

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235503	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/13/2025
NAME OF PROVIDER OR SUPPLIER The Villa at Parkridge		STREET ADDRESS, CITY, STATE, ZIP CODE 28 S Prospect St Ypsilanti, MI 48198	

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 0565</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to organize and participate in resident/family groups in the facility.</p> <p>46954</p> <p>This citation pertains to Intake MI00146710</p> <p>Based on interview and record review, the facility failed to address and respond to a repeated concerns related to food palatability, satisfactory resolutions to grievances, being offered and provided an evening snack, and call light response, brought forth by Resident Council.</p> <p>Findings include:</p> <p>Review of the Resident Council Minutes, dated 2/2024 through 12/2024, reflected ongoing concerns with food palatability and call light response times, mainly during the afternoon and night shifts.</p> <p>During a confidential resident group meeting on 02/12/25 10:08 AM, 7 out of 8 residents reported they had discussed food taste concerns and afternoon/night shift staffing concerns with no changes to correct addressed concerns. The Resident Council group reported long waits for call light response from 45 minutes to 60 minutes, mainly during the afternoon and night shift. One of eight confidential residents reported staff is often heard chatting at the nurse's station at night for several hours while his call light is on. 3 of eight residents stated that snacks are not offered to them and if they are brought up to the floor for distribution, staff will often consume the snacks. 4 of eight reported unsatisfactory resolution to grievances and concerns brought forth from resident council.</p> <p>During an interview on 02/13/25 01:53 PM, Nursing Home Administrator (NHA) A reported that she was aware of the food and staffing concerns, and recently implemented a new process for tracking the concern to identify a resolution.</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 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32064</p> <p>This citation pertains to Intake MI00146710</p> <p>Based on observation, interview, and record review, the facility failed to make prompt efforts to resolve grievances for one (R88) of 2 reviewed.</p> <p>Findings include:</p> <p>Review of the medical record revealed R88 was admitted to the facility on [DATE] with diagnoses that included adjustment disorder with depressed mood and Alzheimer's Disease. Review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 11/14/24 revealed R88 scored 14 out of 15 (cognitively intact) on the Brief Interview for Mental Status (BIMS-a cognitive screening tool).</p> <p>On 02/10/25 at 11:59 AM, R88 was observed sitting on the edge of their bed in their room. R88 reported they were missing a couple sweatshirts, half a dozen pair of pants (jeans and lighter pants), cotton t-shirts, and a green plaid jacket. R88 reported their clothing items go to laundry and don't come back. R88 reported their clothing items were labeled with their name and had been missing awhile. R88 reported they have told staff about the missing items and staff have told R88 they cannot find the clothing. R88 reported they were not sure if anyone filled out a missing items/grievance form for them.</p> <p>On 02/11/25 at 11:37 AM, R88's grievances and missing items forms for the last 12 months were requested from Nursing Home Administrator (NHA) A. R88 had one grievance dated 10/3/24 pertaining to meal alternatives and preferences.</p> <p>In an interview on 02/11/25 at 1:59 PM, Certified Nursing Assistant (CNA) X reported approximately two weeks ago, R88 reported that they were missing a pair of jeans and a plaid jacket. CNA X reported they went to the laundry room numerous times and have not been able to locate the items. CNA X reported they verbally told laundry staff about the missing items, but did not fill out a grievance form.</p> <p>In an interview on 02/12/25 at 9:54 AM, Environmental Services Director (ESD) Y reported all missing clothing items should go through the grievance process. When asked if they were aware of R88 missing clothing, ESD Y reported they thought we did a follow-up with [R88] but would have to double check.</p> <p>On 02/12/25 at 10:02 AM, NHA A reported R88 did not have any further grievances and nothing pertaining to missing items.</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 27306</p> <p>Based on observation, interview and record review, the facility failed to revise the Care Plan for two residents (Resident #79 and 374) of 25 reviewed.</p> <p>Findings include:</p> <p>Resident #374 (R364)</p> <p>Review of the clinical record, including the Minimum Data Set (MDS) with an assessment reference dated of 7/29/24 reflected Resident # 374 was admitted to the facility on [DATE] with a readmitted [DATE], diagnoses that included nontraumatic intracerebral hemorrhage, multiple localized, muscle wasting and atrophy, anxiety, major depression. Of note, R374 was transferred to the hospital on 9/11/24 and did not return to the facility.