STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235475	A. Building B. Wing	01/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Beaconshire Nursing Centre	21630 Hessel Detroit, MI 48219

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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 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Keep residents' personal and medical records private and confidential. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34901 Based on observation, interview, and record review, the facility failed to properly secure protected health information for two residents (R198 and R28) resulting in the potential for unauthorized disclosure and access. Findings include: On 1/29/25 at 12:47 PM, the laptop computer on a 1st floor nursing medication cart, located in the unit's commonly accessible hallway, was observed unlocked, and the electronic health record (EHR) for R198 was opened. R198's order for haloperidol deconoate (an injectable antipsychotic medication used for schizophrenia) was visible on the computer screen. There was no nurse visible near the 1st floor nursing medication cart. On 1/29/25 at 12:49 PM, Licensed Practical Nurse (LPN) D approached the cart. When queried about the opened EHR, LPN D said it was a HIPPA (Health Insurance Portability and Accountability Act) violation to expose resident information. A review of R198's medical record documented an initial admitted [DATE] and readmitted [DATE]. R198's diagnoses included schizophrenia. A Minimum Data Set assessment dated [DATE] documented moderate cognitive impairment. On 1/29/25 at 2:06 PM, the Director of Nursing (DON) was interviewed and stated, We follow HIPPA protocol (meaning) that no patient health information is left exposed. On 1/29/25 at 4:40 PM during the exit conference, the Nursing Home Administrator and DON did not offer additional documentation or information when asked. 50634 On 1/27/25 at 11:50 AM, a computer on a medication cart was observed opened to R28's Electronic Medical Record, (EMR). Social Worker, (SW) Q was coming down the hall and stopped when directed to look at the resident's information on the computer screen. SW Q alerted the nurse that was coming down the hall that the computer was left opened. SW Q was then queried about R28's EMR being opened in the hallway so anyone walking by could see it and said it was a violation of the resident's privacy. On 1/27/25 at 11:55 AM, License Practical Nurse, (LPN) I was interviewed about leaving R28's EMR open and said that was not the normal computer they use. LPN I said they understand R28's EMR should not have been left open and they know it is a violation of R28's privacy. (continued on next page)

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

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F 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 1/29/25 at 12:00 PM, the DON was interviewed about R28's EMR left opened. The DON said it was a violation of HIPPA. R28 was initially admitted on [DATE] with a pertinent diagnosis of Psychosis, Muscle Weakness, Schizophrenia, Vascular Dementia and Cerebral Infarction (stroke). The quarterly assessment dated [DATE] for Brief Interview for Mental Status, (BIMS) revealed R28 had severe cognitive impairment.

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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. 34901 Based on observation, interview, and record review, the facility failed to (1) ensure desserts delivered to three unidentified residents were properly covered and (2) failed to maintain the ice machine in a clean and sanitary condition. Findings include: During lunch observations on 1/28/25 at 12:16 PM, a meal cart was delivered to the far end of the 1st floor residential unit. Certified Nurse Aide (CNA) B and CNA C delivered meal trays to the residents eating in their rooms at the far end of the hall. Beginning at 12:18 PM, CNA B and CNA C carried meal trays from the meal cart at the end of the hallway to the residents' dining room which was located half-way down the hall and down a shorter hall around a corner. Three meals trays were observed delivered to the dining room each with the dessert, cheese cake, uncovered. On 1/29/25 at 11:40 AM, Dietary Manager (DM) F said that all food should be covered on the tray. The CNAs should have brought the cart closer to the dining room prior to passing the trays to the residents eating in the dining room. DM F said food should be covered to prevent possible contamination. On 1/29/25 at 2:04 PM, the Nursing Home Administrator (NHA) said all the food was supposed to be covered. The NHA stated, Why didn't they take the cart to the dining room? On 1/29/25 at 4:40 PM during the exit conference, the NHA and Director of Nursing did not offer additional documentation or information when asked. 38230 On 1/27/25 at 4:54 p.m. the ice machine located on the first floor of the facility was observed with LPN L. An unknown substance (rust colored) was on the inside hinge of the ice machine's door. The unknown substance was shown to LPN L. On the inside of the ice machine, the ice dispenser's hood (which was white in color), was observed with numerous black speckles. The outside of the machine was observed with drip stains of an unidentified substance on both sides. LPN L was queried about the unsanitary conditions of the ice machine. LPN L could not identify the unknown substances and did not know the department responsible for maintaining the cleanliness of the ice machine. LPN L confirmed the ice machine supplies ice for the entire facility. On 1/29/25 at 2:05 p.m. Housekeeping Supervisor M was queried about maintaining the cleanliness of the ice machine. Housekeeping Supervisor M stated, Housekeeping is not responsible for cleaning the ice machine. The dietary department is supposed to keep it clean. On 1/29/25 at 2:40 p.m. DM F was interviewed about the ice machine and said the ice machine is cleaned every six months by an outside company. The dietary department is responsible for keeping the outside of the ice machine clean, and the maintenance department is responsible for cleaning the inside in between the six-month cleanings as needed. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	On 1/29/25 at 2:54 p.m. Maintenance Supervisor E was queried about the ice machine and stated, I didn't know it needed to be cleaned. It's a company that comes in to clean it. According to the 2013 FDA Food Code Section 4-601.11 Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils. (A) Equipment food-contact surfaces and utensils shall be clean to sight and touch.

