STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235477	A. Building B. Wing	04/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pomeroy Living Rochester Skilled Rehabilitation	3500 West South Blvd Rochester Hills, MI 48309

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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** Based on observation, interview, and record review, the facility failed to maintain best practices in the food service area resulting in the potential to spread food borne illness to all residents that consume food from the kitchen. Findings Include:On 04/19/2026 at 8:45 AM initial kitchen/dietary services tour with Dietary Manager/Chef (DM) Q and Corporate Chef (CC) R. On 04/19/2026 at 9:10 AM in the dry storage area observed the floor soiled with debris along perimeter of room at floor/wall juncture and soil build-up on storage shelving. When queried about cleaning frequency of this area, DM Q agreed that noted areas needed cleaning attention.According to the 2022 FDA Food Code section 4-602.13 Nonfood-Contact Surfaces. NonFOOD-CONTACT SURFACES of EQUIPMENT shall be cleaned at a frequency necessary to preclude accumulation of soil residues.According to the 2022 FDA Food Code section 6-501.12 Cleaning, Frequency and Restrictions. (A)PHYSICAL FACILITIES shall be cleaned as often as necessary to keep them clean.Observed upright reach-in cooler with a towel full of water in the bottom of the unit and condensate dripping at the top of the unit interior onto packaged single service food items. When queried about the unit, DM Q says the towel is replaced every day to absorb the dripping condensate and that it's been like that since I've been here.According to the 2022 FDA Food Code section 4-501.11 Good Repair and Proper Adjustment. (A) EQUIPMENT shall be maintained in a state of repair .On 04/19/2026 at 9:30 AM in the [NAME] Terrace dining area observed a pump container of food thickener product stored at the handwash sink behind the faucet and near the hand soap dispenser. DM Q said it is in this area as it is used for beverages, specifically coffee service and then they relocated item to the counter area away from handwashing sink. On 04/20/2026 at 12:30 PM during lunch service in [NAME] Terrace (main) dining room observed pump of food thickener product stored in handwash area.According to the 2022 FDA Food Code section 3-305.11 Food Storage. (A) .FOOD shall be protected from contamination by storing the FOOD: (1) In a clean, dry location; (2) Where it is not exposed to splash, dust, or other contamination .On 04/19/2026 at 9:45 AM in the [NAME] Dining area observed the ice machine leaking and standing water pooled on the floor under and behind the ice machine. The floor tiles were observed soiled with a black mold-like substance and several floor tiles were loose, damaged and/or missing. The drain lines from the ice machine into the floor drain were soiled with black build up and the ice bin drain line terminated below the flood rim of the floor drain and was not provided with the required air gap. Observed several small flying insects (drain flies) in this area. When queried during this observation DM Q said this concern would be shared to maintenance staff. According to the 2022 FDA Food Code section 5-402.11 Backflow Prevention. (A) .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. According to the 2022 FDA Food Code section 6-501.11 Repairing. PHYSICAL FACILITIES shall be maintained in good repair.According to the 2022 FDA Food Code section 6-501.111 Controlling Pests. The PREMISES shall be maintained free of insects, rodents, and other pests.On 04/19/2026 at 10:05 AM in the kitchen observed the juice machine nozzles and area around nozzles soiled with dark mold-like substance. When queried, CC R also observed this and indicated they would detail clean this (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

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	area. According to the 2022 FDA Food Code section 4-602.11 Equipment Food-Contact Surfaces and Utensils. (E) .surfaces of UTENSILS and EQUIPMENT contacting FOOD that is not TIME/TEMPERATURE CONTROL FOR SAFETY FOOD shall be cleaned: (4) In EQUIPMENT such as ice bins and BEVERAGE dispensing nozzles.: (a) At a frequency specified by the manufacturer, or (b) Absent manufacturer specifications, at a frequency necessary to preclude accumulation of soil or mold.On 04/19/2026 at 11:55 AM observed bin of clean stored rubber spatulas- 3 of 5 observed with torn/damaged edges. DM Q indicated spatulas are replaced regularly and discarded 1 of the damaged spatulas to the garbage. According to the 2022 FDA Food Code section 4-202.11 Food-Contact Surfaces. (A) Multiuse FOOD-CONTACT SURFACES shall be: (1) Smooth; (2) Free of breaks, open seams, cracks, chips, inclusions, pits, and similar imperfections.On 