</p> <p>Review of R374's weight record revealed R374 weighed 105.6 pounds on 7/23/2024. On 6/11/24 R374 weighed 117.4 pounds revealing an 11.7% weight loss in one month. Review of R374's 7/29/24 MDS section K queried for weight if there was a 5% or more in the last month or loss of 10% or more in 6 months. This question was coded as 0 meaning No or unknown. Review of R374's nutritional care plan dated 4/15/24 revealed R374 was at risk for malnutrition related to their medical condition. Revisions were made to the care plan on 6/05/24 which included allow sufficient time to eat, monitor and report signs and symptoms of pocketing food, choking, refusal to eat. Obtain and monitor blood work, provide regular diet with regular texture and provide assistance with meals as needed. There was no further revisions or added interventions made to R374's care plan after a significant weight loss of 11.7 % in July 2024.</p> <p>On 02/13/2025 at 10:33 am, during an interview with the facility's Registered Dietician (RD) M reported she worked at the facility for approximately one month and was not familiar with R374. Review of R374s weights, nutritional assessments and care plans were reviewed. RD M offered no explanation for why R374's care plan had not been updated/revised after R374's hospitalization and significant weight loss.</p> <p>38383</p> <p>Resident #79 (R79)</p> <p>Review of the medical record reflected R79 admitted to the facility on [DATE], with diagnoses that included hemiplegia and hemiparesis following cerebral infarction, unspecified protein-calorie malnutrition and gastrostomy status (artificial, external opening into the stomach, which can be used for nutritional support). The Admission/5-day Medicare Part A Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 8/1/24, and the Quarterly MDS, with an ARD of 11/1/24, reflected R79 scored 15 out of 15 (cognitively intact) on the Brief Interview for Mental Status (BIMS-a cognitive screening tool) and received 51 percent or more of their total calories via tube feeding.</p> <p>(continued on next page)</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 02/10/25 at 11:43 AM, R79 was observed in bed and reported being told they had gained 20 pounds. R79 reported they ate breakfast and also consumed pudding and applesauce at lunch and dinner. R79 reported their tube feeding had not been adjusted, although they had been gaining weight.</p> <p>On 02/12/25 at 10:03 AM, R79 was observed lying in bed. Osmolite 1.5 Cal tube feeding formula was infusing at a rate of 50 milliliters (mL) per hour. R79 reported they ate one meal per day and consumed yogurt and two bowls of oatmeal that morning.</p> <p>During an interview on 02/13/25 at 10:55 AM, Registered Dietitian (RD) M reported R79's preference was to eat breakfast (by mouth), consisting of two bowls of oatmeal, and to receive tube feeding other than that.</p> <p>R79's Care Plan reflected they had a mechanically altered diet order in place and relied on enteral nutrition (tube feeding) to meet 100% of their nutritional needs. R79's Care Plan did not reflect their preference to consume breakfast by mouth.</p> <p>In an interview on 02/13/25 at 2:23 PM, Director of Nursing (DON) B reported R79's meals were pleasure trays and should have been care planned.</p>		

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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>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** 45135</p> <p>This citation pertains to Intakes MI00146664, MI00146710</p> <p>Based on observation, interview, and record review the facility failed to provide necessary care to assist two of five residents reviewed for grooming (R#29 and R#49) with necessary activities of daily living (ADLs), resulting in these residents not receiving the care needed to maintain their highest practicable well-being and potential for embarrassment and humiliation of residents.</p> <p>Findings Include:</p> <p>Resident #29 (R29)</p> <p>Review of the medical record reflected R29 was an initial admission to the facility on [DATE] and readmitted on [DATE]. Diagnoses of Acute and Chronic Respiratory Failure (a short term and long-term condition that is treated as an emergency and requires long term treatment), Type 2 Diabetes Mellitus, Cerebral Infarction (stroke), Chronic Obstructive Pulmonary Disease (COPD)(a lung condition caused by damage to the airways that limit airflow), Other Idiopathic Peripheral Autonomic Neuropathy (nerve damage with unknown cause), Acute on Chronic Combined Systolic and Diastolic Heart Failure (a condition where a patient experiences an acute exacerbation of heart failure that has both systolic (reduced ejection fraction) and diastolic (preserved ejection fraction) components), Chronic Pain Syndrome (characterized by pain that lasts beyond the expected healing time), Anxiety and Depression.