STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235484	A. Building B. Wing	04/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pomeroy Living Sterling Skilled Rehabilitation	34643 Ketsin Drive Sterling Heights, MI 48310

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 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** 32220 Based on observation, interview, and record review, the facility failed to provide visual privacy during patient care and or obtain consent for care in a public area for one resident (R114) of one reviewed for personal privacy. Findings include: On 04/10/24 at 4:25 PM, R114 was asked questions about the their location, date, and situation and provided answers unrelated to the questions. On 04/11/24 at 1:50 PM, R114 was observed to be in the day area, with seven other residents. R114 was seated at a table with two other residents. R114 was dressed in long sleeves, pants, non slip socks and a baseball style cap. R114 was approached by a female who identified themselves as a physician (Staff C). The physician attempted to identify the resident to verify their name and the resident replied with a different name. The physician exited the day room and asked staff to confirm this was R114. On the way back to the resident the physician called the resident by name and R114 answered. A certified nurse assistant also entered and confirmed R114's identity to the physician. The physician (standing over the resident) then asked if R114 if they were hurting anywhere asked if there was anything they could do for R114. The physician then listened with a stethoscope to the upper back area above the top of the wheelchair in two places and on the chest in two places. The physician then touched each foot/ankle area. The physician then thanked the resident and exited the day area. The physician did not ask R114 for consent to be seen in a public setting and was not seen to complete hand hygiene. On 04/12/24 at 2:25 PM, the Director of Nursing (DON) reported privacy should always be provided during patient care. The DON also reported if consent was given then a resident could be seen in a public area but preferably it would be conducted in the resident's room. The DON was asked if R114 was able to give informed consent and reported R114 was not. A review of the record for R114 revealed, R114 was admitted into the facility on [DATE]. Diagnoses included Dementia with psychotic disturbance and Anxiety. The Minimum Data Set (MDS) assessment indicated severely impaired cognition with a 2/15 Brief Interview for Mental Status score and the need for set up for eating and partial to maximal assistance for other Activities of Daily Living. A review of the facility policy titled, Medical Staff Rules and Regulations undated, revealed, 1. The physician shall adhere to the rules and regulations for the standard of medical care as set forth by Federal State and/or other regulatory agencies. 2. The physician shall adhere to the policies of the healthcare center .

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
	235484	A. Building B. Wing	04/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pomeroy Living Sterling Skilled Rehabilitation	34643 Ketsin Drive Sterling Heights, MI 48310

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 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough food/fluids to maintain a resident's health. 32220 This citation refers to Intake MI00142742. Based on interview and record review, the facility failed to ensure a weight was obtained upon admission for one resident (R448) of two reviewed for nutrition, resulting in the potential for unidentified weight loss. Findings include: On 04/12/24 at 2:17 PM, a representative of R448 reported R448 had not been assisted to eat, not provided fluids consistently and had weight loss. The representative reported R448 was transferred to another facility related to care concerns. The representative reported R448 had weighed 150 pounds prior to hospitalization and was down to 130 pounds when received at the nursing home. R448 confirmed the concern for weight loss and meal assistance. A review of the record for R448 revealed: R448 was admitted in the facility on 01/28/24 and discharged to another facility on 01/31/24. Diagnoses included Dysphagia (difficulty swallowing), Need for assistance with personal care and Muscle weakness. A review if the care plan indicated: Feeding: I need the meal tray set up for me. I may need to be encouraged to eat my meal and drink all the fluids. A review of the results and vitals for R448 revealed no weight had been recorded. The facility reported a weight was attempted on 01/28/24 but the resident had refused. Documentation of this was not provided. A subsequent attempt at a weight was not documented or attempted. A review of the physician order dated 01/28/24 at 7:53 PM documented, Weight daily times two then weekly times four, then monthly. Documentation of a weight was requested on 04/12/24 at 2:58 PM but not received prior to survey exit. On 04/12/24 at 12:09 PM, the Registered Dietitian (RD) reported discussion with the spouse and resident about food preferences and R448's fluid restrictions related to low sodium levels and the impact the C collar (neck brace worn post neck surgery) had on the dietary intake of R448. The RD documented a weight in the hospital notes of 140 pounds. The RD did not have a weight for R448 while at the facility. On 04/12/24 at 2:25 PM, the Director of Nursing (DON) reported a weight is a part of what we do and should be obtained in the first 24 hours of admission and after that as determined by the plan of care. A review of the policy titled, Weight Management dated July 2021, revealed, Residents will be monitored for significant weight change on a regular basis .2. Weigh residents upon admission .

