

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235487	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/28/2025
NAME OF PROVIDER OR SUPPLIER  Skld West Bloomfield		STREET ADDRESS, CITY, STATE, ZIP CODE 6950 Farmington Rd West Bloomfield, MI 48322	

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 38271</p> <p>This citation pertains to intake# MI00149540.</p> <p>Based on observation, interview and record review, the facility failed to ensure activities of daily living (ADL's) including regular bathing and transfers were provided for one resident (R803) of one resident reviewed for activities of daily living (ADL's). Findings include:</p> <p>On 1/28/25, a concern submitted to the State Agency was reviewed and alleged R803 was not being provided scheduled showers.</p> <p>On 1/28/25 at approximately 10:57 a.m., R803 was observed in their room, sitting up on the edge of their bed. R803 was observed with their pants half way down with both of their feet hanging off the bed and R803 leaning on their left side. R803 reported they had been waiting for someone to help get them out of the bed and into their chair for approximately two hours. R803 indicated that the CNA (Certified Nursing Assistant) had been aware of their need but had forgotten about them due to the CNA having to assist another resident with eating earlier that morning and the Nurse had to give medications. R803 reported the CNA indicated they would help the other resident with eating and come back but never did. R803 was queried if the facility is helping them with showering and they reported they rarely get showers because they need a lot of help and the staff do not want to help them.</p> <p>On 1/28/25 at approximately at 11:07 a.m., CNA A was queried why R803 was still waiting to get into their wheelchair and CNA A indicated they did not get them in the wheelchair because they thought that therapy was going to get them up. CNA A reported they had to help another resident eat earlier and that they thought that therapy had gotten R803 in their chair. CNA A then reported they would go help them at that time.</p> <p>On 1/28/25 at approximately 11:14 a.m., Nurse B was queried regarding R803 still waiting on ADL care to get into their wheelchair. Nurse B indicated that they were aware that R803 wanted to get into their wheelchair and that CNA A was supposed to put them in after they had finished helping another resident eat. Nurse B reported they could not help them earlier in the morning because they had to give medications and assist other residents with health issues but that CNA A should have come back to them after helping the other resident eat.</p> <p>(continued on next page)</p>

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 1/28/25 the medical record for R803 was reviewed and revealed the following: R803 was initially admitted to the facility on [DATE] and had diagnoses including Morbid obesity, Heart failure and Chronic obstructive pulmonary disease. A review of R803's MDS (minimum data set) with an ARD (assessment reference date) of 1/5/25 revealed R803 needed maximal assistance from staff with transferring to a chair and showering.</p> <p>A review of R803's comprehensive plan of care revealed the following: Focus-Resident has an ADL self-care performance deficit r/t (related to) BLE (bilateral lower extremities) pain, weakness, . Date Initiated: 01/06/2025 .Interventions-Provide supportive care, assistance with daily care needs (ADLs) as needed. Document assistance as needed. Date Initiated: 01/06/2025 .Showering/Bathing per schedule or as needed. Date Initiated: 01/06/2025 .</p> <p>A review of R803's CNA task bathing documentation since their admission was conducted and revealed R803 only had two showers (1/17 and 1/21) since being admitted on [DATE]. The documentation did not reveal any documented refusals of showers. Two refusals of R803 choosing not to have their hair washed were documented on 1/17/25 and 1/21/25 however, the shower was still provided.</p> <p>On 1/28/25 at approximately 1:29 p.m., The DON (Director of Nursing) was queried regarding how the staff document showers being offered/provided to residents and they reported it was in the CNA task documentation. The DON was queried regarding R803 being left in wheelchair for an extended period of time and they indicated that the Nurse did not inform them that R803 wanted to get into their chair. The DON was queried why R803 only had two documented episodes of being offered a shower and they reported they did not know. The DON was queried what the standard for offered bathing was in the facility and they reported that all residents are offered showers at a minimum of twice per week and that staff should document in the task screen when a shower is provided and if a resident has refused. At that time, that DON was queired for any additional documentation that R803 had been offered bathing twice a week.</p> <p>No further documentation that R803 had been provided scheduled bathing was received by the end of the survey.