</p> <p>The most recent Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 10/30/2024, revealed R29 had a Brief Interview of Mental Status (BIMS) of 15 (cognitively intact) out of 15. Under section GG0100, Activities of Daily Living (ADL) Assistance reveals R29 was dependent on all care and requires minimal/moderate assist with setting up for meals.</p> <p>During an interview on 02/10/25 at 10:47 AM, R29 stated she would like to go play Bingo, but the staff do not get her up out of bed until late afternoon and she misses Bingo. R29 also stated there are not many activities for her to do, but she would like to go to bingo.</p> <p>Record review revealed of R29's care plan: The resident needs reminders of time and location of activities and assistance to and from activities. Date Initiated: 01/28/2024 Resident will attend appropriate activities of choice through the review date. Provide large group activities. Date Initiated: 01/28/2024. Activities Provide resident with afternoon activities.</p> <p>Date Initiated: 01/28/2024 Activities Provide resident with morning activities. Date Initiated: 01/28/2024. Activities Provide resident with small group activities. Date Initiated: 01/28/2024 Activities Invite/encourage the resident's family members to attend activities with resident to support participation.</p> <p>(continued on next page)</p>		

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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>During an observation on 02/11/25 at 2:00 PM, residents were lining up to play bingo outside of the dining room at the end of hall 200. Some staff would wheel residents down in their wheelchairs and some residents could wheel themselves down to bingo. Observation of R29 still in bed with her nightgown/hospital gown on. Writer did not observe a staff member go into R29's room to ask if she would like to join in on bingo.</p> <p>During an interview on 02/11/25 at 2:20 PM, Certified Nursing Assistant (CNA) U stated they had to help residents get up to participate in activities. Writer asked CNA U how they would know who to get up? CNA U stated they would ask residents if they wanted to get up and attend the activity. Writer asked CNA U if they asked R29 if she wanted to get up, CNA U stated she was new here and doesn't usually work on this floor.</p> <p>During an interview on 02/11/25 at 3:27 PM, Activity Director T stated they do one on one activities with residents such as sensory stuff, different smells, music, visits, color books, try to engage the resident. Activity Director T also stated they will go into their room and ask residents if they want to go to an activity, and then they left the CNA know, so they can have them up. Activity Director T stated it would take longer to get her up since she is a 2 person and mechanical lift, and it takes time to get everyone down there. Activity Director T stated she would talk to this resident and staff so they can have her up for bingo. Activity Director T stated there were times R29 wanted to get up, so they got her up in her wheelchair for a while and then she wanted to go back to bed because her back was hurting. Writer asked Activity Director T if R29 would want to be up out of bed now and then. Activity Director T stated yes, but she likes to stay in bed.</p> <p>Record review revealed R29 did not have any planned activities for the last 30 days. R29 did not have any daily activities. The task record showed R29 did not have any interactions with activities at all during the last 30 days. The staff documented R29 watched TV every day.</p> <p>During an interview on 02/13/25 at 1:00 PM, with Director of Nursing (DON) B and Licensed Nursing Home Administrator (LNA) A writer asked to see what activities R29 had participated in during the last 30 days. DON B was looking through the task completed in R29's electronic medical record. DON B stated there wasn't anything documented for the last 30 days. DON B stated that activities had documented the involvement with residents but could not find were R29 had any activities in her room or else where during the last 30 days.</p> <p>Resident #49 (R49)</p> <p>(continued on next page)</p>		

