STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235444	A. Building B. Wing	12/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Westwood Nursing Center	16588 Schaefer Detroit, MI 48235

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	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** Based on observations, interviews, and record reviews, the facility failed to clean and maintain food service equipment affecting 102 residents, resulting in the increased likelihood for cross-contamination, bacterial harborage, and decreased illumination.Findings include:On 12/15/2025 at 9:00 A.M., An initial tour of the food service was conducted with Nursing Home Administrator NHA and Dietary Manager D. The following items were noted: Domestic hot water supply temperatures were monitored for 2 of 2 hand washing sinks, utilizing a ThermoWorks Super-Fast Thermapen model CR2032 digital thermometer. The following hot water supply temperatures were recorded: Hand Sink #1: 80.0 - 90.0 degrees Fahrenheit; Hand Sink #2: 85.0 - 95.0 degrees Fahrenheit. The wall mounted paper towel dispensers were also observed non-functional for 2 of 2 hand washing sinks. The Fridgidaire stainless steel refrigerator interior appliance light bulb was observed missing. NHA stated: I will have maintenance replace the bulb. The 2022 FDA Model Food Code section 6-303.11 states: The light intensity shall be: (A) At least 108 lux (10 foot candles) at a distance of 75 cm (30 inches) above the floor, in walk-in refrigeration units and dry FOOD storage areas and in other areas and rooms during periods of cleaning; (B) At least 215 lux (20 foot candles): (1) At a surface where FOOD is provided for CONSUMER self-service such as buffets and salad bars or where fresh produce or PACKAGED FOODS are sold or offered for consumption, (2) Inside EQUIPMENT such as reach-in and under-counter refrigerators; and (3) At a distance of 75 cm (30 inches) above the floor in areas used for handwashing, WAREWASHING, and EQUIPMENT and UTENSIL storage, and in toilet rooms; and (C) At least 540 lux (50 foot candles) at a surface where a FOOD EMPLOYEE is working with FOOD or working with UTENSILS or EQUIPMENT such as knives, slicers, grinders, or saws where EMPLOYEE safety is a factor. The Fridgidaire stainless steel refrigerator interior appliance light bulb socket was observed loose-to-mount. The light bulb socket assembly was also observed dangling from the interior refrigerator ceiling surface. NHA stated: I will have maintenance repair the socket. The 2022 FDA Model Food Code section 4-501.11 states: (A) EQUIPMENT shall be maintained in a state of repair and condition that meets the requirements specified under Parts 4-1 and 4-2. (B) EQUIPMENT components such as doors, seals, hinges, fasteners, and kick plates shall be kept intact, tight, and adjusted in accordance with manufacturer's specifications. (C) Cutting or piercing parts of can openers shall be kept sharp to minimize the creation of metal fragments that can contaminate FOOD when the container is opened. The [NAME] Beach microwave oven interior door face plate was observed (etched, scored, corroded, particulate). NHA stated: I will discard and replace the microwave oven. The 2022 FDA Model Food Code section 4-501.13 states: Microwave ovens shall meet the safety standards specified in 21 CFR 1030.10 Microwave ovens. The meat slicer was observed soiled with accumulated and encrusted food residue. The blade guard assembly was also observed soiled with accumulated and encrusted food residue. Dietary Manager D indicated she would have staff thoroughly clean and sanitize the meat slicer assembly as soon as possible. The 2022 FDA Model Food Code section 4-601.11 states: (A) EQUIPMENT FOOD-CONTACT SURFACES and UTENSILS shall be clean to sight and touch. (B) The FOOD-CONTACT SURFACES of cooking EQUIPMENT and (continued on next page)