04/19/2026 at 12:45 PM in the [NAME] Terrace (main) kitchenette, observed stacked domed plate covers stored wet and with food contact (interior) portion exposed. As dietary staff pulled a cover to place over plated food, water droplets spilled onto floor. Clean utensils in storage containers located on top of the microwave were observed stored with eating portion of utensils exposed (instead of handles).On 04/20/2026 at 12:30 PM during lunch service in [NAME] Terrace kitchenette observed clean utensils stored on the microwave and stacked and domed plate covers with food contact surfaces exposed. When queried, DM Q said that's how they are usually stored. When asked about air drying of food equipment like the plate covers, DM Q indicated they are usually fully air dried before brought to the kitchenette but acknowledged that may not always be the case.According to the 2022 FDA Food Code section 4-901.11 Equipment and Utensils, Air-Drying Required. After cleaning and SANITIZING, EQUIPMENT and UTENSILS: (A) Shall be air-dried or used after adequate draining as specified in the first paragraph of 40 CFR 180.940 Tolerance exemptions for active and inert ingredients for use in antimicrobial formulations (food-contact surface SANITIZING solutions), before contact with FOOD.According to the 2022 FDA Food Code section 4-903.11 Equipment, Utensils, Linens, and Single-Service and Single-Use Articles. (A) .cleaned EQUIPMENT and UTENSILS . 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 04/20/2026 at 11:15 AM observed pre-set silverware on top of napkins (not covered) in the [NAME] dining room.On 04/20/2026 at 11:30 AM observed the [NAME] Terrace dining room tables were pre-set with uncovered silverware. Residents were using dining room tables for activities at this time. When asked about the multi-purpose use of this room, DM Q confirmed that this room is used for resident activities throughout the day. When queried about pre-setting silverware, DM Q indicated it is how they set the table to create a homelike environment. When asked if there was a policy for dining/table set up, CC R said they would check. CC R reported back that there is no related policy for dining room table set up.According to the 2022 FDA Food Code section 4-904.13 Preset Tableware. (A) Except as specified in (B) of this section, TABLEWARE that is preset shall be protected from contamination by being wrapped, covered, or inverted.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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** Based on observation and interview, the facility failed to assure medications were safely secure and inaccessible to unauthorized staff and residents, for two of four medication carts observed for medication storage, and observations within two resident rooms (R47, during medication administration and (R39) during initial pool interviews, and environmental observations of the community shower rooms. Findings include.On 4/19/26 at 9:00 AM, during an observation of medication administration with Licensed Practical Nurse (LPN) C for R47, three bottles of Nystatin Powder (a topical antifungal medication) were observed stored on the resident's sink counter. LPN C commented those should not be here and was observed removing from counter. On 4/19/26 at 9:00 AM, Medication Cart #1 was observed was with LPN C for medication storage which revealed in the residential storage drawer one loose white oval pill and one loose round orange pill, not packaged and with no resident identifiers.On 4/19/26 at 10:20 AM, R39 was observed asleep, a brown and silver tube labeled Clear Zinc Barrier Ointment was observed on the bedside tray table. Record review of the Medication Administration Record (MAR) from April, did not document this medication as ordered or to remain at the bedside.On 4/19/26 at 10:50 AM, the [NAME] Unit Shower Rooms were observed with Certified Nursing Assistant (CNA) G. Two packages of skin protectant (product designed to form a protective barrier on the skin) were observed lying amongst multiple bottles of used open shampoo body products. The closet door was opened and a shower caddy revealed storing multiple single use packages of Vitamin A&D ointment (medication used as a moisturizer to treat skin conditions). CNA G was overheard commenting the packages of ointments should not be in the shower room. On 4/20/26 at 3:03 PM, a Medication Cart on the Subacute Rehabilitation labeled Wing B Cart #2 was observed unlocked and no nursing staff were present. Unit Manger Licensed Practical Nurse (LPN) E was informed of the observation and acknowledged the cart should not be unlocked. On 4/21/2026 12:30 PM, the Nursing Home Administrator and Corporate Acting Director of Nursing were informed of the above observations, acknowledged the medications were not stored safely, securely, and properly.