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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>Review of the medical record reflected R49 was an initial admission to the facility on [DATE] and readmitted on [DATE]. Diagnoses of Cerebral Infarction (Stroke), Nontraumatic Subarachnoid Hemorrhage (bleeding of the brain), Chronic Respiratory Failure, Unspecified whether with Hypoxia or Hypercapnia (when you cannot get enough oxygen into the blood or eliminate enough carbon dioxide), Cognitive Social or Emotional Deficit following Cerebral Infarction, Flaccid Hemiplegia Affecting Right Dominate Side (paralysis on the right side of the body due to damage in the brain or spinal cord), Muscle Wasting and Atrophy not Elsewhere Classified (Loss of muscle mass and strength), Cognition Communication Deficit (deficits in communication skills that occur) Vascular Dementia, Unspecified Severity without Behavior Disturbance (brain damage from impaired blood flow to the brain), without Psychotic Disturbance, Mood Disturbance and Anxiety, End Stage Renal Disease (final stage of chronic kidney disease where the kidney function has deteriorated to the point that the kidneys and no longer effectively filter waste products from the blood) and Adjustment Disorder with Mixed Anxiety and Depressed Mood (excessive reactions to stress).</p> <p>The most recent Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 12/04/2024, revealed R49 had a Brief Interview of Mental Status (BIMS) of 03 (Severe Cognitive Impairment) out of 15. Under section GG0100, Activities of Daily Living (ADL) Assistance reveals R49 was dependent on all care and requires minimal/moderate assist with setting up for meals.</p> <p>During an interview on 02/10/25 at 9:47 AM, R49 stated she had not had a shower in a long time. R49 stated she received 4 bed baths during the last month but did not have her hair washed during that time. R49 stated she wanted a shower, not all bed baths.</p> <p>During an interview and observation on 02/11/25 at 1:22 PM, Licensed Practical Nurse (LPN) R was asked to see shower schedule for days residents get a bath/shower by this writer. Observed a paper with resident's name on it to receive a shower/bath 2 times a week. Writer asked if they got a shower or bath, LPN R stated she wasn't sure, but she would find out and let me know. LPN R reported back to this writer a short time following the inquiry, stating the CNA's ask the residents which one they would like a shower or a bed bath. LPN R also stated that the CNA's use a shampoo cap to wash the hair on residents that get a bed bath.</p> <p>During an interview on 02/11/25 at 1:45 PM, Registered Nurse (RN) Manager AA stated the CNA's ask the resident if they would like a bath or shower. If they want a bed bath, they can wash their hair with a shampoo cap.</p> <p>During an interview on 02/11/25 at 2:30 PM, CNA Q, stated he did give R49 a bath today. Writer asked if he gave her a bed bath or a shower. CNA Q stated he gave her a bed bath. Writer asked CNA Q if he offered her a shower instead of the bed bath. CNA Q stated he couldn't give her a shower because the shower bench is broken, the wheel was broken. Writer asked how long the shower bench had been broken. CNA Q stated for a few days.</p> <p>During an interview on 02/11/25 at 3:59, CNA Q stated the shower bench had been broken for a few days, stated it was reported to maintenance and just waiting now for it to be fixed.</p> <p>During an interview on 02/12/25 at 10:50 AM, Regional Maintenance Director S stated he was not personally aware of the broken shower bench, but he would check and see if a work order was put in.</p> <p>(continued on next page)</p>		

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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>During an interview on 02/12/25 at 11:538 AM, Regional Maintenance Director S came back to conference room to report the maintenance guy noticed this was broke yesterday when he was touring the building with the sanitarian. Regional Maintenance Director S stated it would be fixed today.</p> <p>Record review revealed R49 had a bed bath on 01/17/25, 01/21/25, 01/24/25, 01/28/25, 01/31/25, 02/04/25, 02/06/25, 02/08/25 and 02/11/25. R49 did not get a shower for the last 30 days as preferred.</p> <p>Record review also revealed R49 received oral care in the middle of the night while sleeping on 01/17/25 at 5:10 AM, on 01/22/25 at 1:10 AM, on 01/23/25 at 3:51 AM, on 01/24/25 at 4:12 AM, on 01/30/25 at 5:49 AM, on 01/31/25 at 4:39 AM, on 02/02/25 at 4:10 AM, on 02/04/25 at 2:05 AM, on 02/05/25 at 4:26 AM, on 02/11/25 at 3:10 AM.</p> <p>Record review also revealed that R49 was in her wheelchair and wheeled herself 150 feet during the middle of the night, on 01/17/25 at 5:10 AM, on 01/22/25 at 1:10 AM, on 01/24/25 at 1:13 AM, on 01/30/25 at 5:49 AM, on 01/31/25 at 4:39 AM, on 02/02/25 at 4:10 AM, on 02/05/25 at 4:26 AM.</p> <p>Record review of the MDS assessment dated [DATE], section GG0170- self care revealed R49 is dependent on all care. Including the assessment that stated R49 is not able to wheel herself 150 feet in her manual wheelchair as documented above.</p> <p>R49 did not receive activities of daily living (ADL's) that was conducive to her preferences or during waking hours.</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38383</p> <p>This citation pertains to Intake MI00146664.</p> <p>Based on observation, interview and record review, the facility failed to honor preferences for weight management for one (Resident #79) and prevent weight loss for one (Resident #374) of six reviewed.