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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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	pans shall be kept free of encrusted grease deposits and other soil accumulations. (C) NonFOOD-CONTACT SURFACES of EQUIPMENT shall be kept free of an accumulation of dust, dirt, FOOD residue, and other debris. Janitor Closet: 1 of 2 overhead U-bulb lights were observed non-functional. The 2022 FDA Model Food Code section 6-303.11 states: The light intensity shall be: (A) At least 108 lux (10 foot candles) at a distance of 75 cm (30 inches) above the floor, in walk-in refrigeration units and dry FOOD storage areas and in other areas and rooms during periods of cleaning; (B) At least 215 lux (20 foot candles): (1) At a surface where FOOD is provided for CONSUMER self-service such as buffets and salad bars or where fresh produce or PACKAGED FOODS are sold or offered for consumption, (2) Inside EQUIPMENT such as reach-in and under-counter refrigerators; and (3) At a distance of 75 cm (30 inches) above the floor in areas used for handwashing, WAREWASHING, and EQUIPMENT and UTENSIL storage, and in toilet rooms; and (C) At least 540 lux (50 foot candles) at a surface where a FOOD EMPLOYEE is working with FOOD or working with UTENSILS or EQUIPMENT such as knives, slicers, grinders, or saws where EMPLOYEE safety is a factor. Janitor Closet: The overhead light plastic lens cover was observed cracked and broken. The 2022 FDA Model Food Code section 6-202.11 states: coated, or otherwise shatter-resistant in areas where there is exposed FOOD; clean EQUIPMENT, UTENSILS, and LINENS; or unwrapped SINGLE-SERVICE and SINGLE-USE ARTICLES. (B) Shielded, coated, or otherwise shatter-resistant bulbs need not be used in areas used only for storing FOOD in unopened packages, if: (1) The integrity of the packages cannot be affected by broken glass falling onto them; and (2) The packages are capable of being cleaned of debris from broken bulbs before the packages are opened. (C) An infrared or other heat lamp shall be protected against breakage by a shield surrounding and extending beyond the bulb so that only the face of the bulb is exposed. Janitor Closet: One dead insect carcass was observed within the overhead light lens cover. The 2022 FDA Model Food Code section 6-501.12 states: (A) PHYSICAL FACILITIES shall be cleaned as often as necessary to keep them clean. (B) Except for cleaning that is necessary due to a spill or other accident, cleaning shall be done during periods when the least amount of FOOD is exposed such as after closing. The mechanical dish machine pounds-per-square inch (PSI) gauge was observed non-functional during the final rinse cycle. NHA stated: I will have the gauge replaced. The 2022 FDA Model Food Code section 4-501.113 states: The flow pressure of the fresh hot water SANITIZING rinse in a WAREWASHING machine, as measured in the water line immediately downstream or upstream from the fresh hot water SANITIZING rinse control value, shall be within the range specified on the machine manufacturer's data plate and may not be less than 35 kilopascals (5 pounds per square inch) or more than 200 kilopascals (30 pounds per square inch). On 12/18/2025 at 08:30 A.M., Record review of the Policy/Procedure entitled: Sanitation Inspection dated (no date) revealed under Policy: It is the policy of this facility, as part of the department's sanitation program, to conduct inspections to ensure food service areas are clean, sanitary, and in compliance with applicable state and federal regulations. Record review of the Policy/Procedure entitled: Sanitation Inspection dated (no date) further revealed under Policy Explanation and Compliance Guidelines: (1) All food service areas shall be kept clean, sanitary, free from litter, rubbish, and protected from rodents, roaches, flies, and other insects.