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F 0814 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Dispose of garbage and refuse properly. 38230 Based on observation, interview, and record review the facility failed to properly dispose of refuse and maintain cleanliness of garbage and refuse areas resulting in the potential harborage of pests. This deficient practice has the potential to affect all 92 residents in the facility. Findings include: On 1/28/25 at 5:29 p.m. during an observation of the environment, the following observations at the rear of the facility were made: Plastic cups, paper, used gloves, and cigarette butts were on the ground. 1. A wooden palette, electric fan cover, and a red storage container were propped against the building. The red storage bin was not covered, and revealed used gloves, soiled linen, and trash. 2. A large broken bed frame, used gloves, plastic soda bottles, and trash was near a back door. 3. Eight plastic storage bins, some were right side up and some were turned down stacked against the wall near the rear door. There was trash, used gloves and other debris around them on the ground 4. A container that was covered in a yellow tarp had frozen standing water in it with trash in it. There was a plastic lid sitting on top of the container. There was a rusted shovel on the ground and trash on the ground around it. 5. There were used gloves and straws in a pile, frozen to the ground. 6. There was a large grey bin with empty plastic bottles, empty milk cartons, plastic cups, pieces of plaster, and other trash in it. The bin was not covered. On 1/29/25 at 1:50 p.m. Maintenance Supervisor E was queried about the trash and debris at the rear of the facility. Maintenance Supervisor E stated, I walk and clean the grounds every day. I couldn't get the trash on the ground because it was frozen. You know it's been snowing. Trash shouldn't be put on the ground by anyone in the first place. All palettes are put in the back to be picked up at the end of shift. Some of the other stuff you saw was just put out there. Review of the facility's policy titled Disposal of Garbage and Refuse dated 11/4/24 documented in part: The facility shall properly dispose of kitchen garbage and refuse . Refuse containers and dumpsters kept outside the facility shall be designed and constructed to have tightly fitting lids, doors, or covers. Containers and dumpsters shall be kept covered when not being loaded. Surrounding area shall be kept clean so that accumulation of debris and insect/rodent attractions are minimized . Dumpsters shall be emptied according to the facility contract. Garbage should not accumulate or be left outside the dumpster . The schedule for garbage pick-up should be revised, as needed, based on the volume of refuse . Storage areas, enclosures, and receptacles for refuse shall be maintained in good repair and cleaned at a frequency necessary to prevent them from developing a buildup of soil or becoming attractants for insects and rodents. (continued on next page)

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F 0814 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	According to the 2017 FDA Food Code Section 5-501.110 Storing Refuse, Recyclables, and Returnable. REFUSE, recyclables, and returnable shall be stored in receptacles or waste handling units so that they are inaccessible to insects and rodents. According to the 2017 FDA Food Code 5-501.115 Maintaining Refuse Areas and Enclosures. A storage area and enclosure for REFUSE, recyclables, or returnable. shall be maintained free of unnecessary items, and clean.