</p> <p>Findings include:</p> <p>Resident #79 (R79)</p> <p>Review of the medical record reflected R79 admitted to the facility on [DATE], with diagnoses that included hemiplegia and hemiparesis following cerebral infarction, unspecified protein-calorie malnutrition and gastrostomy status (artificial, external opening into the stomach, which can be used for nutritional support). The Admission/5-day Medicare Part A Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 8/1/24, and the Quarterly MDS, with an ARD of 11/1/24, reflected R79 scored 15 out of 15 (cognitively intact) on the Brief Interview for Mental Status (BIMS-a cognitive screening tool) and received 51 percent or more of their total calories via tube feeding.</p> <p>On 02/10/25 at 11:43 AM, R79 was observed in bed and reported being told they had gained 20 pounds. R79 reported they ate breakfast and also consumed pudding and applesauce at lunch and dinner. R79 reported their tube feeding had not been adjusted, although they had been gaining weight.</p> <p>On 02/12/25 at 10:03 AM, R79 was observed lying in bed. Osmolite 1.5 Cal tube feeding formula was infusing at a rate of 50 milliliters (mL) per hour. R79 reported they ate one meal per day and consumed yogurt and two bowls of oatmeal that morning.</p> <p>The Quarterly Nutrition Assessment, dated 10/28/24, reflected R79 received a pureed texture diet and enteral feeding (tube feeding). According to the assessment, R79's ideal body weight was 120 pounds, and they weighed 144 pounds on 10/23/24. According to the assessment, there was a slight uptrend in weight but no significant weight changes in 90 days. The assessment reflected the Registered Dietitian (RD) would continue to monitor weight trends and adjust the enteral nutrition regimen if needed.</p> <p>The Quarterly Nutrition Assessment, dated 2/3/25, reflected R79 received a pureed diet texture and enteral feeding. According to the assessment, R79's ideal body weight was 120 pounds, and they weighed 161.6 pounds on 2/3/25. The assessment reflected R79 had a significant weight gain of 8.2 percent, compared to their weight on 11/15/24. According to the assessment, R79 had a significant weight gain of 14.1 percent, compared to their weight on 8/6/24. The assessment reflected the Physician had not been consulted about R79's weight gain. There was notation that the accuracy of R79's weights was questioned, and R79 refused to be re-weighed. According to the assessment, the RD attempted to call R79's Responsible Party multiple times about R79's weight status but did not receive a response.</p> <p>(continued on next page)</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>According to the medical record, R79's weight history (not all-inclusive) reflected they weighed 137.2 pounds on 7/26/24, 148.4 pounds on 11/15/24, 151.8 pounds on 12/12/24 and 161.6 pounds on 2/3/25.</p> <p>During an interview on 02/13/25 at 10:55 AM, RD M reported R79 triggered for weight gain and had a Body Mass Index (BMI) of 27.7, which was overweight. According to RD M, R79's preference was to eat breakfast, consisting of two bowls of oatmeal, and to receive tube feeding other than that. RD M reported R79 did not want to gain weight and desired weight loss and weight maintenance. RD M reported R79 did not walk and spent their time in bed.</p> <p>In an interview on 02/13/25 at 1:55 PM, RD M reported R79 had a stage four pressure ulcer (full-thickness skin and tissue loss), and in order to receive the recommended calories and protein, their diet order needed to remain the same.</p> <p>The medical record did not indicate that the risks and/or benefits of weight gain/loss and continuation of the current diet orders were discussed with the responsible party and the resident.</p> <p>27306</p> <p>Resident #374</p> <p>Review of the clinical record, including the Minimum Data Set (MDS) with an assessment reference dated of 7/29/24 reflected Resident # 374 was admitted to the facility on [DATE] with a readmitted [DATE], diagnoses that included nontraumatic intracerebral hemorrhage, multiple localized, muscle wasting and atrophy, anxiety, major depression. Of note, R374 was transferred to the hospital on 9/11/24 and did not return to the facility.</p> <p>Review of R374's weight record revealed R374 weighed 105.6 pounds on 7/23/2024. On 6/11/24 R374 weighed 117.4 pounds revealing an 11.7% weight loss in one month. Review of R374's 7/29/24 MDS section K queried for weight if there was a 5% or more in the last month or loss of 10% or more in 6 months. This question was coded as 0 meaning No or unknown. Further review of the MDS revealed R374 scored 2 out of 15 (severe cognitive impairment). R374 was further coded as rarely/never able to make self understood and was rarely/never able to understand others.