</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 32568</p> <p>This citation pertains to Intake Number(s): MI00148496.</p> <p>Based on interview and record review, the facility failed to identify, monitor, and assess a skin impairment and provide follow up after an outside appointment for one (R802) of one resident reviewed for skin impairments. Findings include:</p> <p>A review of a complaint submitted to the State Agency revealed allegations that on 10/31/24, R802 consulted with the physician at the facility about oiling bumps that formed on his scalp. R802 was told it was common for diabetics, was given a medication, and that helped a little, but then the bumps continued to spread. R802 contacted his dermatologist and went to an appointment. On 11/25/24, the dermatologist called R802 and informed him that he had MRSA (Methicillin-resistant Staphylococcus aureus) and it was contagious.</p> <p>On 1/28/25 at 12:46 PM, an interview was conducted with R802 via the telephone. R802 reported he consulted with Attending Physician 'D' about a pus filled blister located on his scalp. R802 reported Physician 'D' called it oil filled and said all diabetics got them. R802 reported being concerned because as a long time diabetic he had never developed a blister like that. R802 further explained he made an appointment with his dermatologist to get a second opinion and notified the facility of the appointment. At that appointment, the dermatologist took a culture from R802's head and prescribed antibiotics that were called in to R802's personal pharmacy and the medications were brought to the facility by his wife. R802 reported when he returned from the appointment, he provided the paperwork from the dermatologist to Registered Nurse (RN) 'E' so that they were aware of what was going on. On a later date, R802 received a phone call from the dermatologist informing him the culture was positive for MRSA and R802 notified the facility.</p> <p>A review of R802's clinical record revealed R802 was admitted into the facility on [DATE] and discharged on [DATE] with diagnoses that included: type 2 diabetes mellitus and lymphedema. A review of a Minimum Data Set (MDS) assessment dated [DATE] revealed R802 had intact cognition and no behaviors.</p> <p>A review of a progress note dated 10/10/24 (date of admission) revealed R802 had a wound to the left heel. There was no documentation of any skin impairments to R802's head/scalp.</p> <p>A review of a progress note dated 10/13/24 revealed a full skin assessment was completed. No skin impairments to R802's head/scalp were noted.</p> <p>A review of a Medical Practitioner H&amp;P (History and Physical) dated 10/14/24 revealed R802 was evaluated by Physician 'D'. There was no documentation that indicated R802 had any skin impairments to his head/scalp.</p> <p>A review of a General Progress Note dated 11/2/24, written by RN 'E', revealed Dr order pt (patient) to be started on keflex (an antibiotic) .x (times) 3 days for cyst on head .</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of a Medical Practitioner Progress Note dated 11/2/24, written by Physician 'D', revealed, . Discussed with nursing staff. No new reported concerns per nursing staff .Skin: non-icterus (not yellow in color) .cystitis (inflammation of the bladder): will start Cephalexin (keflex) . There was no documentation regarding a cyst on head as noted by RN 'E' on the same date.</p> <p>A review of a Medical Practitioner Progress Note dated 11/6/24, written by Physician 'D', revealed, .cystitis: Resolved, continue to monitor .</p> <p>A review of a General Progress Note dated 11/11/24 revealed, (R802) has a dermatology appointment on Tuesday 11.12.2024 .</p> <p>A review of a Medical Practitioner Progress Note dated 11/11/24, written by Physician 'D', revealed, .No new reported concern per nursing staff .Skin .All visible skin intact head, neck BUE (bilateral upper extremities) . There was no documentation of any skin impairments to R802's head or why he made an appointment with the dermatologist.</p> <p>A review of a General Progress Note dated 11/21/24 revealed Resident has a follow-up dermatology appointment on Tuesday 11.26.2024 .</p> <p>A review of a General Progress Note dated 11/25/24, written by RN 'E', revealed Pt had antibiotic pills bottle in room, pt states that he went to dermatologist last week and they gave him the antibiotic to treat MRSA. Dr. was notified and orders for the antibiotic were put in. Dr will be in to see pt .</p> <p>A review of a Medical Practitioner Progress Note dated 12/2/24, written by Physician 'D', revealed no mention of MRSA or any skin impairments to R802's head/scalp.</p> <p>A review of a General Progress Note dated 12/5/24 revealed, Guest returned from F/U (follow up) appt (appointment) with Dermatologist and a new order was given to .Cont (continue) Doxycycline .for another 2 months .for MRSA .</p> <p>A review of all weekly skin assessments, physician evaluations, and nursing progress notes revealed no assessment of R802's head/scalp from admitted [DATE] until discharge on [DATE].