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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 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record reviews, the facility failed to clean and maintain the physical plant affecting 103 residents, resulting in the increased likelihood for cross-contamination, bacterial harborage, and reduced air quality. Findings include:On 12/15/2025 at 09:50 A.M., Three 6-inch by 6-inch [NAME] tiles were observed (cracked, broken, missing), within the facility entrance foyer. Nursing Home Administrator NHA stated: We can just fill the holes in with concrete. On 12/15/2025 at 11:03 A.M., An environmental tour of the facility Laundry Service was conducted with Nursing Home Administrator NHA. The following items were noted: Three of three commercial dryer enclosed fire box exteriors, safety shields, and flooring surfaces were observed soiled with accumulated and encrusted dust and lint deposits. NHA indicated he would have staff thoroughly clean behind the commercial dryers as soon as possible. The flooring surface, located directly behind the two commercial washers, was observed soiled with accumulated and encrusted dust, dirt, and debris (paper products, cloth products, etc.). NHA indicated he would have staff thoroughly clean and sanitize the flooring surface as soon as possible. The clean laundry room concrete flooring surface was observed (etched, scored, particulate). NHA indicated he would have maintenance clean and repaint the flooring surface as soon as possible. On 12/15/2025 at 11:20 A.M., An interview was conducted with Nursing Home Administrator NHA regarding the facility Director of Housekeeping and Laundry Services position. NHA stated: I let the person go about a month ago. On 12/15/2025 at 12:18 P.M., The 2-North Dining Room was observed unoccupied and cold. The two panel sliding glass door was also observed with air drafts protruding between the door panels. The two panel sliding glass door tracks were further observed severely soiled with accumulated and encrusted dust/dirt deposits. On 12/15/2025 at 12:33 P.M., The 2-North Dining Room triple panel window was observed covered with clear visqueen sheeting to assist with reducing cold air drafts protruding from the window. On 12/15/2025 at 12:45 P.M., The 1-North Dining Room was observed with four of five windows covered with clear visqueen sheeting to assist with reducing cold air drafts protruding from the windows. On 12/15/2025 at 1:00 P.M., Ten cushioned metal chairs, within the Memory Care Dining Room, were observed (etched, scored, particulate), exposing the inner Styrofoam padding. NHA stated: I will remove and replace the chairs. On 12/15/2025 at 2:25 P.M., The restroom flooring tile was observed cracked/broken, within Resident room [ROOM NUMBER]. The restroom flooring tile was further observed stained and heavily soiled, adjacent to the commode base. On 12/15/2025 at 2:30 P.M., The restroom hand sink paper towel dispenser was observed empty, adjacent to resident room [ROOM NUMBER]. Blue colored water was also observed pooling, within the bathtub drain assembly. On 12/15/2025 at 3:21 P.M., The 1 South Clean Linen Room was observed with three (cracked, broken, missing) vinyl flooring tiles measuring 12-inches-wide by 12-inches-long each. On 12/15/2025 at 3:26 P.M., The 2 South Clean Linen Room was observed with a soiled return-air-ventilation grill. Nursing Home Administrator NHA stated: The technician is coming to clean the vent now. The flooring surface, adjacent to the metal entrance door frame, was further observed severely soiled with accumulated and encrusted (dust, dirt, grime). On 12/15/2025 at 3:30 P.M., The 2nd Floor Soiled Utility Room was observed with open exposed plumbing pipes. One plumbing pipe was also observed dripping water slowly onto the flooring surface. On 12/15/2025 at 3:32 P.M., The 1st Floor Soiled Utility Room was observed with three uncapped plumbing pipes. The return-air-ventilation grill was also observed soiled with accumulated and encrusted dust/dirt deposits. The Laboratory Specimen Refrigerator was further observed resting upon a warped one-quarter inch piece of plywood. The plywood surface was additionally observed raised and splintered from previous moisture exposure. On 12/16/2025 at 8:52 A.M., An interview was conducted with Maintenance Supervisor F regarding domestic hot water temperature monitoring and domestic (continued on next page)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	water supply flushing to reduce the risk of Legionellosis. Maintenance Supervisor F stated: I don't have any records for flushing the water. Maintenance Supervisor F also stated: I believe (Name of Nursing Home Administrator) has records in TELS. On 12/16/2025 at 9:20 A.M., The 1st Floor Shower Room wand assembly was observed missing an atmospheric vacuum breaker. The hand sink waste plumbing escutcheon was observed severely corroded. One purple vinyl glove was also observed pressed between the plumbing polyvinyl chloride (PVC) discharge pipe and wall hole