

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235462	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/18/2025
NAME OF PROVIDER OR SUPPLIER Corewell Health Rehab & Nursing Center-Commons Far		STREET ADDRESS, CITY, STATE, ZIP CODE 21450 Archwood Circle Farmington Hills, MI 48336	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** This citation pertains to Complaint #2675245. Based on interview and record review, the facility failed to ensure the physician was notified when a blood pressure medication was not available for four days for one (R121) of one resident reviewed for medication availability. Findings include: On 12/16/25 at 10:45 AM, an interview was conducted with R121 regarding her care in the facility. R121 reported her main concern was when she was admitted into the facility on [DATE], a prescribed medication used to treat high blood pressure was not available and she did not receive it until 12/15/25. R121 reported the nurse told her the medication had to be ordered from the pharmacy, but then there was no follow up after that. A review of an After Visit Summary from the hospital for R121 revealed they were prescribed candesartan-hydrochlorothiazide (a medication used to treat high blood pressure) 32-12.5 milligrams (mg) daily. A review of the facility's Physician's Orders revealed an order for candesartan cilaxetil-HCTZ (hydrochlorothiazide) 32-12.5mg daily. A review of R121's Medication Administration Record (MAR) for December 2025 revealed R121 did not received the blood pressure medication on 12/11/25, 12/12/25, 12/13/25, and 12/14/25. A review of R121's progress notes revealed the following: An eMAR (electronic Medication Administration Record) note dated 12/11/25 that noted, Med (medication) not available on cart or (backup medication dispensing machine). A review of a History and Physical progress note written by the Attending Physician on 12/11/25 revealed no documentation of the candesartan cilaxetil-HCTZ not being available. The physician documented to continue with the current treatment for blood pressure. A review of an eMAR progress note dated 12/12/25 noted candesartan cilaxetil-HCTZ was on order. A review of a Provider Progress Note dated 12/12/25 revealed the following documentation, HTN (hypertension): Blood pressure controlled on current Rx (prescription). Continue to monitor blood pressure. It was not documented in the note that the medication was not available for administration to R121. A review of an eMAR note dated 12/13/25 revealed, not available will follow up with pharmacy. A review of an eMAR note dated 12/14/25 revealed, Pharmacy contacted - spoke to (name) states she is not sure why it was not cycling out, but she will send it out today. There was no documentation that indicated a medical provider was notified that the medication was not available or that anyone spoke with the pharmacy prior to 12/14/25. On 12/17/25 at 12:22 PM, an interview was conducted with the Director of Nursing (DON). When queried about the facility's protocol when a prescribed medication was not available for administration, the DON reported the nurse would check in the backup medication dispenser. If the medication is not available in back up, the pharmacy was contacted. The medical provider was usually contacted to see if there were any further instructions, alternative medication to give, or if the delay in administration was okay. The DON reported she was unaware R121 did not receive the blood pressure medication for four days. On 12/18/25 at approximately 1:30 PM, the DON followed up and reported the medication was not available at the pharmacy and therefore it was delayed. However, the pharmacy technician did not communicate with the facility. The DON acknowledged there should have been follow up with the physician. A review of R121's clinical record revealed R121 was admitted into the facility on [DATE] with diagnoses that included: HTN.</p>

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235462	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/18/2025
NAME OF PROVIDER OR SUPPLIER Corewell Health Rehab & Nursing Center-Commons Far		STREET ADDRESS, CITY, STATE, ZIP CODE 21450 Archwood Circle Farmington Hills, MI 48336	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options.</p> <p>This citation pertains to Complaint #2685171. Based on observation, interview, and record review, the facility failed to ensure food was served according to resident preference for one (R122) of one resident reviewed for food, resulting in resident frustration. Findings include: On 12/16/25 at 12:30 PM, during an observation of the lunch meal in the 1 [NAME] dining area, R122 was observed seated at a table with a container of food that was pushed off to the side. R122 reported she was done eating lunch and she did not eat that food because I don't eat pigs. A slice of pork loin was observed in the container. R122 reported the facility kept serving her pork products and she told them she did not eat pigs. R122 reported the staff ordered her chicken tenders after she complained but did not understand why it was not noted to not serve the pork products in the first place. R122 reported that was not the first time and she had been served eggs that had a pork product mixed in before. A review of R122's meal ticket for the lunch meal on 12/16/25 revealed what R122 was served which included Herb roasted pork tenderloin. On 12/17/25 at 2:47 PM, an interview was conducted with Registered Dietician (RD) 'C'. When queried about when a dietary assessment was completed for new admissions and how residents' dietary preferences are communicated to the kitchen, RD 'C' reported she did a dietary assessment within seven days of admission. If a resident expressed a dietary preference prior to that assessment, it was expected that it was communicated to her and the kitchen to ensure the resident received their preferred foods. On 12/17/25 at approximately 3:00 PM, an interview was conducted with the Director of Nursing (DON). The DON reported if a resident expressed a food preference to the nursing staff, it should be communicated to the dietary staff and RD.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235462	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/18/2025
NAME OF PROVIDER OR SUPPLIER Corewell Health Rehab & Nursing Center-Commons Far		STREET ADDRESS, CITY, STATE, ZIP CODE 21450 Archwood Circle Farmington Hills, MI 48336	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observation, interview, and record review, the facility failed to prepare food in accordance with professional standards for food service safety. This deficient practice has the potential to result in food borne illness among all residents that consume food from the kitchen. Findings include: On 12/16/2025 at 9:20 AM, there were 3 uncovered bins of clean dessert sized cups stored next to the handwashing sink. When queried about the storage of the clean dishware, Certified Dietary Manager (CDM) M stated, they have to have covers on them. According to the 2022 FDA Food Code section 4-903.11 Equipment, Utensils, Linens, and Single-Service and Single-Use Articles. (A) Except as specified in (D) of this section, cleaned EQUIPMENT and UTENSILS, laundered LINENS, and SINGLE-SERVICE and SINGLE-USE ARTICLES shall be stored: (1) In a clean, dry location; (2) Where they are not exposed to splash, dust, or other contamination; and (3) At least 15 cm (6 inches) above the floor. (B) Clean EQUIPMENT and UTENSILS shall be stored as specified under (A) of this section and shall be stored: (1) In a self-draining position that allows air drying; and (2) Covered or inverted. On 12/16/2025 at 10:00 AM, there were 2 plastic wrap covered pans of whole, cooked pork loins on a speed rack located in the food prep area. The pans were dated 12/15. When queried about the pork loins, CDM M stated they had been cooked on 12/15/25 and placed in the cooler to be served for lunch on 12/16/25. The internal temperatures of the whole pork loins ranged from 48-51 degrees Fahrenheit. Review of the facility's cooling log revealed the pork loins had not been placed on the cooling log, to ensure the meat was cooled to 41 degrees Fahrenheit or less in the appropriate timeframe. CDM M stated she was unsure why staff did not utilize the cooling log for the pork loins. According to the 2022 FDA Food Code section 3-501.14 Cooling, (A) Cooked TIME/TEMPERATURE CONTROL FOR SAFETY FOOD shall be cooled: (1) Within 2 hours from 57 C (135 F) to 21 C (70 F); and (2) Within a total of 6 hours from 57 C (135 F) to 5 C (41 F) or less.</p>		