</p> <p>Review of R374's nutritional care plan dated 4/15/24 revealed R374 was at risk for malnutrition related to their medical condition. Revisions were made to the care plan on 6/05/24 which included allow sufficient time to eat, monitor and report signs and symptoms of pocketing food, choking, refusal to eat. Obtain and monitor blood work, provide regular diet with regular texture and provide assistance with meals as needed. There was no further revisions or added interventions made to R374's care plan after a significant weight loss of 11.7 % in July 2024.</p> <p>Review of facility Nutritional progress notes dated 4/15/2024 reflected R374 received tube feeding to meet nutritional needs. Nutritional progress note dated 5/6/24 reflected R374 oral intake had improved to approximately 50% and tube feeding was recommended to be trialed nocturnally to promote oral intake.</p> <p>(continued on next page)</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Nutritional progress notes dated 5/9/24 reflected R374 was eating well and consumed 100% of her dinner meal on 5/8/2024 tube feeding rate was slowed and held during the day related to improved oral intake.</p> <p>Nutritional progress notes dated 5/17/24 reflected R374 had varied intake at meals and refusals of meals, recommendations were to continue diet as ordered and staff to provide encouragement and supervision at meals.</p> <p>Readmission Nutritional progress note dated 6/5/24 revealed R374 had a 5.1 % unplanned weight loss over a 30 day period and R374 was interviewed on food preferences. Recommendations were 1. Continue current diet order as tolerated. 2. Osmolite 1.5 calorie for 1500 calories starting at 8:00 pm with stop when 1000 milliliters infused. 3. Provide assistance with meals. 4. Encourage tube feedings. 5. Monitor weight with goal of no significant weight changes, weight gain planned favorable. Review of Nutritional progress notes dated 6/14/24 reveled R374 current body weight was 117.4 and R374 continued to trigger for significant unplanned weight loss and continued to refused artificial nutrition. Recommendations were to 1. continue with liberalized diet, 2. Encourage tube feeding as tolerated. 3. Continue 8. ounce nutritional shakes, 4. Continue multivitamin. 5. Additional high calorie snacks and finger foods added to meal ticket. 6. Encourage family to bring in foods/snacks. 7. Staff to continue fluid intake. 8. Monitor weekly weights. None of the 8 recommendations listed in the Nutritional progress notes were reflected on R374's nutritional care plan or the Kardex (a guide used by the certified nursing assistants on how to care for their resident).</p> <p>Readmission Nutritional progress note dated 7/23/24 revealed R374 weight at this time was 105.6 and had a Body Mass Index (BMI) of 17.6. (underweight) the note reflected R374 had poor intake at meals, severe fat and muscle loss, tube feeding was no longer in place, nutritional supplements continued, high protein and caloric foods, supervision with meals, weekly weights and multivitamin. The Nutritional assessment dated [DATE] reflected R374's meal ticket was up to date with likes and dislikes but nowhere in the medical record R374's likes or dislikes were documented. The recommended interventions documented in the 7/23/24 Nutritional notes and assessment were the same as the 6/14/24 Nutritional progress notes, but none of the interventions/recommendations were implemented according to the care plan and kardex. There was no evidence any new or additional preventive measures were implemented to prevent weight loss.</p> <p>Review of the Nutritional progress notes dated 9/11/2024 revealed R374 weighed 99 pounds and BMI of 16.6. The nutritional progress note did not include any new recommendations or interventions to prevent R374's continued weight loss.</p> <p>On 02/13/2025 at 10:33 am, during an interview with the facility's Registered Dietician (RD) M reported she worked at the facility for approximately one month and was not familiar with R374. RD M stated the Dietician at the time of R374's stay at the facility was no longer employed by the facility. R374's medical record was reviewed with RD M who offered no explanation R374's continued weight loss without the former RD's recommendations fully implemented or why there was not any new/added interventions to prevent R374's continued weight loss.</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46954</p> <p>This citation pertains to Intakes MI00146664, MI000146710</p> <p>Based on observation, interview, and record review the facility failed to maintain sufficient staff to meet residents' needs timely for three (R41, R65, R109) and Resident Council of ten reviewed for staffing.</p> <p>Findings include:</p> <p>Review of the Resident Council Minutes, dated 2/2024 through 12/2024, reflected ongoing concerns with call light response times, mainly during the afternoon and night shifts.