

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235500	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/11/2024
NAME OF PROVIDER OR SUPPLIER Omni Continuing Care		STREET ADDRESS, CITY, STATE, ZIP CODE 5201 Conner Detroit, MI 48213	

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 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47964</p> <p>Based on interview and record review, the facility failed to complete an OBRA (Omnibus Budget Reconciliation Act) Level II Evaluation for one (R40) of one residents reviewed for PASARRs (Preadmission Screen and Resident Review), resulting in the potential for unmet mental health services.</p> <p>Findings include:</p> <p>Review of the clinical record revealed R40 was initially admitted into the facility on [DATE] and readmitted on [DATE]. R40's diagnoses included seizures, unspecified convulsions, bipolar disorder, and major depressive disorder. A Minimum Data Set assessment dated [DATE] documented severe cognitive impairment. The date of R40's most current Level II PASARR was 11/16/2023.</p> <p>On 7/10/2024 at 10:36 AM, a review of R40's most recent Level II PASARR, dated 11/16/2023, was conducted with Social Worker (SW) B. SW B said based on the Level II PASARR from 11/16/2023 a new Level II evaluation was needed by March 15th, 2024. SW B said R40 does not have a current Level II PASARR evaluation. I should have submitted a Level II request by March 15th, 2024.</p> <p>On 7/10/2024 at 10:53 AM, the Director of Nursing (DON) stated she expected PASARRs to be completed per OBRA requirements.</p> <p>A review of the facility document titled, Pre-Admission Screening and Guest/Resident Review-PASRR Michigan, revised 11/12/2021, documented in part the following: for residents who screen positively for a mental illness/intellectual/developmental disability the facility submits the annual Level 1/3877 screen to the local community mental health program for comprehensive screening (level 2).</p>

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235500	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/11/2024
NAME OF PROVIDER OR SUPPLIER Omni Continuing Care		STREET ADDRESS, CITY, STATE, ZIP CODE 5201 Conner Detroit, MI 48213	
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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49103</p> <p>Based on observation and interview the facility failed to provide timely ADL (Activities of daily living) care to include nail care and shaving, for three residents (R21, R53, and R56) of six residents reviewed for ADL care resulting in dissatisfaction with care.</p> <p>Findings include:</p> <p>On 7/9/24 at 11:40 AM R21 was observed upright in bed, alert and able to participate in an interview. According to record review R21 was admitted [DATE]. According to a Minimum Data Set (MDS) assessment completed 6/26/24, R21 had a Brief Interview for Mental Status (BIMS) of 15/15 indicating intact cognition. R21's nails, on the fingers of both hands, were observed to be long to the point of curving over enough to partially obscure the underside of the nails. R21 was queried about the condition of the nails and said nail clipping had been requested and commented, Two days ago I asked and today someone came and said it will be done. R21 demonstrated that it was hard to pick items up off the bedside table due to the length of the nails and said, It's a problem.</p> <p>On 7/10/24 at 4:00 PM R21 was observed upright in bed, alert and able to participate in an interview. Nails were observed to be in the same condition as the previous day. No one showed up yet R21 said.</p> <p>On 7/11/24 at 11:35 AM an interview was held with the Director of Nursing (DON). During discussion about the condition of R21's nails and resident's statement about the inability to pick certain items up because of the length of the nails, the DON responded by saying that resident had . never said anything about it and that it hadn't been noticed. When asked about the risks involved the DON said, It is a risk for infection to have nails that long.</p> <p>39465</p> <p>R56</p> <p>R56 was observed on 7/9/2024 at 10:31 and 7/10/2024 at approximately 11:30 a.m. with long facial hair and dirty long untrimmed fingernails. R56 was nonverbal and unable to be interviewed.</p> <p>According to the electronic medical record, R56 was initially admitted into the facility on [DATE] and readmitted on [DATE] with diagnoses of chronic respiratory failure, tracheotomy status, dependence on respirator ventilator status, diabetes type two, and major depressive disorder. According to the Minimum Data Set (MDS) assessment dated [DATE], R56 BIMS (brief interview for mental status) score was not documented.</p> <p>R56's Functional ability care plan, dated 5/13/2024, revealed, Resident has a functional ability deficit requires assistance with self-care/mobility related to impaired balance, impaired cognition, impaired mobility, pain, and diagnoses of chronic respiratory failure, persistent vegetative state.</p> <p>Interventions: Bathing: Resident is dependent with two helpers to bathe/shower two times a week and as needed.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235500	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/11/2024
NAME OF PROVIDER OR SUPPLIER Omni Continuing Care		STREET ADDRESS, CITY, STATE, ZIP CODE 5201 Conner Detroit, MI 48213	

