallon size bag of marinara sauce- expired [DATE] - Gallon size bag of turkey- cooked [DATE]- with no use by date - 30 lb box of sliced carrots- bag was not sealed and without open or use by date - Large plastic bag of mixed veggies without use by date - 2- pieces of cornbread found in the corner of the freezer - 1 -box of gluten free pizza cheese pizza without use by date - 1 box of gluten free waffles- expired [DATE] (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	- ,d+[DATE] mini pie crusts- expired [DATE] - 2 -individually wrapped breakfast sandwich - without a use by date - 1 -bag of granulated peanuts- expired ,d+[DATE] - ,d+[DATE] bag hash browns- without use by date - 1-bag sliced almonds- expired [DATE] - 1 bag of walnuts- without expiration date - 1-gallon bag of frozen bananas- expired [DATE] - 1-gallon size bag of pork crumble- ex [DATE] - ,d+[DATE] turkey- expired [DATE] - 1 -gallon size of spaghetti sauce- expired ,d+[DATE] - Gallon size bag of sweet and sour sauce- without expiration date - 1-gallon size bag of Swedish meatballs- expired [DATE] Dietary Manager F stated all items should be labeled with an open and use by date and upon expiration be discarded of. On [DATE] at 7:50 AM, a follow up visit was conducted in the kitchen in the presence of Dietary Manager F. The manager reported the solution for their three-compartment sink is premixed through a mechanism installed by a contracted service provider. There were two red buckets utilized for sanitization and upon testing the strength of the solution both indicated 0 PPM (parts per million). Manager F reran the solution and rechecked it and it was barely at the 150 PPM mark, she stated she would contact the company for a service call. Manager F reported the sanitizing solution should be at 150 PPM. On [DATE] at 4:00 PM, Dietary Manager F reported the technician did locate a plug in the tubing where the chemicals mix, which was not allowing the correct amount of chemicals to mix. The technician was last at the facility on [DATE] but did not look at the mixing points for the three-compartment sink. It is unknown how long the plug has been present. Review was completed of Red Bucket PPM log, and it indicated the PPM on [DATE] (prior to checking it with Manager F) was 200 PPM. From [DATE] [DATE], the log showed the PPM as 200 daily. It is unknown how the solution strength was up to par and then not within limits shortly thereafter. Review was completed of the Service Report from [DATE] for the three-compartment sink. It stated, . reported sanitizer not working replaced metering tip and flushed unit is working fine . (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235442	A. Building B. Wing	11/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Great Lakes Rehab Center	4180 Tittabawassee Road Saginaw, MI 48604

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Review was completed of the policy entitled, Food Safety and Sanitation, reviewed ,d+[DATE]. The policy stated, .All leftovers are labeled, covered, and dated when stored. They are used within 72 hours (or discarded). Food with expiration dates are used prior to the date on the package . Review was completed of Sanitizer Test Procedures, it indicated the test for Quaternary Sanitizer should be at 150 PPM (at a minimum).