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F 0867 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Set up an ongoing quality assessment and assurance group to review quality deficiencies and develop corrective plans of action. 34901 Based on interview and record review, the facility failed to implement an effective Quality Assurance and Performance Improvement (QAPI) program. Findings include: On 1/29/25 at 1:00 PM, the Nursing Home Administrator (NHA) was interviewed about the facility's QAPI program and process. The NHA identified having enough linen available was an area of concern and opportunity for improvement. The NHA said the QA committee developed a plan to have enough linen in the building and have enough staff to process it. The NHA stated, the QAPI effort involving linen included consistent monitoring and establishing a par level (a minimum amount of inventory that should be on hand to meet resident needs) to maintain. A facility document titled QAPI Action Plan documented in part the following as an area of improvement: Action Plan: Order linen and supplies once a week Responsible Person(s): Housekeeping supervisor Target Date: 6/30/24 Outcome: On going A facility document titled, QA Agenda - Housekeeping - June, dated 7/25/24, documented in part, Make (sure [sic]) my weekly orders are placed. A facility document titled, QA Agenda - Housekeeping - July, dated 8/30/24, documented in part, Make (sure [sic]) my monthly and weekly orders are placed. The NHA indicated QA monitoring of the availability of adequate linen supplies consisted of speaking with nurses and Certified Nurse Aides about the linen and going to check herself. When asked about the data gathered and presented to the QA committee, the NHA provided a linen inventory dated 8/30/24. The NHA was unable to provide data gathered and presented to the QA committee for subsequent months. The NHA was unable to provide documentation that the linen concern was discussed during the September 2024 QA committee meeting or subsequent QA committee meetings. When the NHA was informed that having adequate linen was identified as an area of non-compliance by the current survey team, the NHA had no explanation. When queried about QAPI efforts related to nursing, the NHA indicated that lab draws were not occurring as ordered. The NHA provided documentation that for October 2024, lab draws were not occurring as ordered. Seven out of 15 lab orders were not completed as ordered, while two were due to refusals. The NHA was unable to provide documentation that this nursing concern was discussed and evaluated in the November 2024 QA meeting or subsequent QA committee meetings. (continued on next page)