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>50634</p> <p>R53</p> <p>On 07/09/2024 at 10:19 AM, R53 was observed lying in bed alert and interview able. R53 was observed with long, untrimmed and dirty fingernails. R53 had food particles in beard. R53 was nonverbal but able to nod head when queried about care. R53 nod head indicating Yes, when asked if they would like nails cleaned and trimmed.</p> <p>Record review revealed R53 was admitted into the facility on [DATE] with Traumatic hemorrhage of cerebrum. According to R53's quarterly Minimum Data Set (MDS), with reference date of 04/23/2024, they have a BIMS score of 2 (severely impaired cognition). according. Review of the ADLs care plan documented R53 needs maximum assistance with and with personal hygiene, toileting and turning.</p> <p>On 07/11/2024 at 11:00 AM, the Director of Nursing (DON) said during an interview, the residents should have showers twice a week and it consists of being cleaned from head to toe and their nails to be cleaned and cut.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235500	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/11/2024
NAME OF PROVIDER OR SUPPLIER Omni Continuing Care		STREET ADDRESS, CITY, STATE, ZIP CODE 5201 Conner Detroit, MI 48213	

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39083</p> <p>Based on observation, interview, and record review, the facility failed to maintain physical facilities, install backflow prevention, date mark food, and properly cool potentially hazardous foods, resulting in the potential for increased risk of food borne illness, affecting all residents that consume food from the kitchen.</p> <p>Findings include:</p> <p>On 7/10/24 at 9:57 AM, the floor tile grout, located in the dish washing area and the cookline, was observed to be dissolving and worn, resulting in gaps for water accumulation. Additionally, the hose under the dish machine drain board was observed to not be provided with a backflow protection device (a device commonly used in plumbing to prevent contaminated water from backflowing into the potable water system). At this time, Registered Dietician E queried staff who stated the hose is used for cleaning the floor.</p> <p>According to the 2017 FDA Food Code Section 6-501.11 Repairing. PHYSICAL FACILITIES shall be maintained in good repair.</p> <p>According to the 2017 FDA Food Code Section 5-203.14 Backflow Prevention Device, When Required. A PLUMBING SYSTEM shall be installed to preclude backflow of a solid, liquid, or gas contaminant into the water supply system at each point of use at the FOOD ESTABLISHMENT, including on a hose [NAME] if a hose is attached or on a hose [NAME] if a hose is not attached and backflow prevention is required by LAW, by: (A) Providing an air gap as specified under S 5-202.13 P; or (B) Installing an APPROVED backflow prevention device as specified under S 5-202.14. P</p> <p>On 7/10/24 at 10:05 AM, a pan labeled diced pork in the walk-in cooler, tightly covered with aluminum foil, was observed to feel warm to the touch. The diced pork temperature was measured with a digital probe thermometer and was observed to be holding at 121 degrees F. At this time, Dietary Staff G stated the pork was cooked this morning by Dietary Staff H</p> <p>During an interview on 7/10/24 at 10:30 AM, Dietary Staff H was queried on their preparation process of the dice pork and stated the pork was finished cooking around 8:00 AM, then lay on the counter for a short period of time, then was covered and placed in the walk-in cooler. Dietary Staff H was then queried on the proper cooling process of cooked potentially hazardous foods and couldn't recite the proper cooling method or procedure.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235500	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/11/2024
NAME OF PROVIDER OR SUPPLIER Omni Continuing Care		STREET ADDRESS, CITY, STATE, ZIP CODE 5201 Conner Detroit, MI 48213	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>According to the 2017 FDA Food Code Section 3-501.14 Cooling. (A) Cooked TIME/TEMPERATURE CONTROL FOR SAFETY FOOD shall be cooled: (1) Within 2 hours from 57 C (135 F) to 21 C (70 F); P and (2) Within a total of 6 hours from 57 C (135 F) to 5 C (41 F) or less. P (B) TIME/TEMPERATURE CONTROL FOR SAFETY FOOD shall be cooled within 4 hours to 5oC (41oF) or less if prepared from ingredients at ambient temperature, such as reconstituted FOODS and canned tuna. P (C) Except as specified under (D) of this section, a TIME/TEMPERATURE CONTROL FOR SAFETY FOOD received in compliance with LAWS allowing a temperature above 5oC (41oF) during shipment from the supplier as specified in 3-202.11(B), shall be cooled within 4 hours to 5oC (41oF) or less. P (D) Raw EGGS shall be received as specified under 3-202.11(C) and immediately placed in refrigerated EQUIPMENT that maintains an ambient air temperature of 7oC (45oF) or less. P</p> <p>According to the 2017 FDA Food Code Section 3-501.15 Cooling Methods. (A) Cooling shall be accomplished in accordance with the time and temperature criteria specified under S 3-501.14 by using one or more of the following methods based on the type of FOOD being cooled: (1) Placing the FOOD in shallow pans; Pf (2) Separating the FOOD into smaller or thinner portions; Pf (3)Using rapid cooling EQUIPMENT; Pf (4) Stirring the FOOD in a container placed in an ice water bath; Pf (5) Using containers that facilitate heat transfer; Pf (6) Adding ice as an ingredient; Pf or (7) Other effective methods. Pf (B) When placed in cooling or cold holding EQUIPMENT, FOOD containers in which FOOD is being cooled shall be: (1) Arranged in the EQUIPMENT to provide maximum heat transfer through the container walls; and (2) Loosely covered, or uncovered if protected from overhead contamination as specified under Subparagraph 3-305.11(A)(2), during the cooling period to facilitate heat transfer from the surface of the FOOD.</p> <p>47964</p> <p>During initial tour of the kitchen on 7/9/2024 at 11:15 AM with Dietary Assistant (DA) D the following was observed:</p> <p>-the three compartment sink had an active leak dripping directly onto the floor. DA D acknowlwdged the sink was leaking and needed repair.</p> <p>-undated desserts were found in the freezer: three pound cakes, three fruit pies and one round cake with no label. DA D agreed the desserts should be dated.</p> <p>Record review of the facility policy titled Food Purchasing and Storage revised 11/11/2021 revealed in part . all food items will be dated with the in date or delivery date, all frozen foods will be dated, labeled, and wrapped or sealed.</p> <p>According to the 2017 FDA Food Code Section 6-501.11 Repairing. PHYSICAL FACILITIES shall be maintained in good repair.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235500	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/11/2024
NAME OF PROVIDER OR SUPPLIER Omni Continuing Care		STREET ADDRESS, CITY, STATE, ZIP CODE 5201 Conner Detroit, MI 48213	