</p> <p>During a confidential resident group meeting on 02/12/25 10:08 AM, 7 out of 8 residents reported they had discussed afternoon/night shift staffing concerns with no changes to correct addressed concerns. The Resident Council group reported long waits for call light response from 45 minutes to 60 minutes. One of eight confidential residents reported staff is often heard chatting at the nurse's station at night for several hours while his call light is on.</p> <p>Resident #41 (R41)</p> <p>Review of the medical record reflected R41 was admitted to the facility on [DATE], with diagnoses that included respiratory failure. The Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 8/3/2024, reflected R41 scored 13 out of 15 (cognitively intact) on the Brief Interview for Mental Status (BIMS-a cognitive screening tool).</p> <p>On 2/10/25 at 11:49 AM, R41 was observed in bed. R41 reported that call light responses times were unreasonably long during the afternoon and midnight shifts. R41 stated that the employees play the light game. When asked for clarification, R41 stated that the staff will come in and shut off the call light without providing the requested service, and not return.</p> <p>On 2/13/25 at 10:59 AM, R41's call light was observed on. R41 stated light had been on for a while, over 20 minutes, however, this is the second time his light had been on for the same need. R41 stated that his brief hasn't been changed since 3:00 AM and needed a brief change. R41 stated he told staff however they shut the light off and exited the room without returning. R41 stated after waiting for some time, he reactivated his light. Moments later, Staff member O staff entered the room and shut R41's light turned off, stating that his certified nursing assistant knew he needed something and would be there to assist in a few minutes. When asked if R41's light had already been on, Staff Member O confirmed that the certified nursing assistant had bene in earlier and shut off R41's light without providing the requested service.</p> <p>In an interview on 2/13/25 at 1:53 PM, Nursing Home Administrator (NHA) A stated that staff should not be shutting the call light off until care is rendered.</p> <p>32064</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Resident #65 (R65)</p> <p>Review of the medical record revealed R65 was admitted to the facility on [DATE] with diagnoses that included cerebral infarction (stroke). The Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 11/20/24 revealed R65 scored 15 out of 15 (cognitively intact) on the Brief Interview for Mental Status (BIMS-a cognitive screening tool), was always incontinent of urine, and frequently incontinent of bowel.</p> <p>Review of the Activities of Daily Living (ADL) care plan revealed R65 required two people for care.</p> <p>On 02/10/25 at 10:54 AM, R65 was observed in bed. R65 reported the facility did not have enough staff after 11:00 PM. R65 reported when they used their call light at night to be changed, it takes hours for someone to come. R65 reported staff come into their room, say they will be right back and then never come back. R65 stated It's like the aliens came in and took them.</p> <p>In an interview on 02/13/25 at 2:16 PM, director of Nursing (DON) B reported call lights have been a concern and that the facility was working on the issue in Quality Assurance and Performance Improvement (QAPI). DON B reported the expectation is that the call light is not turned off until the resident's need is met.</p> <p>38383</p> <p>Resident #109 (R109)</p> <p>On 02/10/25 at 12:08 PM, R109 reported facility staffing levels were poor to fair. R109 reported it sometimes took 30 to 45 minutes for their call light to be answered, and call light response times were extended around meal times and shift changes. Although it did not happen often, R109 reported they had urinated in their bed and soiled themselves due to waiting too long for staff assistance to the bathroom.</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 22050</p> <p>This citation pertains to intakes MI00148581, MI00147352.</p> <p>Based on observations, interviews, record reviews, 7 of 8 from the confidential group meeting, 3 (#65, #94, #103) of 25 sampled residents, and 1 (#105) non-sampled resident, the facility failed to provide palatable food products effecting 125 residents, resulting in the increased likelihood for decreased resident food acceptance and nutritional decline.</p> <p>Findings include:</p> <p>On 02/10/25 at 01:35 P.M., An interview was conducted with Resident #94 regarding facility food products. Resident #94 stated: The food could be better. Resident #94 also stated: They could do better than just hamburgers and hot dogs. Resident #94 was also queried regarding gluten free facility food products. Resident #94 stated: I receive gluten free food for the most part.