STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235502	A. Building B. Wing	04/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Corewell Health Rehabilitation & Nursing Center -	16391 Rotunda Dr Dearborn, MI 48120

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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 and maintain cleanliness of ice machines resulting in the potential to spread food borne illness to all residents that consume food from the kitchen. Findings Include:On 04/07/2026 at 9:17 AM observed a container with unidentified food inside and no date or label in the main walk-in cooler. Dining Director (DD) A removed the bin to be labeled.According to the 2022 FDA Food Code section 3-501.17 Ready-to-Eat, Time/Temperature Control for Safety Food, Date Marking. (A) Except when PACKAGING FOOD using a REDUCED OXYGEN PACKAGING method as specified under S 3-502.12, and except as specified in (E) and (F) of this section, refrigerated, READY-TOEAT, TIME/TEMPERATURE CONTROL FOR SAFETY 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 5 C (41 F) or less for a maximum of 7 days. The day of preparation shall be counted as Day 1.On 04/07/2026 at 9:57 AM observed the drain line leading from the ice machine extended below the base of the floor drain creating an improper air gap in the skilled nursing main kitchen. DD A stated they would have it fixed immediately.According to the 2022 FDA Food Code section 5-202.13 Backflow Prevention, Air Gap. An air gap between the water supply inlet and the flood level rim of the PLUMBING FIXTURE, EQUIPMENT, or nonFOOD EQUIPMENT shall be at least twice the diameter of the water supply inlet and may not be less than 25 mm (1 inch).On 04/07/2026 at 10:09 AM observed black specs near the top of the internal shield of the ice machine in the skilled nursing second floor kitchen. DD A confirmed seeing the spots.On 04/07/2026 at 10:24 AM observed a [NAME] countertop ice and water machine with brown buildup and mineral deposit accumulated on the internal ice shoot in B unit dining area. Further observation found red and brown dried splash marks along the upper and back side around the ice shoot. An interview with DD A at this time found they did not know about this ice machine and would have to check with maintenance about it. On 04/07/2026 at 10:27 AM an interview with Regional Operations for Maintenance C found the ice machines are cleaned every six months according to manufacturer's instructions and are due for their cleaning now.On 04/07/2026 at 10:29 AM observed brown buildup on the interior of the ice shoot and an accumulation of brown residue along the bottom and edges of the tray plate of the [NAME] countertop ice and water machine in the first floor dining room. On 04/07/2026 at 1:25 PM an interview with DD A found maintenance does deep cleans on ice machines, and dietary wipes down monthly or as needed.On 04/08/2026 at 9:57 AM observed Follet countertop ice and water machine with brown buildup and mineral deposit accumulated on the internal ice shoot in the B unit dining area.On 04/08/2026 at 10:04 AM in an interview with Maintenance Supervisor (MS) D when asked about who cleans ice machines, MS D indicated maintenance does deep cleans every six months, along with dietary and environmental services cleaning in between. When asked who would clean the inside ice shoot of the [NAME] countertop machines, MS D indicated that would be maintenance. MS D stated the first floor ice machine was being cleaned today. When asked about logging cleaning, MS D indicated maintenance does not keep cleaning logs for the ice machines, and (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	cleaning is completed when it generates in their maintenance system.On 04/08/2026 at 11:59 AM an interview with Environmental Services and Linen Supervisor (ESLS) B found environmental services cleans ice machines daily on the exterior with a stainless steel wipe and underneath the unit. When asked about the drip tray, ESLS B stated the surface of the tray is cleaned by environmental services but not the inside of the ice machine. On 04/08/2026 at 12:03 PM an interview with DD A found dietary staff wipe the kitchen ice machines monthly and maintenance performs deep cleans every six months. However, dietary staff do not clean the [NAME] countertop ice and water machines located in the dining rooms throughout the facility. When asked if there is a policy regarding cleaning of ice machines, DD A indicated maintenance would have that.On 04/08/2026 at 12:14 PM in an interview with DD A regarding cleaning frequency of ice machines, DD A indicated having had discussions with maintenance to increase the cleaning frequency of ice machines.According to the 2022 FDA Food Code section 4-601.11 Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils. (A) EQUIPMENT FOOD-CONTACT SURFACES and UTENSILS shall be clean to sight and touch. (B) The FOOD-CONTACT SURFACES of cooking EQUIPMENT and pans shall be kept free of encrusted grease deposits and other soil accumulations. (C) NonFOOD-CONTACT SURFACES of EQUIPMENT shall be kept free of an accumulation of dust, dirt, FOOD residue, and other debris.A record review of the facility provided document entitled Cleaning of food and nonfood contact surfaces states, The food-contact surfaces of all cooking equipment shall be kept free of encrusted grease deposits and other accumulated soil. Nonfood contact surfaces of equipment, such as handles on reach- in units, sides of sinks, gaskets on cooler and freezer doors, tracks of sliding doors on equipment, and the exterior of ice machines, shall be cleaned as often as is necessary to keep the equipment free of accumulation of dust, dirt, food particles, and other debris.A record review of the facility provided maintenance work document entitled Preventative Maintenance Work Order includes information on frequency and instructions for ice machines. PM: 6 MO - Semi-Annual Ice Machine Inspection Instructions include: 14. Remove and clean/sanitize dispensing chutes and dispensing chute covers with non- toxic ice machine cleaner and sanitizer. 15. Clean drain tray and drain gate. 16. Clean all exterior surfaces of the ice machine.