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 0825</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide or get specialized rehabilitative services as required for a resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39958</p> <p>This citation pertains to Intake number MI000144806.</p> <p>Based on interview and record review the facility failed to obtain a Physical Therapy (PT) and Occupational Therapy (OT) evaluation upon admission for one (R345) of one resident reviewed for physical rehab, resulting in delayed Physical and Occupational Therapy treatment.</p> <p>Findings include:</p> <p>Review of an Admission Record revealed, R345 readmitted to the facility on [DATE] and discharged [DATE] with pertinent diagnosis which included tracheostomy status and gastrostomy status.</p> <p>Review of a Minimum Data Set (MDS) assessment dated [DATE] revealed R345 had severely cognitive impairment.</p> <p>Review of Physician orders revealed R345 had orders for physical therapy evaluation- treat as indicated and occupational therapy evaluation- treat as indicated dated 5/24/24.</p> <p>Review of an interdisciplinary therapy screen assessment dated [DATE] revealed, PT/OT evaluation recommended for R345.</p> <p>Review of R68's electronic medical record revealed, R68 did not have a PT or OT evaluation.</p> <p>In an interview on 7/11/24 at 2:15 p.m., Rehab Manager A reported therapy evaluations were not completed as recommended on 5/24/24 and stated, Looks like we just missed it.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235500	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/11/2024
NAME OF PROVIDER OR SUPPLIER Omni Continuing Care		STREET ADDRESS, CITY, STATE, ZIP CODE 5201 Conner Detroit, MI 48213	