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F 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Implement a program that monitors antibiotic use. Based on interview and record review, the facility failed to operationalize an effective antibiotic stewardship program to ensure appropriate infection criteria was met, this had the ability to affect multiple residents who were prescribed antibiotics including six [R8, R30, R56, R138, R139 and R140] residents identified. Findings include:On 4/20/26 at 8:26 AM, a request was made for all the infection control surveillance books to review for the Infection Control Task.Review of January 2026 antibiotic surveillance revealed:The line listing for R138 documented UTI [urinary tract infection] with an onset date of 1/13/26, no signs or symptoms were marked no testing was indicated, and Keflex 500 mg [milligrams] twice a day for seven days was ordered. An Individual Infection Investigation for R138 with an onset date of 1/20/26 documented the UTI was facility acquired and the symptoms were, elevated temp [temperature], urine odor and that Hospice declined was written in for the date of the urine culture. The line listing for R8 documented pneumonia with an onset date of 1/14/26, symptoms marked were: cough, sputum and SOB [shortness of breath]. Na [not applicable] was marked for diagnostics and Cefuroxime Axatil 250 mg every 12 hours for seven days was ordered. An Individual Infection Investigation documented the onset date of 1/22/26, facility acquired with no date of x-ray.Review of February 2026 antibiotic surveillance revealed:The line listing for R139 documented UTI with an onset date of 2/7/26, symptoms marked was change in urine. NA: did not meet McGreers [Sic-McGeer's Criteria] and Keflex 500 mg three times a day for five days was ordered. An Individual Infection Investigation documented the UTI as facility acquired with no date of urine culture.The line listing for R140 documented LLE cellulitis [left lower extremity], an onset date of 2/12/26 with symptoms of redness and swelling. Cephalexin 500 mg four times a day for five days was ordered. An Individual Infection Investigation documented no date of onset, no community or facility acquired, no symptoms, and no testing. The treatment orders were Doxycycline Hyclate 100 mg two times a day for five days.Review of March 2026 antibiotic surveillance revealed:The line listing for R30 documented CAUTI [catheter-associated urinary tract infection], an onset date of 3/17/26 and symptoms marked were: fever, flank pain and change in urine. Macrobid 100 mg two times a day for five days was ordered. An Individual Infection Investigation documented the UTI was facility acquired, the date resolved was 3/24/26, Hospice declined the urine culture and that the original antibiotic ordered was Bactrim and was changed to Macrobid.The line listing for R56 documented UTI, an onset date of 3/25/26 and symptoms marked were: flank pain, change in mental status and burning on urination. Rocephin 1 g [gram] IM [intramuscularly] for three days. An Individual Infection Investigation documented the UTI as facility acquired, had sediment written for symptoms and had 3/25/26 for the date of the urine culture with the result as negative. An attached nursing progress note dated 3/25/26 at 5:44 PM read in part, .Writer performed Dip stick testing with negative nitrates and moderate leukocytes. Residents urine clear without sediment, no odor, no pain per resident, no fever noted throughout shift The attached urinalysis and urine culture reports were negative for infection.On 4/20/26 at 1:54 PM, Licensed Practical Nurse [LPN] I, who was serving as the Interim Infection Preventionist, was interviewed and asked about the antibiotic stewardship at the facility. LPN I explained she had only taken over the program three weeks prior, the Director of Nursing [DON] became aware of the lack of antibiotic stewardship by the prior Infection Preventionist [IFP] Q, and had asked her to help re-train IFP Q on McGeer's Criteria and antibiotic stewardship, but IFP Q quit so she was asked to step into the roll until they could hire someone. LPN I was asked about residents on antibiotics that were on Hospice with no cultures or other testing. IFP Q explained that was one of the issues they had noticed. LPN I was asked about the different documentation on the line listings and the Individual Infection Investigation reports. IFP Q explained she could not speak to that as she had not done them. On 4/21/26 at 9:09 AM, the Corporate Director of Nursing [CDON], who was serving as Acting DON, was interviewed and asked about the lack of antibiotic stewardship at the facility. The CDON explained multiple people, including herself, had tried to re-train IFP Q on antibiotic (continued on next page)

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F 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	stewardship; however, it does not seem to make any difference.Review of a facility policy titled, Antibiotic Stewardship Program dated 9/12/18 read in part, .To ensure the safe and appropriate use of antimicrobials. a coordinated program that promotes the appropriate use of antimicrobials (including antibiotics), improves patient outcomes, reduces microbial resistance, and decreases the spread of infections caused by multidrug-resistant organisms.