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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, interview, and record review, the facility failed to store insulins in accordance with pharmacy and manufacturer's recommendation in two of six medication carts reviewed for safe storage of medications and biologicals resulting in the potential for decreased efficacy of the insulin.Findings include:On [DATE] at 8:53 AM during inspection of medication cart #3 on Unit A with Licensed Practical Nurse (LPN) M, 8 of 14 insulin Kwik Pens (disposable, prefilled, multi dose injection device to deliver insulin) in the medication cart were not stored in accordance with pharmacy recommendations labeled on the Kwik Pen. Both the Kwik Pens and the bags they were stored in had pharmacy labels that read: Keep Refrigerated and Good for 28 days after opened. Five Kwik Pens were observed to be opened and in use without any 'open date' on them. LPN M acknowledged there was no 'open date' and therefore no way to determine how long the Kwik pens had been in use.One Kwik Pen was open, had an 'open date' of [DATE] and appeared to be still in use (32 days past the expiration date).One Kwik Pen was open, had no resident's name or 'open date' on it and was approximately half empty. LPN M confirmed there was no way to determine which resident was prescribed this Kwik Pen. LPN M stated, The pens are labeled with the resident's name. I don't know whose pen this is. The label must have accidently come off this. It will be thrown out.One Kwik Pen was unopened and unrefrigerated. There was no delivery date to determine how long the Kwik Pen had been stored at room temperature. LPN M stated, I didn't know that one was not opened. Yes, unopened insulin should be in the refrigerator. On [DATE] at 11:06 A.M during inspection of medication cart #4 on Unit A with Registered Nurse (RN) P, 3 of 4 Kwik Pens were unopened and stored at room temperature. All 3 of the unopened Kwik Pens had pharmacy instructions to Keep Refrigerated and Good for 28 days after opened. The 4th Kwik pen was opened and mislabeled. The Kwik Pen's cap had a resident's name hand-written on it that did not match the resident's name on the printed pharmacy label. RN P stated, I think there was a Kwik Pen without a cap. I may have accidently switched caps on that one. RN P acknowledged that unopened insulins should be refrigerated until opened and then dated. On [DATE] at approximately 12:35 PM a request was made to the Director of Nursing (DON) was asked for the facility's policy for medication storage. During interview the DON stated, Yes, we should be storing unopened insulins in the refrigerator. We educate our nurses on that and to put the date on the pen's label when opened. I don't' know why it wasn't done. According to the facility's policy for Insulin Pen Administration effective 11/2025 in part reads: Insulin pens are to be dated when opened and discarded after 28 days. Do not use if the insulin pen manufacturer date has expired. According to the facility's policy for Medication Administration last revised on 4/2026 in part reads: step12. Medication vials/pens are to be dated when opened.