perimeter. The entrance door interior was additionally observed (etched, scored, particulate). One acoustical ceiling tile was further observed moist from an active water leak. The metal entrance door slab was additionally observed scraping the tile flooring surface. On 12/16/2025 at 9:35 A.M., The smoking area North Exit Door was observed with daylight protruding into the facility. The opening measured approximately 2-inches-wide by 4-inches-long. The weatherstripping was also observed missing on the non-hinge side of the entrance/exit door. The opening measured approximately 0.50 -inch-wide by 36-inches-long. One small plastic cup was further observed placed into the lock assembly hole. One 12-inch-wide by 12-inch-long [NAME] wooden flooring panel was observed loose-to-mount, resting against the wall surface. On 12/16/2025 at 10:05 A.M., The Memory Care Staff Restroom was observed with the following items: (1) The commode tank top was observed missing. (2) The commode seat was also observed loose-to-mount. (3) 1 of 2 overhead lights were observed non-functional. (The operable overhead light assembly was also flickering). (4) The flooring drain metal plate cover was further observed loose-to-mount. On 12/16/2025 at 10:20 A.M., The 2nd Floor Shower Room was observed with the following items: (1) Four 10-inch-wide by 12-inch-long ceramic wall tiles were observed missing, adjacent to the shower control assembly. (2) One of three overhead light assemblies were observed non-functional. (3) The white wall mounted ceramic towel rack was observed missing the crossbar. (4) The ceramic wall tile was also observed with duct tape adhered to a false cover plate. (5) Two ceramic flooring tiles were further observed missing. (6) Special Note: A very strong medicinal odor was also observed permeating throughout the shower room atmosphere. On 12/16/2025 at 11:50 A.M., The 2-North Bath/Shower Room entrance door was observed with a space between the metal threshold plate and ceramic tile flooring surface. The dimensions of the empty space measured approximately 2-inches-wide by 36-inches-long by 1-inch-deep. On 12/16/2025 at 12:39 P.M., An interview was conducted with Nursing Home Administrator NHA regarding the facility maintenance work order system. NHA stated: We have TELS for maintenance tracking. NHA also stated: We have not payed our bill to date. NHA further stated: We are currently in arrears for $8,000.00. NHA additionally stated: The TELS system is currently down due to non-payment. On 12/16/2025 at 12:41 P.M., An interview was conducted with Nursing Home Administrator NHA regarding the domestic hot water supply boiler mixing valve. NHA stated: Mechanical Heating and Cooling will be here today around 4:00 p.m. - 6:00 p.m. On 12/16/2025 at 3:42 P.M., The 2-North Dining Room table surfaces (1 of 9) were observed (etched, scored, stained, particulate). On 12/16/2025 at 3:49 P.M., The 1st Floor Dining Room table surfaces (7 of 10) were observed (etched, scored, stained, particulate). Special Note: Detailed environmental cleaning (housekeeping) and maintenance services are needed for the following: (1) Hallway flooring corners and wall/floor junctures were observed severely soiled and black in color. (2) Numerous resident room radiant heat covers were observed missing. (3) Air gaps were observed between window mounted resident room Air Conditioning Units and window/wall surfaces. (4) Door slabs, walls, ceilings, and door frames were observed (etched, scored, particulate), needing cleaning and repainting. On 12/18/2025 at 10:00 A.M., Record review of the Policy/Procedure entitled: Preventative Maintenance Program dated (no date) revealed under Policy: A Preventative Maintenance Program shall be developed and implemented to ensure the provision of a safe, functional, sanitary, and comfortable environment for residents, staff, and the public. Record review of the Policy/Procedure entitled: Preventative Maintenance Program dated (no date) further revealed under Policy Explanation and Compliance Guidelines: (1) The Maintenance Director is responsible for (continued on next page)

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F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	developing and maintaining a schedule of maintenance services to ensure that the buildings, grounds, and equipment are maintained in a safe and operable manner. On 12/18/2025 at 10:15 A.M., Record review of the Policy/Procedure entitled: Maintenance Inspection dated (no date) revealed under Policy: It is the policy of this facility to utilize a maintenance inspection checklist in order to assure a safe, functional, sanitary, and comfortable environment for residents, staff, and the public. On 12/18/2025 at 10:30 A.M., Record review of the Policy/Procedure entitled: Safe and Homelike Environment dated (no date) revealed under Policy: In accordance with resident's rights, the facility will provide a safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility, both inside and outside, maximizes resident independence and does not pose a safety risk.