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F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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 observation, interview, and record review the facility failed to maintain general cleanliness and repair of the central shower rooms. This resulted in an increased potential for contamination and a possible decrease in satisfaction of living affecting residents that use the [NAME] Unit and [NAME] Unit central shower rooms. Findings Include: On 04/20/2026 at 9:15 AM toured central shower/spa rooms with Housekeeping Director (HK) K. Observed the following in the two [NAME] Unit central shower rooms: broken/missing tiles around the shower drains and at wall corners, storage room door threshold surface rusted/deteriorating and no longer smooth and cleanable, multiple storage rooms with debris on the floor surface, including cleaning brushes and bucket, bag of grout. Observed perimeter of showering areas soiled with black mold-like substance on tiles, grout, and caulking. During this time, when queried HK K said these closets would be used by nursing and housekeeping doesn't use or clean these rooms. Observed scouring utility brush in this area, when queried, HK K said that nursing staff uses this to clean resident wheelchairs in the shower rooms on midnight shifts. Observed shower bed support surface and blue shower mat soiled with black substance and the mat discolored and worn and plastic shower chair soiled near the wheel area with black substance. Observed 2 of 4 light bulbs burned out at the hand sink lighting. On 04/20/2026 at 9:30 AM Observed [NAME] unit central shower area (2 showers) with HK K. In the left showering area observed the vinyl shower floor surface stained and cracking and separated from the adjacent tiled surface creating a gap where water can collect. HK K says this area is soon to be resurfaced. In the right showering area observed standing water not draining to the floor drain in a storage room adjacent to shower. Observed long handled utility brush stored in resident showering area. Observed perimeter of both showering areas soiled with black mold-like substance on tiles, grout, and caulking. Observed HealthWeight chair stored in the shared hall area of this spa room soiled around the base. When asked about cleaning responsibilities for spa rooms and equipment, HK K says they do a daily check, re-stock and cleaning early in the day and then will respond to requests as needed and any maintenance needs observed will be put in the electronic request system (TELS) and that nursing staff is responsible for cleaning resident use equipment. On 4/20/2026 record review of Capital Project Approval Request (CPAR) dated 3/25/36 described Brief Description of Request: Replacement of sheet vinyl in the spa bathroom (cracking and (continued on next page)

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F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	aged/dirty appearance) on [NAME] unit. On 04/20/2026 at 11:50 AM Interviewed Unit Nursing Manager (NM) O regarding the policy and protocols for cleaning of resident wheelchairs and was referred to the Nursing Home Administrator (NHA) who indicated that use of central shower area for wheelchair cleaning is a common practice in their experience. The Corporate acting Director of Nursing (staff) A indicated that this task only happens on midnights and that showers are then cleaned ahead of use for resident care. When asked for policy and procedures for this task the NHA indicated they would look for and provide any related polices. On 4/20/2026 the following Records were provided and reviewed: 1) Infection Prevention and Control Manual: Maintaining a Clean Environment dated June 2021 Upon review, it is noted that this policy did not address cleaning of wheelchairs or cleaning of central showers 2) Infection Prevention and Control Manual: Cleaning & Disinfecting Bathing Tubs & Showers dated June 2021 Showers & Shower Chairs 1. Obtain a long-handled brush, and a spray bottle containing a disinfecting solution (diluted per the manufacturer's label specifications). 2. Rinse the shower area and shower chair with clean water to flush out dirt, hair, and body oils. 3. Spray all surfaces of the shower area and chair with the disinfecting solution. 4. Scrub all surfaces of the shower area and shower chair with the long-handled brush. 5. Rinse the shower area and chair thoroughly with fresh water to clean out the disinfecting solution. 6. Allow the shower area, chair, and long-handled brushes to air dry. 7. Repeat step one (immediately above) between each resident. 8. Repeat the procedure steps (1-4) for cleaning and disinfecting between each resident and after the last shower at the end of the day. Upon review, it is noted that this policy does not address: - the storage of cleaning equipment away from residents for safety/infection prevention -shared showering area usage for cleaning of wheelchairs and associated procedures - required contact time for disinfecting solution use (e.g. documented procedure includes use of disinfecting solution followed by scrubbing and rinsing steps) (continued on next page)