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F 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to assist the resident in developing and implementing an advance directive upon admission for one (R118) of five residents reviewed for advance directives. Findings include:On [DATE] at approximately 10:00 AM, R118 was observed in their room preparing for a doctor's appointment. The resident was alert and answered questions appropriately. R118's family member was at the bedside. A record review was conducted of R118's electronic health record (EHR) and revealed a most recent admission date of [DATE] with diagnoses that included chronic obstructive pulmonary disease, Parkinson's disease, hypertension, anemia, bipolar disorder, major depressive disorder, restless leg syndrome, and chronic pain. A physician order in the EHR dated [DATE] indicated Full Code (a term used to communicate to staff to start chest compressions or other life-saving measures if a person's heart or breathing stops). The EHR did not contain any documents or statements by R118 regarding their wishes or decisions for life sustaining treatment.On [DATE], a document titled, Physician Orders for Scope of Treatment was received. The document was signed and dated by R118 on [DATE] with Box A checked which read, DO NOT attempt Resuscitation/CPR/DNR/No CPR - All-Natural Death.On [DATE] at approximately 11:40 AM, Social Worker O (SW O) was queried as to the process for completing the advance directive portion of the admission process. SW O said that she was responsible for ensuring the form was presented to the resident or their responsible party upon admission. SW O continued that during off-hours and weekends, the nursing staff could also complete the advance directive portion. In addition, SW O said that the advance directive conversation could also occur during the initial 72-hour care conference held with the resident and/or their responsible party. SW O was unable to explain why the document was not completed until 12 days after R118's admission. When asked if it was concerning to them that the form was not completed timely upon admission, SW O responded yes. On [DATE] at approximately 12:14 PM, R118 was asked if they were informed about their right to formulate an advance directive. R118 said they were not informed upon admission. When asked if they would choose life-saving measures if their heart or breathing were to stop, R118 stated, I do not want chest compressions - never have. Just let me go. It would make me upset if they did chest compressions. On [DATE] at approximately 10:45 AM, the Nursing Home Administrator (NHA) was interviewed regarding advance directives. The NHA said that upon admission, the resident or their responsible party is asked about their wishes for life-sustaining treatment during the 24-48-hour admission period. If they do not want to make a decision at that time, they are advised that the facility would perform life-saving measures and that this conversation would be documented in the resident's electronic health record. A policy titled, Advance Directives dated 10/2025 revealed the following: It is the policy of the facility that the resident has the right to be fully informed of advance care and treatment and of any changes in the care or treatment that may affect the resident's well-being, and, Social Services will follow up with the resident.who wishes to formulate an Advance Directive, in providing.Orders for Scope of Treatment form on which to indicate his/her written directive(s). and, On Admission.residents will be made aware of their right to make their wishes known, and a copy of the form will be made available to them, if desired.

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F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to immediately report an injury of unknown origin to the State Agency for one vulnerable resident (R83) of one resident reviewed for abuse.Findings include:On 04/07/2026 at 12:17 PM, R83 was observed in bed with their eyes closed. R83 did not answer to name called. On 04/08/2026 at 09:45 AM, R83 was observed sitting in the dining room in their wheelchair. R83 was asked how they were feeling and if they remembered how they hurt their hip. R83 was not able to respond appropriately to questions.A review of R83's electronic medical record (EMR) revealed an initial admission to the facility on [DATE] with the diagnoses of Dementia, Dysphagia, Fracture of Right Foot, Fracture of Humerus, Seizure, Right Knee Osteoarthritis, And History of Falls. R83 was readmitted to the facility on [DATE] with the diagnosis of a Fracture of Superior Rim off the Right Pubis, (a type of break in a person's pelvis; pelvic ring break are usually caused by falls in elderly patients or high-impact trauma), and a Urinary Tract Infection. A review of R83 Brief Interview for Mental Status (BIMS)dated 12/18/2025 revealed a score of 3/15 (Severe Impairment).A review of R83's care plan revealed the following: R83 has impaired daily decision-making R/T (related to) dementia.Start Date:06/15/2022.Problem: R83 is at risk for falling R/T generalized muscle weakness with history of falls in her community and Dementia DX. poor safety awareness.Start Date 06/08/2021 Last Reviewed/Revised 03/20/2026 01:00 PMApproach: Frequent monitoring of resident activities to ensure safety measures are used when performing self-transfers Start Date 10/31/2023.A review of R83's progress note entered by License Practical Nurse (LPN) Q dated 03/03/2026 2:00PM and revealed the following: Writer was alerted by another staff member that resident was in the dining area shaking. Writer assessed resident and observed that the appeared to be trembling and restless. Resident grabbed at throat when asked where she is experiencing pain. Resident grimacing when touched, stating that it hurts all over. Emergency