</p> <p>A review of Physician Orders for R802 revealed an order dated 11/24/24 through 12/5/24 for Doxycycline Monohydrate .for MRSA for 3 days and an order dated 11/26/24 for contact precautions for MRSA. On 12/5/24, a new order for Doxycycline was entered for the next 60 days.</p> <p>On 1/28/25 at 12:16 PM, an interview was conducted with RN 'E' via the telephone. When queried about the progress note that said R802 was started on antibiotics for a cyst to the head, RN 'E' stated, He brought that into the facility. When queried about what was brought into the facility, RN 'E' said R802 had some antibiotics that he got at an outside appointment. When queried about the note she documented approximately two weeks prior that said he had a cyst on his head, RN 'E' said she was sick and cannot remember anything from a couple months ago.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 1/28/25 at 12:24 PM, an interview was conducted with Physician 'D' via the telephone. When queried about the progress note dated 11/3/25 that noted R802 was started on keflex for cystitis, Physician 'D' clarified that cystitis was an inflammatory condition of the bladder. When queried about RN 'E's note on the same day that mentioned a cyst on R802's head, Physician 'D' reported he talked to the nurse regarding an infected sebaceous (oily) cyst on his head and started him on antibiotics. Physician 'D' reported he must have documented cystitis by mistake and that the cyst got better with the medication. When queried about where the assessment of the cyst was documented, Physician 'D' reported he was not sure if he documented about it. When queried about what kind of follow up was done after R802 completed the initial treatment of the cyst, Physician 'D' reported he followed up and it was better (It should be noted that there was no documentation in any physician notes that mentioned a cyst to R802's head). When queried about what was done to follow up after R802 went to the dermatologist on 11/12/24, Physician 'D' reported the nurse typically would enter any orders from the outside consultation and the nurse or unit manager would contact him to notify of the recommendations. Physician 'D' did not remember if anyone followed up, but said R802 was found to have antibiotics that he was taking without anyone's knowledge.</p> <p>On 1/28/25 at 1:17 PM, an interview was conducted with the Director of Nursing (DON). When queried about the facility's protocols when a new skin impairment was identified, the DON reported it would be added to the risk report, a progress note was entered, the DON and family were notified, and a treatment was started until the resident was seen by the wound provider. The DON reported all skin impairments were to be documented in the resident's clinical record and assessed weekly. When queried about what kind of follow up should occur when a resident went to an outside appointment, the DON reported if the resident brought back paperwork, the nurse would discuss the outside provider's recommendations with the attending physician and enter the orders in the electronic medical record. When queried about R802's diagnosis of MRSA, the lack of assessment of the cyst, and the lack of follow up by the facility care team, the DON reported she was unaware R802 had MRSA (It should be noted that as of 11/24/24 and 11/26/24, physician's orders indicated R802 was being treated for MRSA and was placed on contact precautions). At that time, R802's dermatology consults were requested. The DON was unable to locate R802's dermatology consults prior to the end of the survey. When queried about how it was determined R802 had MRSA and required treatment, the DON did not offer a response.</p> <p>A review of a facility policy titled, Best Practice Skin &amp; Wound Management updated 5/31/22, revealed, in part, the following, .Licensed Nurse skin observation is completed based on policy, which include upon admission, readmission, weekly, and as needed. Results of skin observation will be documented by following methods: .Weekly via .Skin Observation Took .Any new skin observations will have initial documentation related to location, type and initial measurements documented .Complete weekly comprehensive evaluation of wound(s) .</p>		

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<p>F 0711</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure the resident's doctor reviews the resident's care, writes, signs and dates progress notes and orders, at each required visit.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 32568</p> <p>This citation pertains to Intake Number(s): MI00148496.</p> <p>Based on interview and record review, the facility failed to ensure the physician evaluated the total program of care to include a newly developed skin impairment for one (R802) of one residents reviewed for physician visits. Findings include:</p> <p>A review of a complaint submitted to the State Agency revealed allegations that on 10/31/24, R802 consulted with the physician at the facility about oiling bumps that formed on his scalp. R802 was told it was common for diabetics, was given a medication, and that helped a little, but then the bumps continued to spread. R802 contacted his dermatologist and went to an appointment. On 11/25/24, the dermatologist called R802 and informed him that he had MRSA (Methicillin-resistant Staphylococcus aureus) and it was contagious.