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F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 4/19/26 at 10:44 AM, during interview and introductions for initial pool selection, a family member commented that the facility shower rooms (specific to [NAME] Shower rooms) were unkempt, unsanitary, specifically the shower equipment used to hold the residents that could not stand. On 4/19/26 at 10:50 AM, the [NAME] Unit Shower Rooms were observed with Certified Nursing Assistant (CNA) G. The shower room on the left was observed storing a long white shower bed stretcher with a blue colored vinyl pad that was observed worn and had a black colored substance in-between the folds of the padding. Both [NAME] rooms were observed storing multiple bottles of half used shampoo/body washes, along with multiple cans of shaving cream, on the counter, and along the support rails in the shower. Razors were on the counters, and the razor cover caps were observed lying on the floor. The closets were opened and were observed with plastic hangers on the floor, gloves, black grime substance, dead insects, and webs. Corners of the room were observed with broken tiles observed with sharps edges, and shards of tile. Two packages of skin protectant (product designed to form a protective barrier on the skin) were observed lying amongst multiple bottles of used open shampoo body products. The closet door was opened and a shower caddy revealed storing capless bottles of shampoo shower products, multiple single use packages of Vitamin A&D ointment (medication used as a moisturizer to treat skin conditions). CNA G was overheard commenting the packages of ointments should not be in the shower room. Storing used and partially opened body wash and shampoos should be disposed of or returned to residents and placed in their room once they are done showering. The [NAME] Shower room was observed storing multiple bottles of half used shampoo/body washes, along with multiple cans of shaving cream. A pink shower basin containing shower products was observed being stored on the back of the toilet and small gnats were observed flying around the toilet. The countertop was observed with three white handled hairbrushes with visible strands of hair, a mini chocolate peanut candy bar, a purple-colored shower loofah, the toilet paper case was observed with packs of artificial sweetener. The closets were opened and were observed with plastic hangers on the floor, gloves, a white trach receptacle half filled with garbage, and wheelchair footrests. On 4/20/26 at 8:55 AM, During observations with Maintenance Director L both [NAME] shower rooms specific to the broken tiles lying on floor were observed. Per Maintenance Director L, tile repairs are on the workorder list and recognized the sharp broken pieces of tiles should have not been left on the floor.

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F 0635 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide doctor's orders for the resident's immediate care at the time the resident was admitted. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to transcribe a medication as ordered from the hospital for one resident (R115) of one resident reviewed for admissions. Findings include:On 4/19/26 at 10:32 AM, R115 was interviewed and asked about their stay at the facility. R115 reported that the facility was okay, but they needed to have their staples removed so they could be discharged (back to community).A review of the medical record revealed that R115 was admitted to the facility on [DATE] with the admission diagnosis of Displaced intertrochanteric fracture of right femur, subsequent encounter for closed fracture with routine healing, Muscle weakness and other lack of coordination. A further review of the medical record revealed that on R115's discharge paperwork from the hospital provided a reference for staples to be removed and how to care for the incision site as well as listed medications to be continued at the facility.A review of the hospital discharge paperwork revealed that R115 was to start a medication called Lovenox 30 milligrams twice daily for twenty-one days to prevent blood clots. A Review of the facility's transcribed orders showed that the medication was not added to R115's medication regimen.On 4/20/26 at 9:51 AM, an interview with the facility Wound Care Coordinator (WCC) P was completed.They were asked about the removal of the staples for R115. WCC P reported that the staples were not removed because the resident's primary care physician did not want them to remove the staples and wanted to let the surgeon remove them. WCC P was then asked if that conversation was documented because the hospital discharge paper stated to remove the staples in two weeks. WCC P reported that the nurse who spoke with the physician did not record that conversation, but the unit manager was on the phone to schedule the resident with a follow-up appointment with orthopedics. WCC P was then asked about the transcribing of orders and was asked to locate the resident's order for Lovenox 30 milligrams twice daily for twenty-one days. WCC P was unable to locate the order, and they were then asked was the order supposed to be added to the resident's plan of care and who ensures that medication orders are transcribed correctly. WCC P reported that the nurse that admits the resident is responsible for adding orders into the system and then the inter disciplinary team (IDT) will go over the hospital paperwork again to make sure everything is added. WCC P was unsure as to how that medication was missed.There was no additional information provided by the exit of the survey.