contact requested that resident be sent to (Hospital) for further evaluation.A review of R83's progress note entered by LPN Q dated 03/03/2026 at 10:00AM revealed the following: Resident is awake in dining area, seated upright in w/c (wheelchair). Resident deniesexperiencing any pain or discomfort. Vital signs are within resident's normal limits. Fluids within reach. No concerns at this time.A review of R83's hospital note entered by Orthopedic Physician R dated 03/04/2026 revealed the following: (R83) has dementia.Reportedly with a fall. (R83) noted to have fractures of the right superior and inferior pubic rami on x-ray. Patient does not communicate appropriately does respond but indiscernible.Imaging of pelvis reveals findings consistent with right superior inferior pubic ramus and superior ramus fractures. Osteopenia is present.On 04/08/2026 at 2:15 PM, the Director of Nursing (DON) was interviewed and queried about R83's fracture. The DON stated, We sent (R83) to the hospital because she was having pain.we assumed it was a UTI. The DON was asked when they received information that R83 had a fracture. The DON stated, I learned of a possible fracture on March 9th (2026). The DON was asked if she knew how the fracture occurred and the DON stated, We completed an investigation at that time. The DON was asked if the injury was reported to the State Agency. The DON did not provide a response. On 4/09/2026 at 12:30 PM, the DON and the Nursing Home Administrator (NHA) were interviewed and queried if R83's fracture was reported to the State Agency. The NHA stated, Once we found out that (R83) had a fracture I investigated and found that we did not need to report the injury (to the State Agency). The NHA was asked if R83's injury was observed by staff. The NHA said, The CNA (Certified Nursing Assistant) was very thorough with their explanation. The NHA was asked how did R83 sustain the injury. The NHA did not provide an explanation regarding the origin of R83's fracture.A review of the facility's policy titled Abuse Prohibition Program dated 02/22/2022 revealed the following:Reporting: The facility will file reports in accordance with State Law.Required State Survey Agency notification will be made within 2 hours or within 24 hours as required by statute to the Michigan Bureau of Health Services.

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to provide toileting assistance in a timely manner for one (R43) of two residents reviewed for ADLs (Activities of Daily Living), resulting in R43 having an incontinence episode in the bed. Findings include:On 4/07/2026 at 9:03 AM, R43 was observed in their room, seated on the edge of their bed looking out the doorway with the call light on. R43 stated, I'm waiting for her to come back with the lift. I have to go to the bathroom. I put the light on, and they come in here turn it off and say they will be right back with the lift and another CNA, but it takes a while. I have waited about 10 minutes already, so I put the light back on. At 9:06 AM, Certified Nurse Assistant (CNA) H entered the room, turned the call light off and said, I haven't forgot about you. I have to get help. I'll be back in a minute. At 9:14 AM, CNA H came back in the room and said, Another resident is using the lift right now. Do you want to use a bed pan instead? R43 declined and said they preferred to use the toilet.At 9:25 AM, R43 was transferred to the bathroom with the sit-to-stand lift and was able to use the toilet.On 4/08/2026 at 10:47 AM R43 was observed in their room, seated on the edge of their bed with the call light on. The sit-to-stand lift was in the resident's room, but no staff were present. R43 said they had been waiting for assistance to use the bathroom for almost an hour and couldn't hold it any longer. R43 stated, It's like this almost every morning. I usually go to the toilet after breakfast because I take a water pill in the morning. They should know this. Today I've been waiting for a long time, more than usual. They come back in and tell me they are trying to find someone to help with the transfer. They always have two people. I'm not sure I can hold it.At 11:02 AM R43 was observed in the same position on the bed and stated, Well, it's too late. I already wet the bed. R43 reported they had waited for over one hour to get assistance to use the toilet today. Upon further observation it was evident that R43 had urinated in the bed. At 11:08 AM Licensed Practical Nurse (LPN) G was asked about R43's toileting needs and acknowledged that R43 required a sit-to-stand lift with two staff members for toileting. LPN G said, We try to get everyone toileted, but there are only two lifts on this hall, and we have several residents that use them right after breakfast. LPN G and CNA H proceeded to assist R43 with incontinence care. According to R43's Minimum Data Set (MDS) dated [DATE] they were cognitively intact and able to easily make their needs known. R43 was identified to require moderate assistance with toileting and was unable to walk 10 feet. R43 was not on a toileting program and was occasionally incontinent of urine. A care plan updated on 3/19/26 indicated R43 required staff assistance with all ADLs due to generalized weakness and a recent fall without injury during a transfer. On 4/09/2026 at 10:53 AM during an interview with nurse manager, LPN J acknowledged that R43 required a lift and two staff members for transfer to the bathroom. LPN J stated, The resident has recently declined to a sit-to-stand lift in the past few weeks. The staff need to plan for that resident to be toileted earlier in the morning. On 4/09/2026 at approximately 11:30 AM the Director of Nursing was requested to supply the facility's policy for ADLs and toileting a resident. During interview the DON said staff are expected to assist the residents to the toilet in a timely manner.