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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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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** Based on observations, interviews, and record reviews, the facility failed to: (1) provide sufficient domestic hot water supply, and (2) provide appropriate ambient room temperatures affecting 103 residents, resulting in the increased likelihood for resident discomfort.Findings include:On 12/15/2025 at 9:00 A.M., An initial tour of the food service was conducted with Nursing Home Administrator NHA and Dietary Manager D. The following items were noted: Domestic hot water supply temperatures were monitored for 2 of 2 hand washing sinks, utilizing a ThermoWorks Super-Fast Thermapen model CR2032 digital thermometer. The following hot water supply temperatures were recorded: Hand Sink #1: 80.0 - 90.0 degrees Fahrenheit; Hand Sink #2: 85.0 - 95.0 degrees Fahrenheit. On 12/15/2025 at 12:18 P.M., The 2-North Dining Room was observed unoccupied with a cool/cold ambient air temperature. Note: Residents were also observed seated at bedside tables awaiting their lunch meal, within the adjacent hallway corridor outside of the 2-North Dining Room. The two panel sliding glass door was also observed with air drafts protruding between the door panels. On 12/15/2025 at 12:30 P.M., The 2-North Dining Room ambient air temperature was monitored utilizing an ETEKCITY Lasergrip model 1080 infrared thermometer. The following ambient air temperature range was recorded, within the 2-North Dining Room: 61.0 - 68.0 degrees Fahrenheit. On 12/15/2025 at 12:33 P.M., The 2-North Dining Room triple panel window was observed covered with clear visqueen sheeting to assist with reducing cold air drafts from the window. On 12/15/2025 at 12:45 P.M., The 1-North Dining Room ambient air temperature was monitored utilizing an ETEKCITY Lasergrip model 1080 infrared thermometer. The following ambient air temperature range was recorded, within the 1-North Dining Room: 65.0 - 70.8 degrees Fahrenheit. Four of five dining room windows were also observed with clear visqueen sheeting to assist with reducing cold air drafts from the windows. On 12/15/2025 at 12:47 P.M., An interview was conducted with Resident #49 regarding dining room ambient air temperatures. Resident #49 stated: I am freezing. On 12/15/2025 at 12:50 P.M., Ambient air temperatures were monitored within Resident room [ROOM NUMBER] utilizing an ETEKCITY Lasergrip model 1080 infrared thermometer. The following ambient air temperature range was recorded: 68-70 degrees Fahrenheit. On 12/15/2025 at 1:10 P.M., Ambient air temperatures were monitored within the Memory Care Dining Room utilizing an ETEKCITY Lasergrip model 1080 infrared thermometer. The following ambient air temperature range was recorded: 68.0 - 70.0 degrees Fahrenheit. The lower range temperature was captured within a 7-feet-wide by 18-feet-long section, adjacent to the television set. On 12/16/2025 at 12:41 P.M., An interview was conducted with Nursing Home Administrator NHA regarding the domestic hot water supply boiler mixing valve. NHA stated: Mechanical Heating and Cooling will be here today around 4:00 p.m. - 6:00 p.m. On 12/15/2025 at 2:21 P.M., Domestic hot water supply temperatures were monitored, within Resident room [ROOM NUMBER], utilizing a ThermoWorks Super-Fast Thermapen model CR2032 digital thermometer. The following restroom hand sink hot water temperature was recorded: 89.9 degrees Fahrenheit. On 12/15/2025 at 2:30 P.M., The restroom hand sink hot water temperature was monitored, adjacent to resident room [ROOM NUMBER], utilizing a ThermoWorks Super-Fast Thermapen model CR2032 digital thermometer. The following domestic hot water temperature was recorded: 85.0 degrees Fahrenheit. On 12/15/2025 at 2:40 P.M., The restroom hand sink hot water temperature was monitored, adjacent to resident room [ROOM NUMBER], utilizing a ThermoWorks Super-Fast Thermapen model CR2032 digital thermometer. The following domestic hot water temperature was recorded: 73.7 degrees Fahrenheit. On 12/16/2025 at 9:16 AM The 2-North Dining Room ambient air temperatures were monitored utilizing an ETEKCITY lasergrip model 1080 infrared thermometer. The following temperature range was recorded: 67-71 degrees Fahrenheit. On 12/16/2025 at 9:55 A.M., The first floor Main Dining Room ambient room air temperatures were monitored utilizing an (continued on next page)