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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39958</p> <p>Based on observation, interview, and record review the facility failed to follow the standards of infection control for proper PPE use (mask, gloves, gown) and proper hand hygiene, for one resident (R68) out of three residents reviewed for tracheostomy care, resulting in the increased potential for cross-contamination of diseases which place a vulnerable population at high risk for infections.</p> <p>Findings include:</p> <p>In an observation on 7/9/24 at 11:37 a.m., R68 laid in bed and had a tracheostomy. The suction tubing laid on the floor. R68's door had an Enhanced Barrier sign which read, . Providers and Staff must also: Wear gloves and a gown for the following High-Contact Resident Care Activities . Device care or use: tracheostomy .</p> <p>Review of an Admission Record revealed, R68 admitted to the facility on [DATE] and readmitted on [DATE] with pertinent diagnosis which included chronic respiratory failure with hypoxia and tracheostomy status.</p> <p>Review of a Minimum Data Set (MDS) assessment dated [DATE] revealed R68 had no cognitive impairment with a Brief interview for Mental Status (BIMS) score of 15 out of 15</p> <p>and required a tracheostomy.</p> <p>In an observation on 7/11/24 at 9:43 a.m., Respiratory Therapist (RT) C prepared to perform trach care for R68. RT C entered R68's room and did not put on a gown or gloves. Trach care supplies laid on R68's bedside table and not on a barrier. RT C applied gloves after washing hands in R68's bathroom. RT C then removed R68's inner cannula and inserted a new one. RT C did not remove gloves after the removal of the old inner cannula.</p> <p>In an interview on 7/11/24 at 9:54 a.m., RT C reported changing an inner cannula requires clean technique.</p> <p>In an interview on 7/11/24 at 9:58 a.m., RT C reported she should have put on a gown before entering R68's room and should be worn during trach care.</p> <p>In an interview on 7/11/24 at 1:11 p.m., the Director of Nursing (DON) reported gloves should be changed after the old inner cannula is removed and the new one is put in. The DON then reported if staff is providing care longer than 10 minutes they should put on a disposable gown and supplies should be placed on a barrier and not on the bedside table.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235500	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/11/2024
NAME OF PROVIDER OR SUPPLIER Omni Continuing Care		STREET ADDRESS, CITY, STATE, ZIP CODE 5201 Conner Detroit, MI 48213	
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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of a Enhanced Barrier Precautions (EBP) policy revised 3/26/24 documented, It is the intent of this facility to use Enhanced Barrier Precautions (EBP) in addition to Standard Precautions for preventing the transmission of CDC targeted multidrug-resistant organisms (MDROs) . Gloves, Gowns and Hand Hygiene A. Health care personnel caring for residents on Enhanced Precautions should wear gloves and gowns during high-contact resident care. Examples of high contact resident care activities requiring gown and glove use . Device care or use; central line, urinary catheter, feeding tube, tracheostomy/ventilator .		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235500	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/11/2024
NAME OF PROVIDER OR SUPPLIER Omni Continuing Care		STREET ADDRESS, CITY, STATE, ZIP CODE 5201 Conner Detroit, MI 48213	
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 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39083</p> <p>Based on observation and interview, the facility failed to maintain equipment in good repair and clean condition, properly store refuse, and maintain physical facility, resulting in contamination of equipment and a non-homelike environment, affecting all residents, staff, and visitors in the facility.</p> <p>Findings include:</p> <p>During an environmental tour on 7/10/24, assisted by Housekeeping Supervisor (HS) F, the following observation were made:</p> <p>1:11 PM, the Gratiot Hall shower room was observed to have a light out over the sink, resulting in the shower room being dim.</p> <p>1:31 PM, a box of wound dressing, a box of saline solution, a box of gloves, and a box of abdominal pads were observed to be stored on the floor in the respiratory supply room on the [NAME] Hall. At this time, HS F instructed staff to remove the boxes from the floor.</p> <p>1:32 PM, the shower bed, located in the [NAME] Hall shower room, was observed to be soiled with discolored water. At this time, HS F stated that showers were done earlier in the day and staff are supposed to clean the shower room after use.</p> <p>1:35 PM, the 2nd floor guest bathroom was observed to have water steadily leaking from the ceiling onto the floor. At this time, torrential rains were occurring. HS F stated that a company has come out to attempt to repair the leak but could not find where water was entering the building.</p> <p>1:39 PM, three safety razors were observed on the floor of the Mac Hall shower room in the middle of the shower enclosure. Additionally, the foam shower bed was observed to have a tear in the head pad area exposing the interior foam. At this time, HS F stated he will order more shower beds.</p> <p>1:42 PM, the soiled utility room, located on the Mac Hall, was observed to have two full trash containers, resulting in three full trash bags stored on the floor. At this time, HS F stated that a porter removes the trash from the soiled utility rooms twice a day.</p> <p>1:48 PM, the ice machine, located on the Mac Hall, was observed to have mildew-like accumulation on the deflector plate.</p> <p>1:54 PM, the hand rail, located in the hall near room [ROOM NUMBER], was observed to have a crack, leaving approximately a four inch hole. At this time, HS F stated he can order more hand rail parts to repair the hole.</p> <p>2:12 PM, the boiler room, located in the basement, was observed to have water steadily dripping from the ceiling on to the floor and equipment. At this time, HS F stated the rooms with leaking ceilings are all sourcing from the same leak.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235500	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/11/2024
NAME OF PROVIDER OR SUPPLIER Omni Continuing Care		STREET ADDRESS, CITY, STATE, ZIP CODE 5201 Conner Detroit, MI 48213	

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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>3:00 PM, the guest bathroom, located on the 1st floor, was observed to have water steadily leaking from the ceiling onto the floor.</p>