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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 review, the facility failed to provide nebulizer treatments as ordered for one resident (R57) of three residents reviewed for respiratory care.Findings include:On 4/07/2026 at 10:23 AM, R57 was observed in his room sitting in a wheelchair. R57's nebulizer mask was observed on the floor near the nightstand. When R57 was asked about the nebulizer mask R57 stated, They don't always give the nebulizer to me and I need it. I was taking it daily at home and in the hospital. It helps. I'm short of breath when I move around. R57 was alert and oriented to person, place, and time during the interview.On 4/08/2026 at 1:20 PM, R57 was interviewed about his nebulizer treatment and said he did not get the treatment. R57 stated, I was on the nebulizer at home for six years, I'm always short of breath I want the nebulizer it helps. They stopped giving it to me. I've asked them, I asked the nurse for it.On 4/08/2026 at 2:20 PM, Licensed Practical Nurse (LPN) N was interviewed and said R57's nebulizer treatment was switched to PRN (as needed). LPN N stated, I told him that when he asked for the nebulizer.On 4/08/2026 at 2:45 PM, R57's physician orders and medication administration record were reviewed with unit manager J. Unit Manger J confirmed a PRN order for Ipratropium-Albuterol via nebulizer every six hours as needed for shortness of breath. Review of R57's MAR revealed the medication was unavailable 11 times for March 2026 and last provided on 3/22/26. When asked if the medication was unavailable Unit Manager J said the medication is readily available and could not explain why the medication was not given.On 4/08/2026 at 3:05 PM, R57 was interviewed with Unit manager J. When Unit Manager J asked R57 if he wanted the nebulizer treatment, R57 was agreeable and said he asked the nurse, but the treatment was not provided. R57 further said that the most recent treatment he did have, the nurse did not stay with him, and the nurse did not know how to use the machine correctly. Unit manager J acknowledged facility should have provided the nebulizer treatment when the resident asked.Review of R57's Electronic Health Record (EHR) revealed he was admitted to the facility on [DATE] with diagnosis that included Heart Failure, Pneumonia, Acute respiratory disease and Chronic obstructive pulmonary disease. A Minimum Data Set assessment dated [DATE] revealed moderate impaired cognition and moderate assistance for Activities of Daily Living (ADLS). Review of R57's care plan did not reveal nebulizer and/or breathing treatments.On 4/09/2026 at 9:29 AM, the Director of Nursing (DON) was interviewed and said the expectation is for the nurses to provide PRN medications as ordered and if the residents ask for the medication and/or treatments. The DON further said the nebulizer medication is readily available in the facility medication back up.Review of the facility policy titled Nebulizer Therapy date revised 11/2025 revealed in part. Procedure: Indications for nebulizer therapyAMust have a physician order to administer nebulizer treatment. Administering a liquid medication to treat respiratory condition (i.e., COPD, CHF, Pulmonary Fibrosis, etc.). Document in the medical record (respiratory rate, heart rate, pulse oximetry, breath sounds, and any adverse effect from the nebulizer treatment). Supervision of treatment needs to be done to ensure no adverse reaction to the medication. Nebulizer machine is to be kept at bedside in a bag for administration of ordered treatment.