</p> <p>On 1/28/25 at 12:46 PM, an interview was conducted with R802 via the telephone. R802 reported he consulted with Attending Physician 'D' about a pus filled blister located on his scalp. R802 reported Physician 'D' called it oil filled and said all diabetics got them. R802 reported being concerned because as a long time diabetic he had never developed a blister like that. R802 further explained he made an appointment with his dermatologist to get a second opinion and notified the facility of the appointment. At that appointment, the dermatologist took a culture from R802's head and prescribed antibiotics that were called in to R802's personal pharmacy and the medications were brought to the facility by his wife. R802 reported when he returned from the appointment, he provided the paperwork from the dermatologist to Registered Nurse (RN) 'E' so that they were aware of what was going on. On a later date, R802 received a phone call from the dermatologist informing him the culture was positive for MRSA and R802 notified the facility.</p> <p>A review of R802's clinical record revealed R802 was admitted into the facility on [DATE] and discharged on [DATE] with diagnoses that included: type 2 diabetes mellitus and lymphedema. A review of a Minimum Data Set (MDS) assessment dated [DATE] revealed R802 had intact cognition and no behaviors.</p> <p>A review of a General Progress Note dated 11/2/24, written by RN 'E', revealed Dr order pt (patient) to be started on keflex (an antibiotic) .x (times) 3 days for cyst on head .</p> <p>A review of a Medical Practitioner Progress Note dated 11/2/24, written by Physician 'D', revealed, . Discussed with nursing staff. No new reported concerns per nursing staff .Skin: non-icterus (not yellow in color) .cystitis (inflammation of the bladder): will start Cephalexin (keflex) . There was no documentation regarding a cyst on head as noted by RN 'E' on the same date.</p> <p>A review of a Medical Practitioner Progress Notes dated 11/6/24, written by Physician 'D', revealed, .cystitis: Resolved, continue to monitor . There was on documentation regarding a cyst on head.</p> <p>A review of a General Progress Note dated 11/11/24 revealed, (R802) has a dermatology appointment on Tuesday 11.12.2024 .</p> <p>(continued on next page)</p>		

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<p>F 0711</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of Medical Practitioner Progress Notes dated 11/11/24, 11/13/24, 11/15/24, 11/28/24, 11/20/24, and 11/22/24, written by Physician 'D', revealed, .No new reported concern per nursing staff .Skin .All visible skin intact head, neck BUE (bilateral upper extremities) . There was no documentation of any skin impairments to R802's head or why he made an appointment with the dermatologist or any follow up regarding that appointment thereafter.</p> <p>A review of a General Progress Note dated 11/21/24 revealed Resident has a follow-up dermatology appointment on Tuesday 11.26.2024 .</p> <p>A review of a General Progress Note dated 11/25/24, written by RN 'E', revealed Pt had antibiotic pills bottle in room, pt states that he went to dermatologist last week and they gave him the antibiotic to treat MRSA. Dr. was notified and orders for the antibiotic were put in. Dr will be in to see pt .</p> <p>A review of a Medical Practitioner Progress Note dated 11/25/24, written by Physician 'D', revealed no mention of MRSA, any skin impairments to R802's head/scalp, or use of antibiotics to treat MRSA.</p> <p>A review of a Medical Practitioner Progress Note dated 12/2/24, written by Physician 'D', revealed no mention of MRSA, any skin impairments to R802's head/scalp, or use of antibiotics to treat MRSA.</p> <p>A review of a General Progress Note dated 12/5/24 revealed, Guest returned from F/U (follow up) appt (appointment) with Dermatologist and a new order was given to .Cont (continue) Doxycycline .for another 2 months .for MRSA .</p> <p>A review of Medical Practitioner Progress Notes dated 12/11/24, 12/13/24, 12/16/24, 12/18/24, 12/20/24, and 12/23/24 revealed no mention of MRSA, the cyst on R802's head, or use of antibiotics to treat it.</p> <p>A review of Physician Orders for R802 revealed an order dated 11/24/24 through 12/5/24 for Doxycycline Monohydrate .for MRSA for 3 days and an order dated 11/26/24 for contact precautions for MRSA. On 12/5/24, a new order for Doxycycline was entered for the next 60 days. These orders were signed by Physician 'D'.