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F 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	PASARR screening for Mental disorders or Intellectual Disabilities **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to complete an annual OBRA (Omnibus Budget Reconciliation Act) Level I evaluation to determine if a Level II Evaluation was needed, or if exemption was identified for one (R12) of one resident reviewed for PASARR (Preadmission Screen and Resident Review). Findings include: A review of R12's clinical record revealed the resident was admitted to the facility on [DATE] with diagnoses that included: schizophrenia, dementia, bi-polar disease and post traumatic stress disorder (PTSD). A review of the resident's most recent Minimum Data Set (MDS) noted the resident had a Brief Interview for Mental Status (BIMS) score of 15/15 (cognitively intact). Continued review of R12's clinical record noted a Preadmission Screening (PAS)/Annual Review (ARR) (2/25/25) document that noted the following: .Hospital Exemption Discharge.Patient (R12).Section II-Screening.Yes.The person has a diagnoses of dementia.Yes.The person has received treatment for.Dementia.Yes.The person has routinely received one or more prescribed antipsychotic or medications within the last 14 days.Explain.on Ativan (a anxiety medication). *There were no other PASARR documentation found in R12's record. On 4/21/26 at approximately 10:49 AM, an interview was conducted with Social Worker Director (SW) ?F. SW F was asked about the facility's PASARR protocol and whether R12 needed to be screened as they have been in the facility for over a year with dementia and mental illness diagnoses. SW F reported that they started at the facility several months after R12's admission and noted that residents, including R12 should be screened annually and/or when a significant change is found. A request for the facility's PASARR policy was made on 4/21/26 at approximately 1:00 PM. No policy was provided by the end of the survey.

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	235477	A. Building B. Wing	04/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pomeroy Living Rochester Skilled Rehabilitation	3500 West South Blvd Rochester Hills, MI 48309

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to provide treatment and services according to professional standards of practice related to failure to implement treatment according to physician orders and documenting as completed for one (R110) of one reviewed for edema, and treatment and self-administering medication for one (R135) of one reviewed for medication administration. Findings include: R135 On 4/19/26 at 9:39 AM Licensed Practical Nurse (LPN) C was observed entering into room A23 (R135) without donning any personal protective equipment (PPE) (for a contact isolation room) accompanied by a Certified Nursing Assistant (CNA) who was not wearing any PPE as well. LPN C was observed, setting up a respiratory breathing treatment, applying it to the resident's face via mask, started the nebulizer machine and walked out of the room. LPC C on their way out, let the resident in room A23 (R135) know that they would be back to stop the treatment once it was complete. On 4/20/26 a review of the medical record revealed that R135 was admitted to the facility on [DATE] with the diagnosis of Chronic obstructive pulmonary disease, Enterocolitis due to Clostridium difficile (a bacterial infection of the bowel), and Obstructive sleep apnea. The [NAME] data set (MDS) for R135 was not completed (due to being newly admitted), the Brief interview for Mental Status Score (BIMs) was not available. A Further review of the record revealed that R135 did not have a self-administration (of medications for the resident to have completed their nebulizer treatment alone) assessment completed. A review of the facility Policy titled Medication Pass Guidelines read in part Self-administration Residents are allowed to self-administer medications when specifically authorized by the attending physician and in accordance with the guidelines for self-administration of medication. On 4/20/26 at 10:53 AM, an interview with Corporate Director of Nursing (DON) was completed. DON and informed of the observations from 4/19/26 on the breathing treatment that was self-administered by the resident and if the resident was able to do so. The Corporate DON reported that they would have to investigate the situation being that they have filled in for the DON who was currently out of the facility. On 4/20/26 at 3:44 PM, the DON, followed up on R135 and stated that the facility would correct and assess the resident for appropriateness of self-administration. R110 Clinical Record review revealed R110 was admitted to the facility on [DATE], was a long-term residence of the facility and had a past medical history of Congestive Heart Failure (CHF), required medication and treatment managed with diuretics (medication to remove excess fluid) and treatment for chronic lower extremity swelling. Minimum Data Set (MDS) assessment documented on 1/27/26 documented a Brief Interview Mental Status (BIMS) of 13/15 indicating no cognitive impairment. (continued on next page)