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F 0867 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	The NHA stated, We need to recap everything that was achieved or if it wasn't achieved what else can we do. That is what we're trying to do now. The NHA indicated that a report recapping QAPI activities was not available for review and there was no tracking of data. A review of the facility policy titled, Quality Assurance and Performance Improvement (QAPI), dated 8/1/24, documented in part the following: - The facility will maintain documentation and demonstrate evidence of its ongoing QAPI program. Documentation may include but is not limited to: -- Systems and reports demonstrating systemic identification, reporting, investigation, analysis, and prevention of adverse events. -- Data collection and analysis at regular intervals. -- Monitoring and evaluating the effectiveness of corrective action/performance improvement activities and revising as needed. A review of the facility policy titled, QAPI Monitoring, dated 12/27/24, documented in part the following: - It is the policy of this facility to systematically monitor performance indicators as part of the QAPI program. - The facility QA Committee analyzes data collected through planned and routine data collection activities. On 1/29/25 at 4:40 PM during the exit conference, the NHA and Director of Nursing did not offer additional documentation or information when asked.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide and implement an infection prevention and control program. 38230 Based on observation, interview, and record review the facility failed to provide a safe and sanitary laundry room and clean linen closet resulting in the potential for the spread of infection and disease transmission to residents and staff. Findings include: On 1/27/25 at 4:08 p.m. the clean linen closet located on the first floor had the following observations: 1. A folded gown and sheet were on the floor that was dusty and dirty. 2. A clean linen cart with clean linen was not covered. The cover was observed jumbled in a corner on the floor. 3. A heavily soiled sheet was on the floor next to the folded linen that was on the floor. 4. Employee's personal items (a jacket and purse) was on the floor behind the clean linen cart. On 1/28/25 at 4:58 p.m. the clean linen closet on the first floor was observed for the second time with the following observations: 1. Used gloves, straws, plastic wrapping, and dust was on the floor in various places in the closet. 2. The clean linen cart with clean linen was not covered. 3. A clean linen cart cover was jumbled in the corner on the floor. On 1/28/25 at 5:07 p.m. Housekeeping Supervisor M was queried about the unsanitary condition of the clean linen closet observations. Housekeeping Supervisor M said housekeeping staff are to ensure all linen closets are cleaned daily, it is part of their daily task. Housekeeping Supervisor M was not able to explain why the clean linen cart cover was on the floor. Review of the facility's policy titled Infection Prevention and Control Program dated 8/15/24 documented in part the following: Linens: Laundry and direct care staff shall handle, store, process, and transport linens to prevent spread of infection . Clean linen shall be stored on all resident care units on covered carts, shelves . linen closets . 47964 On 1/28/25 at 2:20 PM an environmental tour of the facility's Laundry Service was conducted with Housekeeping Supervisor (HS) M. The following items were noted: (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Washer/Dryer Room: Five housekeeping carts were stored in the laundry room. The housekeeping carts were observed to have soiled (dirty) mop water and there was garbage observed inside the cart's trash can. The washing machines and drying machines were in use. When queried regarding storing the soiled housekeeping carts in the washer/dryer room HS M replied, We store the carts in here because there isn't anywhere else to store them. When queried how clean laundry is transported to the clean linen room for folding and storage HS M said clean linens are removed from the dryer and placed into a cart and then taken to a separate clean linen room for processing. HS M pointed to a laundry cart on wheels next to a soiled housekeeping cart. HS M stated, This is what we use to transport clean linens to across the hall. Clean Linen Room observations: 1. Bed sheets on a storage rack were not covered. 2. Clean linen cart containing resident blanket were uncovered. 3. Clean socks were uncovered. 4. Observed resident clothes uncovered hanging on a barrel. On 1/28/25 at approximately 2:30 PM, HS M was interviewed and agreed clean linens should be covered when transported and stored. There were no other staff present in the clean linen room. HS M also agreed dirty housekeeping carts should not be stored in the laundry room when the laundry room is in use due to possible cross contamination. On 1/29/25 at 10:15 AM the Nursing Home Administrator (NHA) was interviewed and agreed dirty housekeeping carts should not be kept in the washer/dryer room and that clean linens should be covered when stored. A policy related to housekeeping carts was requested but not provided by the end of the survey. Review of the facility policy titled Laundry reviewed/revised 11/4/2024 revealed in part: The facility launders linens and clothing in accordance with current CDC (Center for Disease Control) guidelines to prevent transmission of pathogens. Soiled laundry shall be kept separate from clean laundry at all times. Review of the facility policy titled Handling Clean Linen reviewed/revised 11/4/2024 revealed in part: It is the policy of this facility to handle, store, process, and transport clean linen in a safe and sanitary method to prevent contamination of the linen, which can lead to infection. Linen can become contaminated with pathogens from environmental contaminants. Clean linen shall be delivered to resident care units on covered linen carts with covers down.

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F 0908 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Keep all essential equipment working safely. 38230 Based on observation, interview, and record review, the facility failed to ensure the three-compartment sink was properly air gapped, resulting in this food equipment not being protected against contamination from sewage or other sources of contamination. Findings include: On 1/27/25 at 8:58 a.m. during a kitchen observation, a pipe underneath the three-compartment sink was observed. The pipe led to a drain in the floor that appeared to have three inches of space between them. However, a black cover was observed that was approximately 4-5 inches from the floor over the drain. The three inch air gap was surrounded by the black floor drain cover. On 1/28/25 at 2:10 p.m. the Dietary Manager (DM) F and Registered Dietician (RD) U were queried about the sink having the proper air gap. DM F stated, There hasn't been a sewage backup since I been here, so I'm not sure. RD U acknowledged the sink should have the proper air gap to prevent sewage from backing up into the pipe that could go into (contaminate) the sink. On 1/29/25 at 8:00 AM, Maintenance Director E acknowledged that the kitchen's three-compartment sink was not properly air-gapped. On 1/29/25 at 4:40 PM during the exit conference, the Nursing Home Administrator and Director of Nursing did not offer additional documentation or information when asked. The 2013 FDA Food Code was reviewed and revealed the following in Section 5-402.11 Backflow Prevention. (A) Except as specified in (B), (C), and (D) of this section, a direct connection may not exist between the sewage system and a drain originating from equipment in which food, portable equipment, or utensils are placed.