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235484	A. Building B. Wing	04/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pomeroy Living Sterling Skilled Rehabilitation	34643 Ketsin Drive Sterling Heights, MI 48310

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32220 Based on observation, interview and record review, the facility failed to ensure medication dispensing pens were dated when opened in two of four medication carts resulting in the potential for the decreased efficacy of the medications. Findings include: On 04/12/24 at 8:24 AM, an open Ozempic pen in the [NAME] B medication cart was not dated. On 04/12/24 at 8:43 AM, in the medication cart for the [NAME] 100 unit, a lantus insulin pen and a Novolog insulin pen (for R10) were not dated when opened and a novolog (for R5) was dated 02/28/24. On 04/12/24 at 2:25 PM, the Director of Nursing (DON) reported insulin should be dated when opened and a sticker should be in place on the pen. 38207 On 4/12/24 at 1:59 PM, medication cart B on the Charlevoix unit of the facility was inspected and revealed that resident identifying information was not labled on one inhaler. Unidentified nurse D who was administering medications on the unit to residents, was interviewed regarding labeling of inhalers and stated, Some inhalers are labeled. A review of the manufacturer's prescribing information dated 10/2023 revealed, Store your pen in use for 56 days at room temperature . The Ozempic pen you are using should be disposed of (thrown away) after 56 days, even if it still has Ozempic left in it. Write the disposal date on your calendar . A review of the manufacturer's prescribing information for the Lantus pen dated 12/2020 revealed, Once you take your SoloStar out of cool storage, for use or as a spare, you can use it for up to 28 days. During this time it can be safely kept at room temperature up to 86 F (30 C). Do not use it after this time. A review of the manufacturer's prescribing information for the Novolog pen dated 02/2023 revealed, Store the PenFill cartridge you are currently using in the insulin delivery device at room temperature below 86 F (30 C) for up to 28 days. Do not refrigerate. The NovoLog PenFill cartridge you are using should be thrown away after 28 days, even if it still has insulin left in it A facility policy titled Medication Ordering And Receiving From Pharmacy IC9: Medication Labels June 2019 was reviewed and stated the following, Policy: Medications are labeled in accordance with federal and state regulations and standards of pharmacy practice .Procedures: A.For very small items such as inhalers .the product itself must be labeled with, at a minimum, the resident's name.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235484	A. Building B. Wing	04/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pomeroy Living Sterling Skilled Rehabilitation	34643 Ketsin Drive Sterling Heights, MI 48310

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 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38207 This citation pertains to Intake MI00142742. Based on observation, interview, and record review, the facility failed to serve food in a palatable manner and preferred temperature for three residents (R65, R89, and R117) and three confidential group residents of twelve residents reviewed for food palatability, resulting in dissatisfaction during meals. Findings include: On 4/12/24 at 8:30 AM, a random breakfast tray was pulled from the [NAME] unit at the facility and temperature tested by Dietary manager (DM) B and the results were the following: Eggs: 101 Degrees Fahrenheit; Waffles: 100 Degrees Fahrenheit; Sausages: 103 Degrees Fahrenheit. DM B was interviewed regarding their expectations regarding hot food temperatures and stated, We try and get it to the units as quick as possible. Breakfast is tough. DM B acknowledged having food complaints from residents regarding cold food. DM B taste tested the test tray and indicated that it tasted, Fine. On 4/12/24 at 8:34 AM, the test tray was taste tested by the surveyor and the food tasted cold which negatively impacted the palatability of the food. 34851 R65 On 4/10/24 at 12:45 PM, R65's was asked about the food at the facility. R65 stated, explained they were not happy with dessert selection and how it was not real dessert. R65 continued and explained, they are being served five grapes, flavored gelatin, pineapple, when we use to get brownies or pie. R89 On 4/10/24 at 12:59 PM, R89 was asked about the food at the facility. R89 stated, I have been sick two times this week with diarrhea because of something I ate. A review of pictures from R89's phone noted, January 29th and 24th, 2024. One of the pictures noted a piece of meatloaf that was pink in the middle indication undercooked. R89 stated, I sent it back and the next one they brought was the same color. R117 On 4/10/24 at 1:10 PM, R117 was asked about the food and stated, The food is horrible. 49102 On 04/12/24 at 10:03 AM, a confidential group interview was held with six residents representing various areas of the facility, all of whom were alert and oriented and able to verbalize concerns without difficulty. When asked about the food, three residents reported concerns. Responses included: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235484	A. Building B. Wing	04/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pomeroy Living Sterling Skilled Rehabilitation	34643 Ketsin Drive Sterling Heights, MI 48310