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 4/19/26 at 11:33 AM, during initial interview and introduction, R110 was observed sitting in a wheelchair dressed appropriate, alert, orientated and voiced concern of increased leg swelling, R110 pointed to two large ace wraps on top of their dresser and was specific to instruction that their legs were to be wrapped at 9:00 AM every day and take off when they go to bed every night. R110 commented it was almost lunch time and they are still not wrapped. R110 pulled up both black pant legs where bilateral knee-high nylon stockings were observed pulled up just below the knees. The top bands of the knee-high nylons were observed rolled, not evenly distributed around top of calf and an indentation of the perimeter of the nylon was evident. Observation of the left leg was observed more swollen than the right and confirmed their concern and said the last time they were wrapped was two days ago, Friday 4/17/26. Record review of order for treatment renewed on 3/27/26 at 10:15 AM documented to wrap feet and legs with ace bandage bilaterally once daily. Apply at 9:00 AM then remove at 9:00 PM or bedtime. Physician Progress Note dated 4/1/26 documented R110 with chronic swelling of lower extremities, .Chronic swelling continue Ace wraps. Record review of the treatment record revealed the ace wrap treatments were applied on Sunday 4/19/26 at 9:00 AM. On 4/20/26 at 12:49 PM, R110 were observed sitting in their wheelchair, ace bandages were not observed wrapped on their legs. When inquired, R110 acknowledged that their legs remained unwrapped. R110 was observed opening the third drawer of their dresser and retrieved two folded ace wraps, and repeated have not having on since Friday and asked if I could please have someone wrap them. Record review of the treatment record revealed the ace wrap treatments were applied on Monday 4/20/26 at 9:00 AM by Registered Nurse (RN) B On 4/20/26 at 12:55 PM, an interview with RN B reviewed the treatment record and confirmed they signed off on providing the leg wrapped treatment. When informed the treatment wraps were not on R110, the ace bandages were tucked into the dresser drawer, RN B said they would reapply. At 1:00 PM, while in R110s room, RN B was observed walking in with new ace bandages. When asked if they had wrapped them earlier, why were they retrieving new wraps, RN B had no comment. On 4/20/26 at 1:10 PM the Corporate Acting Director of Nursing (DON) was informed Nursing treatment was signed off, and treatment was not observed in place on 4/19/26 at 11:45 (signed off 4/19/26) and today 4/20/26. The DON acknowledged the observations and stated they will further follow up. No additional information was given after exit.

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record reviews the facility failed to ensure a physician order was implemented for oxygen administration for one (R8) of one resident reviewed for respiratory care. Findings include:On 4/19/26 at 10:38 AM, R8 was observed sleeping in bed with 3 liters of oxygen administered via nasal cannula.A review of the medical record revealed R8 was admitted to the facility on [DATE], with a diagnosis that included systolic and diastolic heart congestive heart failure.A review of the physician orders revealed no order implemented for the oxygen administration.A review of the care plan titled Oxygen Use with an effective date of 3/1/26, documented the following in part . With interventions implemented, my risk for hypoxia/SOB (shortness of breath) will be minimized/reduced through next review. Administer oxygen at 2L (liters)/min (minute) via nasal cannula as ordered. Observe oxygen precaution.On 4/21/26 at 8:04 AM, R8 was observed in bed with 3 liters of oxygen administered via nasal cannula. At this time R8's assigned nurse was asked to come to R8's room. Licensed Practical Nurse (LPN) H was asked to observe the oxygen administration and asked if they could review the orders. At 8:11 AM, LPN H confirmed there were no orders for R8's oxygen administration. LPN H stated they would follow up with the Physician.A review of a facility policy titled Respiratory Care dated October 2011, documented in part . A resident will receive oxygen per physician's orders and facility protocol.