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	ETEKCITY model 1080 infrared thermometer. The following temperature range was recorded: 66-71 degrees Fahrenheit. On 12/16/2025 at 10:05 A.M., The Memory Care Staff Restroom hand sink domestic hot water supply was monitored utilizing a ThermoWorks Super-Fast Thermapen model CR2032 digital thermometer. The following hot water temperature was recorded: 80.7 degrees Fahrenheit. On 12/16/2025 at 10:20 A.M., The 2nd Floor Shower Room hand sink domestic hot water temperature was monitored utilizing a ThermoWorks Super-Fast Thermapen model CR2032 digital thermometer. The following temperature was recorded: 79.8 degrees Fahrenheit. Appendix PP states at F584: S483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. The facility must provide- S483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. S483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81 F. On 12/18/2025 at 9:00 A.M., Record review of the Policy/Procedure entitled: Safe Water Temperatures dated (no date) revealed under Policy: It is the policy of this facility to maintain appropriate water temperatures is resident care areas. Record review of the Policy/Procedure entitled: Safe Water Temperatures dated (no date) further revealed under Policy Explanation and Compliance Guidelines: (4) Staff will report abnormal findings, such as complaints of water too cold or hot, burns or redness, or any problems with water temperature (ex. water is painful to touch or causes redness) to the supervisor and/or maintenance staff. (5) Water temperatures will be set to a temperature of no more than (blank) degrees Fahrenheit (blank) degrees Centigrade, or the state's allowable maximum water temperature. (7) Documentation of testing will be maintained for 3 years and kept in the maintenance office.

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to develop and implement a discharge plan of care for one (R66) of six residents reviewed for discharge planning. Findings include: On 12/15/2025 at 9:18 AM, R66 was observed in her room and interviewed. R66 said she was supposed to be discharged from the facility, but no one had come to talk to her about the process. R66 stated, I was only supposed to be at the facility for short term rehabilitation. During the conversation R66 became tearful and anxious. Record review of R66's Electronic Health Record (EHR) revealed she was admitted on [DATE] with pertinent diagnoses of fracture of left fibula, hypertension, cognitive communication deficit, dementia, hypothyroidism, and anemia. The EHR revealed the residents' most recent admission date of 10/28/2025. The resident had a court-appointed guardian. A Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 11/18/2025 revealed a Brief Interview for Mental Status (BIMS) score of 11 - indicative of mild cognitive impairment. The MDS also revealed the resident needed partial/moderate assistance with most Activities of Daily Living (ADL's). Record review revealed R66 did not have a discharge plan of care initiated or social work progress notes related to discharge goals or planning. On 12/17/2025 at approximately 11:00 AM, Social Services Director (SSD) A was interviewed regarding R66's discharge plan and said the resident was planning on returning to their group home after therapy. When asked if there was a discharge plan of care initiated for R66, SSD A was unable to provide evidence of a discharge plan of care. During an interview with the Nursing Home Administrator (NHA) on 12/18/2025 at approximately 9:00 AM, the NHA reported that discharge planning starts on day one of admission and that discharge goals and planning is initiated by the social services department. In addition, it was their expectation that a discharge plan of care be initiated and part of the medical record. A review of the facility policy titled, Comprehensive Care Plans dated 6/18/2025, revealed the following: 3- The comprehensive care plan will describe, at a minimum, the following: . d. The resident's goals for admission, desired outcomes, and preferences for future discharge; and e. Discharge plans, as appropriate.