</p> <p>On 1/28/25 at 12:24 PM, an interview was conducted with Physician 'D' via the telephone. When queried about the progress note dated 11/3/25 that noted R802 was started on keflex for cystitis, Physician 'D' clarified that cystitis was an inflammatory condition of the bladder. When queried about RN 'E's note on the same day that mentioned a cyst on R802's head, Physician 'D' reported he talked to the nurse regarding an infected sebaceous (oily) cyst on his head and started him on antibiotics. Physician 'D' reported he must have documented cystitis by mistake and that the cyst got better with the medication. When queried about where the assessment of the cyst was documented, Physician 'D' reported he was not sure if he documented about it. When queried about what kind of follow up was done after R802 completed the initial treatment of the cyst, Physician 'D' reported he followed up and it was better (It should be noted that there was no documentation in any physician notes that mentioned a cyst to R802's head). When queried about why there was no documentation regarding R802's cyst, before and after antibiotic treatment, and after it was discovered he had MRSA, Physician 'D' did not offer a response.</p> <p>(continued on next page)</p>		

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F 0711  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Some	On 1/28/25 at 1:17 PM, an interview was conducted with the Director of Nursing (DON). When queried about the facility's expectations for physician evaluations when there is a change in condition, the DON reported the physician is contacted, they complete an evaluation, and their documentation was expected to include accurate, thorough documentation that covers anything they evaluated.		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>32568</p> <p>This citation pertains to Intake Number(s): MI00148496</p> <p>Based on interviews and record reviews the facility failed to maintain an effective infection control prevention and control program for 82 of 82 residents who resided in the facility. Findings include:</p> <p>A review of a complaint submitted to the State Agency revealed it was alleged the facility did not follow proper infection control procedures to prevent the spread of MRSA (Methicillin-resistant Staphylococcus aureus).</p> <p>On 1/28/25 at 12:46 PM, an interview was conducted with R802 via the telephone. R802 reported he was notified by his dermatologist on 11/25/25 that the culture taken from a cyst on his head was positive for MRSA and that he was told it was contagious. R802 reported the facility was notified and they did not take the proper steps to clean R802's room and wear the appropriate protective equipment. R802 reported, one nurse explained to him that MRSA was contagious, but never came back after that. R802 reported staff were not wearing gowns when providing care and he was transported to Physical therapy and other doctor appointments and did not think the facility was notifying them of the infection. R802 said they put a sign up on his door, but did not change their practices.</p> <p>A review of R802's Physician's orders revealed R802 was placed on contact precautions on 11/26/24 and was started on a new antibiotic (Doxycycline) on 11/24/24.</p> <p>On 1/28/25, a review of the facility's Infection Control Surveillance program provided by the Director of Nursing (DON) in the absence of the facility's Infection Control Preventionist (ICP) 'F' was conducted and revealed the following:</p> <p>No infection control data including surveillance, line listing, mapping, and analysis report for the months of November 2024, December 2024, and January 2024.</p> <p>On 1/28/25 at 1:17 PM, the DON was interviewed in the absence of ICP 'F'. The DON reported she was unaware that R802 had MRSA and was unsure if there were any trends of MRSA in the facility during that time. The DON reported ICP 'F' was not in that day and they were unable to locate infection control data for November 2024, December 2024, and January 2025, but that the analysis was reported during monthly Quality Assurance (QA) meetings.</p> <p>On 1/28/25 at 1:35 PM, the Administrator was interviewed. The Administrator reported the facility's last QA meeting was on 1/15/25 and at that time ICP 'F' provided an infection control report for December 2025. The report was reviewed and it noted that there were trends in skin/wound infections on the 1st and 2nd floor. The Administrator reported they did not have a QA meeting in December to review November 2024's infection control report and did not have a summary for that month. No additional infection control data was provided prior to the end of the survey.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235487	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/28/2025
NAME OF PROVIDER OR SUPPLIER  Skld West Bloomfield		STREET ADDRESS, CITY, STATE, ZIP CODE  6950 Farmington Rd West Bloomfield, MI 48322	

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

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>A review of a facility policy titled, Infection Prevention and Control dated 7/11/18, revealed, in part, the following, .There is on-going monitoring for infections among residents, employees, volunteers, and visitors and subsequent documentation of infections that occur .Resident infection cases are monitored by the IP (Infection Preventionist). The IP completes the line listing of infections and the monthly report forms .</p>