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F 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident?s drug regimen must be free from unnecessary drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interviews and record reviews the facility failed to prevent the use of an unnecessary antibiotic for one (R11) of five residents reviewed for unnecessary medications. Findings include:On 4/19/26 at 10:43 AM, R11 was observed fully clothed sleeping in bed. A review of the medical record revealed R11 was admitted to the facility on [DATE] with a diagnosis that included dementia.A review of the Physician orders revealed a Nitrofurantoin Macrocrystal (antibiotic) 50 mg (milligram) capsule to be administered once daily for . lower urinary tract calculus.A review of the transferring facility medication list provided to the facility upon R11's admission documented in part . Nitrofurantoin Macrocrystal Capsule 50 mg, one capsule by mouth one time a day for prophylactic UTI (urinary tract infection), Start Date 1/24/25 Recurrent urinary tract infection - Cont (continue) Nitrofurantoin 50 mg po q (every) day prevention and wiping discussed . N39.0: Urinary tract infection, site not specified . A review of the medical record revealed multiple clinician notes that documented the Nitrofurantoin medication for . UTI prophylaxis.Further review of the medical record revealed no documentation on the benefits and/or appropriateness of the resident to receive the antibiotic.A review of a Nursing note dated 3/11/26 at 3:48 PM, documented . START BACTRIM DS (antibiotic) q (every) 12 hours times 5 days after collect urine, writer notified to next shift nurse.A review of the March 2026 Medication Administration Record (MAR) documented the administration of the Bactrim antibiotic for five days for a urinary tract infection. This medication was administered in addition to the Nitrofurantoin antibiotic.On 4/21/26 at 10:22 AM, the interim Infection Preventionist (IP) I accompanied by a third party Nurse that provided palliative care for R11 - RN J was interviewed and asked about R11's prophylactic Nitrofurantoin Macrocrystal antibiotic. IP I said they would look into the record and follow back up. At 11:32 AM IP I returned and stated the family requested that R11 be prescribed the antibiotic prophylactically. IP I was asked about the Bactrim DS prescribed in March 2026 for a UTI, despite the resident to have received the prophylactic antibiotic and IP did not provide a response but acknowledged the concern. RN J stated they had a talk with the family who verbalized concerns of a history with frequent UTI's and requested that the resident have a prophylactic antibiotic. RN J stated the doctor decided to keep the resident on the medication prophylactically after discussing it with the family. RN J was asked to provide the documentation on the rationale from the Physician on why the resident was prescribed a prophylactic antibiotic and RN J stated they did not have the documentation to provide.A review of a facility policy titled Antibiotic Stewardship Program dated 9/12/18, documented in part . ensure the safe and appropriate use of antimicrobials. coordinated program that promotes the appropriate use of antimicrobials (including antibiotics), improves patient outcomes, reduces microbial resistance, and decreases the spread of infections caused by multidrug-resistant organisms.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to don personal protective equipment (PPE) for one Resident (R135) of one reviewed for isolation. Findings include:On 4/19/26 at 9:39 AM, Licensed Practical Nurse (LPN) C was observed entering into room R135's room. R135's was noted to be in contact isolation. LPN C entered the room without donning any PPE (for contact isolation-an isolation requiring staff to wear PPE upon entering) accompanied by a Certified Nursing Assistant (CNA) who was not wearing any PPE as well. LPN C was observed setting up a respiratory breathing treatment, applying it to the resident's face via mask, started the nebulizer machine and walked out of the room. On 4/20/26 a review of the medical record revealed that R135 was admitted to the facility on [DATE] with the admission diagnosis of Chronic obstructive pulmonary disease, Enterocolitis due to Clostridium difficile (a highly contagious infection of the bowel), and Obstructive sleep apnea. On 4/20/26 at approximately 10 AM, an interview with the facility's acting Infection control preventionist (IP) I was conducted. The IP I was made aware of the observation that took place on 4/19/26 and they reported that they had just taken over the program since the previous IP had quit three weeks prior. IP I also reported that the staff members should have been wearing PPE when entering the room.A review of the facilities policy titled Transmission Precautions: Contact read in part Wear clean, non-sterile gowns upon entering the residents room if you anticipate substantial contact between your clothing and the resident, environmental surfaces or items in the room, wear a gown if the resident is incontinent, has diarrhea ,an ileostomy, a colostomy or has wound drainage not contained by a dressing On 4/21/26 at approximately 9:00 AM, with the Corporate Director of Nursing (DON) and the Administrator a review of the cameras was made, and observed staff members entering the room without PPE on.There was no additional information provided at the exit of the survey.