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F 0912 Level of Harm - Potential for minimal harm Residents Affected - Some	Provide rooms that are at least 80 square feet per resident in multiple rooms and 100 square feet for single resident rooms. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34901 Based on observation and record review, the facility failed to provide at least 80 square feet per resident for five rooms (#'s 111, 115, 119, 219, and 231) resulting in the potential for resident dissatisfaction with their living space and not having adequate space available for care. Findings include: Rooms 111, 115, 119, and 219 were each 157 square feet. Two residents resided in each room which yielded 78.5 square feet per resident. room [ROOM NUMBER] was 159 square feet. Two residents resided in this room which yielded 79.5 square feet per resident. Resident interviews and observations did not reveal any overt concerns related to the room size. On 1/29/25 at 4:40 PM during the exit conference, the Nursing Home Administrator and Director of Nursing did not offer additional documentation or information when asked.

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F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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** 38230 Based on observation and interview the facility failed to make timely repairs for the residents residing in rooms [ROOM NUMBER] resulting in unsafe, unhomelike, and dysfunctional paper towel dispenser. Findings include: On 1/27/25 at 11:30 a.m. room [ROOM NUMBER] was observed with the heating vent cover propped against the vent. The vent was observed with thick dust and dirt. The resident in bed one said the cover was taken off when maintenance was repairing the heat some time ago, I don't know why they haven't put it back on. The resident in bed two said when using the wheelchair, the cover gets knocked over. When that occurs, the resident propped it back against the vent. The residents also complained the temperature in the room gets cold. There was plastic on the windows, but maintenance took it off and didn't put it back up. There was a small heating unit (approximately the size of a personal space heater) mounted on the wall next to the window. There was some heat coming from it, but not blowing out strong. On 1/29/25 at 11:47 a.m. Maintenance Director E was interviewed about the environment conditions in room [ROOM NUMBER] at stated, I didn't know the room was still cold. The residents haven't said anything to me. I think one of the residents may have knocked the cover off with the wheelchair. Maintenance Director E was queried about being notified of when repairs are needed. Maintenance Director E said the staff are supposed to log repairs in the Maintenance Log located on each unit but most times is made aware when walking by the resident or staff, then put in the Maintenance Director's personal note pad. On 1/29/25 at 11:52 a.m. the CEO of Operations was interviewed and said they were aware of the many environment concerns and currently trying to address them. Review of the facility's policy titled Safe and Homelike Environment dated 9/3/24 documented in part: In accordance with residents' rights, the facility will provide a safe, clean, comfortable and homelike environment . This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk. Review of the facility's policy titled Maintenance Inspection dated 11/24 documented in part: It is the policy of this facility to utilize a maintenance inspection checklist to assure a safe, functional, sanitary, and comfortable environment for residents, staff, and the public . The Director of Maintenance Services will perform routine inspections of the physical plant using the Maintenance Checklist . The Administrator, or designee, will perform random inspections of the physical plant using the Maintenance Checklist . All opportunities will be corrected immediately by maintenance personnel. 39465 (continued on next page)

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Beaconshire Nursing Centre	21630 Hessel Detroit, MI 48219

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 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 1/27/2025 at 9:55 a.m., the shared bathroom of rooms [ROOM NUMBERS] were observed with a broken paper towel dispenser and an orange construction cone supporting the bathroom sink. CNA O entered room [ROOM NUMBER] and was interviewed. CNA O said that the orange cone wrapped around the bathroom sink pole was to keep the pole from dislodging from the sink. CNA O added the resident in room [ROOM NUMBER] used the bathroom independently. On 1/29/2025 at 2:13 p.m. Housekeeper P was interviewed regarding the bathroom of rooms [ROOM NUMBERS]. Housekeeper P demonstrated not being able to pull down the paper towel from the dispenser said the residents would not be able to pull the paper towels down either. Housekeeper P said the dispenser had been broken for a long time. Housekeeper P confirmed the orange construction cone in the bathroom of rooms [ROOM NUMBERS] was to hold up the bathroom sink. On 1/29/2025 at 3:09 p.m., the Director of Nursing said during an interview that residents should have access to paper towel. and the housekeepers should check every day to may sure it's available. On 1/29/2025 at 4:15 PM, Maintenance Director (MD) E was asked about the condition of the shared bathroom of rooms [ROOM NUMBERS] and stated, I will look into it (the bathroom sink). It should have been fixed. It's not secure for the residents.