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F 0773 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide or obtain laboratory tests/services when ordered and promptly tell the ordering practitioner of the results. Based on observation, interview, and record review, the facility failed to promptly notify the health care provider of laboratory results for one (R118) of one resident reviewed, resulting in a potential delay in treatment. Findings include:On 4/7/2026 at approximately 10:00 AM, R118 was observed in their room preparing for a doctor's appointment. The resident appeared alert and communicated appropriately during the interaction. R118's family member (FM T) was at the bedside and said they thought R118 had a urinary tract infection but was unsure if an antibiotic was ordered. On 4/8/2026 at approximately 12:05 PM, R118 was asked if they were still experiencing burning with urination, and they responded yes. A record review was conducted of R118's electronic health record (EHR) and revealed a most recent admission date of 3/28/2026 with diagnoses that included chronic obstructive pulmonary disease, Parkinson's disease, hypertension, anemia, bipolar disorder, major depressive disorder, restless leg syndrome, and chronic pain. There was no physician order for an antibiotic. A nursing progress note dated 4/3/2026 revealed, CNA (certified nursing assistant) reported to writer that resident has a burning sensation when (R118) urinates. PA (Physician Assistant) ordered a UA test (a test that examines urine) with reflex culture to be done today. The EHR revealed a physician order dated 4/3/2026 which read, Order for UA with reflex to culture STAT (immediately). The EHR revealed no further documentation of the laboratory results, notification of the provider, or further monitoring of R118's symptoms. On 4/8/2026 at approximately 11:50 AM, Unit Manager J (UM J) was asked about the UA test and if the results were communicated to the ordering provider. UM J confirmed that the laboratory provider collected R118's urine specimen on 4/3/2026 and results were completed on 4/4/2026. UM J presented the laboratory results and confirmed they showed positive results indicative of a possible urinary tract infection. UM J said the results were not communicated to the ordering provider until the afternoon of 4/8/2026. On 4/9/2026 at approximately 11:15 AM, the Director of Nursing was interviewed regarding the process for notifying the ordering health care provider of laboratory results. The DON said it was their expectation that the nurse would call the provider and notify them of the results and seek any further orders for treatment. When asked if a STAT laboratory result should be communicated timely to the provider, the DON stated, yes - so there is no delay in treatment. A policy titled, Change in Condition Notification of Clinicians dated 12/15/2025 revealed the following: Purpose: To articulate communication and notification standards among clinicians when a change in the residents condition occurs., and 1) Examples of significant, unexpected, or abnormal clinical findings may include.laboratory findings (for example: abnormal or critical test results), and (a) Phone Call communication with the provider should be considered when the change in condition requires an intervention from the provider before the next time the provider is at the facility (i) Examples: Critical Laboratory or Diagnostic results.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235502	A. Building B. Wing	04/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Corewell Health Rehabilitation & Nursing Center -	16391 Rotunda Dr Dearborn, MI 48120

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	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 communicate transmission-based precautions for one resident (R48) of four residents reviewed for infection prevention and control, resulting in the potential for spread of infection among residents, staff, and visitors. Findings include:On 4/8/2026 at approximately 9:20 AM, R48 was observed in their room, in bed. An equipment caddy was observed mounted to R48's door which held personal protective equipment (PPE). The PPE observed in the caddy included gloves, face masks, and gowns. There was no signage on the door indicating what type of transmission-based precautions were in place or what type of PPE was to be worn to enter the room and provide care. On 4/8/2026 at approximately 1:10 PM, Licensed Practical Nurse K (LPN K) was interviewed regarding R48's transmission-based precautions. LPN K confirmed R48 had influenza A and staff were to wear PPE upon entering the room. When asked how she knew what type of precautions were needed, LPN K said there is a sign on the door that communicates the type of precaution and what PPE is needed to enter. LPN K then confirmed that no sign was present on R48's door. A record review was completed which indicated R48 was admitted to the facility on [DATE]. Diagnoses included Alzheimer's Disease, anxiety disorder, chronic obstructive pulmonary disease, atrial fibrillation, hypertension, type II diabetes, pain, and influenza A virus (added 4/5/2026). Section C of the Minimum Data Set with an Assessment Reference Date of 3/27/2026 revealed R48 scored a 4/15 on the Brief Interview for Mental Status exam - indicative of a severe cognitive impairment. A physician order dated 4/5/2026 revealed, Droplet isolation due to Influenza A. R48's care plan approaches, dated 4/6/2026 revealed the following, Display precaution sign as directed by Infection Control and wear mask and glove while administering care. On 4/9/2026 at approximately 10:00 AM, Infection Preventionist E (IP E) was queried regarding the facility's practices related to PPE and transmission-based precautions. IP E said they follow Centers for Disease Control (CDC) guidelines and their facility policy when determining what type of isolation and PPE is to be used for communicable diseases. IP E confirmed that those with influenza A would be under droplet precautions. IP E said PPE would include mask, gown, and gloves for entering the room and providing care. IP E further said that they would place a sign on the resident's door indicating to staff and visitors what type of precautions the resident was on and what type of PPE would be donned prior to entering the room. When asked why the use of appropriate signage and PPE is important, IP E said, to stop the spread of infection among residents and others. A policy titled, Infection Prevention Policy dated March 2026 revealed, Signs- this facility will alert the staff/visitors of the type of precautions that are required by placing a sign on the door of the resident's room (Droplet and Contact Precautions).