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>38271</p> <p>This citation pertains to intake #'s MI00149476 and MI00149540.</p> <p>Based on interview and record review the facility failed to keep service reports and ensure regular inspections of the domestic hot water boilers to maintain proper functioning of the hot water supply were completed in a timely manner potentially affecting all 82 residents who reside in the facility. Findings include:</p> <p>On 1/28/25 multiple concerns submitted to the Stage Agency alleged the facility did not have any hot water for consecutive days in a row.</p> <p>On 1/28/25 at approximately 10:24 a.m., during a conversation with Maintenance Director C (MD C), MD C was queried if the facility had recently been without hot water and the reported that the facility had no hot water from 1/11/25 until 1/16/25 due to both hot water boilers failing. MD C was queried how often the boilers were inspected for their CSD-1 inspections (CSD-1 refers to the boiler code that addresses periodic testing and maintenance of boiler Controls and Safety Devices)and they indicated that it was on an annual basis to ensure the boilers are functioning properly. At that time, MD C was queried for the documentation service report from their 2024 CSD-1 inspection on their boilers.</p> <p>On 1/28/25 at approximately 11:30 a.m., during a follow up conversation with MD C, MD C reported that they not have a CSD-1 inspection completed on their boiler in 2024. MD C reported they had requested an inspection but that the company indicated that the boilers needed some maintenance/cleaning first. MD C reported they send the quote to their corporate office but never heard back from them and it was not done so the boilers never had their CSD-1 inspection. MD C reported they did not have the inspection documentation for 2023 either and was only able to provide a receipt of the service. MD C reported that moving forward they would follow up with the corporate office to ensure annual inspections were completed to maintain the major systems of the physical plant.</p> <p>On 1/28/25 a facility document pertaining to maintaining and inspecting the physical plant was reviewed and revealed the following: Preventive Maintenance .POLICY: Each facility will have a preventative maintenance program in place that scheduled preventative maintenance on equipment and the physical plant PROCEDURES: 1. The Maintenance Director is responsible to maintain an equipment inventory and a schedule of maintenance services 2. The Maintenance Director is responsible to obtain operating and maintenance manuals on equipment, when possible 3. The Maintenance Director is responsible to follow manufacturer's preventive maintenance recommendations 4. The Maintenance Director is responsible to perform preventive maintenance on equipment and physical plant on a schedule which factors in operational activity and complies with applicable code requirements.</p> <p>(continued on next page)</p>		

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>A CSD-1 code reference was reviewed and revealed the following: R 408.4027 Rule 27: Adoption by reference of ASME code CSD-1 2009 .This rule requires testing of the controls and safety devices of all boilers less than 12,500,000 btu/hr input. Note: The owner/user of a boiler registered with the State of Michigan is to ensure that all of the controls and safety devices on the boiler are tested by a licensed and qualified Michigan mechanical contractor who is to provide a detailed report of these tests to the owner/user. Hot water heating and Hot Water Supply boilers with a heat input of 400,000 btu/hr or less: Controls and safety devices must be tested on ce every three years, (triennial). The test must be performed within the 12 months prior to the certificate due date. A detailed test report must be completed and the owner/user shall maintain the testing documentation in the boiler room and or assure it is available during the certificate inspection. Hot water supply boilers with a manufacturer's design temperature greater than 210 F shall comply with the installation, maintenance, operation and triennial testing of the controls and safety devices in accordance with ASME Code CSD-1. Note: The design temperature rating can be found on the ASME stamping plate affixed to the boiler. All other boilers: Controls and safety devices must be tested on ce every year. A detailed operational test report must be completed and the owner/user shall maintain the testing documentation in the boiler room and or assure it is available during the certificate inspection</p> <p>No documentation was provided that the facility boilers had an annual CSD-1 inspection completed in 2024 prior to the boiler failures on 1/11/25 were provided before the end of the survey.</p>		