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 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Food on trays are cold Food is like ice sometimes. Food often needs to be reheated and it is not good when it is cold. On 4/12/24 at 2:02 PM, the Administrator (NHA) was interviewed regarding their expectations for food temperatures when served to the residents on the units and stated, Food is [temperature checked] at the steam table so it is at the right temperature, then [covered] .temperature is an individual preference.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235484	A. Building B. Wing	04/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pomeroy Living Sterling Skilled Rehabilitation	34643 Ketsin Drive Sterling Heights, MI 48310

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 - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 22960 Based on observation, interview, and record review, the facility failed to maintain sanitary conditions in the kitchen. This deficient practice had the potential to affect all residents that consume food from the kitchen. Findings include: On 4/10/24 between 8:45 AM-9:20 AM, during an initial tour of the kitchen, the following items were observed: There were 2 hand sinks in the kitchen with no paper towels available and the one hand sink that did have paper towels was blocked by a tall rack of dishware. According to the 2017 FDA Food Code section 6-301.12 Hand Drying Provision, Each handwashing sink or group of adjacent handwashing sinks shall be provided with: (A) Individual, disposable towels; According to the 2017 FDA Food Code section 5-205.11 Using a Handwashing Sink, 1. (A) A HANDWASHING SINK shall be maintained so that it is accessible at all times for EMPLOYEE use. Pf In the walk-in cooler, there was an opened 1 gallon container of honey mustard with a use-by date of 4/1, an opened, undated 1 gallon container of ranch dressing, an opened, undated 1 gallon container of raspberry vinaigrette dressing, and an opened, undated 1 gallon container of thousand island dressing. According to the 2017 FDA Food Code section 3-501.17: Ready-to-eat, potentially hazardous food prepared and held in a food establishment for more than 24 hours shall be clearly marked to indicate the date or day by which the food shall be consumed on the premises, sold, or discarded when held at a temperature of 41 degrees Fahrenheit or less for a maximum of 7 days. Refrigerated, ready-to- eat, potentially hazardous food prepared and packed by a food processing plant shall be clearly marked, at the time the original container is opened in a food establishment and if the food is held for more than 24 hours, to indicate the date or day by which the food shall be consumed on the premises, sold, or discarded, and: (1) The day the original container is opened in the food establishment shall be counted as Day 1; and (2) The day or date marked by the food establishment may not exceed a manufacturer's use-by date if the manufacturer determined the use-by date based on food safety. There was a dusty ceiling vent cover directly above a rack of clean dishware, and 2 dusty ceiling vent covers above the clean drainboard of the dish machine. According to the 2017 FDA Food Code section 6-501.14 Cleaning Ventilation Systems, Nuisance and Discharge Prohibition, (A) Intake and exhaust air ducts shall be cleaned and filters changed so they are not a source of contamination by dust, dirt, and other materials. The connection at the wall for the hose sprayer was observed with a steady stream of leaking water. The drain line underneath the sanitizer bin of the 3 compartment sink was leaking water onto the floor underneath. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235484	A. Building B. Wing	04/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pomeroy Living Sterling Skilled Rehabilitation	34643 Ketsin Drive Sterling Heights, MI 48310

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 - Some	During an interview on 4/10/24 at 9:10 AM, Physical Plant Manager G confirmed the dusty ceiling vent in the dish machine room, and stated it would be cleaned right away. Physical Plant Manager G also confirmed the leaking plumbing fixtures and stated they would be addressed as well. According to the 2017 FDA Food Code section 5-205.15 System Maintained in Good Repair, A plumbing system shall be: (A) Repaired according to law; P and(B) Maintained in good repair. There was an unlabeled chemical spray bottle, filled with a blue liquid at the 3 compartment sink. According to the 2017 FDA Food Code section 7-102.11 Common Name, Working containers used for storing POISONOUS OR TOXIC MATERIALS such as cleaners and SANITIZERS taken from bulk supplies shall be clearly and individually identified with the common name of the material.