</p> <p>On 02/10/25 at 01:45 P.M., An interview was conducted with Resident #105 regarding facility food products. Resident #105 stated: I want to eat specific vegetables that are nutritious (Zucchini, Asparagus, [NAME] Beans, (Grilled Onion and Bell Pepper), and fresh white rice. Resident #105 also stated: I've spit out their green beans more times than not. Resident #105 additionally stated: The rice is usually tough and congealed. Resident #105 further stated: The [NAME] beans served are generally very sour.</p> <p>On 02/11/25 at 10:58 A.M., An interview was conducted with Resident #103 regarding facility food products. Resident #103 stated: The food products don't taste good. and The salad cheese is wilted together and slimy. Resident #103 also stated: The breakfast food (scrambled eggs, sausage links, pancakes, French toast, etc.) is always cold. Resident #103 additionally stated: I prefer to buy my own food, because the facility food is generally cold, tastes bad, and is poor quality food.</p> <p>On 02/11/25 at 11:10 A.M., Resident #103's personal food products (One 32-ounce container of Cottage Cheese (one-eighth full), Two 6-ounce containers of Yoplait Yogurt, 1 medium Pizza, two small containers of Ranch Dressing, and six containers of soda pop) were observed resting directly upon the resident room windowsill, adjacent to the radiant heating unit. The window sash was also observed cracked open approximately 2-3 inches to supply limited refrigeration for the personal food products.</p> <p>On 02/11/25 at 11:13 A.M., Resident #103 was interviewed regarding how long the personal food products had been stored on the windowsill. Resident #103 stated: The pizza has been here for three days. Resident #103 further stated: The cottage cheese, yogurt, and ranch dressings have been here for two days.</p> <p>The 2022 FDA Model Food Code section 3-501.16 states: (A) Except during preparation, cooking, or cooling, or when time is used as the public health control as specified under S3-501.19, and except as specified under (B) and in (C) of this section, TIME/TEMPERATURE CONTROL FOR SAFETY FOOD shall be maintained: (1) At 57oC (135oF) or above, except that roasts cooked to a temperature and for a time specified in 3-401.11(B) or reheated as specified in 3-403.11(E) may be held at a temperature of 54oC (130oF) or above; or (2) At 5 C (41 F) or less.</p> <p>(continued on next page)</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The 2022 FDA Model Food Code section 3-501.17 states: (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.</p> <p>On 02/11/25 at 11:16 A.M., An interview was conducted with Resident #65 regarding facility food products. Resident #65 stated: They make the world's worst grilled cheese. Resident #65 also stated: The hot dogs are burnt. and The hamburgers are tough and very dry. Resident #65 additionally stated: You can't talk to the Dietician or [NAME] or anybody. Resident #65 further stated: The pizza is very tough. and You could tile a house with the pizza.</p> <p>On 02/11/25 at 11:56 A.M., Resident lunch meal food trays (25) were observed leaving the food production kitchen, within a stainless-steel non-insulated transport cart.</p> <p>On 02/11/25 at 11:59 A.M., Resident lunch meal food trays (25) were observed arriving to second floor north, within a stainless-steel non-insulated transport cart.</p> <p>On 02/11/25 at 12:07 P.M., Resident lunch meal food trays (18) were observed leaving the food production kitchen, within a stainless-steel non-insulated transport cart.</p> <p>On 02/11/25 at 12:08 P.M., Resident lunch meal food trays (18) were observed arriving to second floor south, within a stainless steel non-insulated transport cart.</p> <p>On 02/11/25 at 12:15 P.M., Food product temperatures were monitored utilizing a ThermoWorks Super-Fast Thermopen model CR2032 digital thermometer. The following food product temperatures were recorded for Resident #65's lunch meal food tray:</p> <p>Pork Loin - 132.4*</p> <p>Au-gratin Potatoes - 141.5</p> <p>Green Beans - 133.4*</p> <p>Pineapple Tidbits - 42.6*</p> <p>Beverage (Lemonade) - 43.8*</p> <p>Dannon Yogurt - 43.4*</p> <p>(* The 2022 FDA Model Food Code section 3-501.16 states: (A) Except during preparation, cooking, or cooling, or when time is used as the public health control as specified under S3-501.19, and except as specified under (B) and in (C) of this section, TIME/TEMPERATURE CONTROL FOR SAFETY FOOD shall be maintained: (1) At 57oC (135oF) or above, except that roasts cooked to a temperature and for a time specified in 3-401.11(B) or reheated as specified in 3-403.11(E) may be held at a temperature of 54oC (130oF) or above; or (2) At 5 C (41 F) or less.</p> <p>(continued on next page)</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 02/11/25 at 12:20 P.M., A lunch meal food product palatability test was conducted by this surveyor. The following items and comments were noted:</p> <p>Pork Loin - The pork loin was observed to be moist and tender.</p> <p>Au-gratin Potatoes - The potatoes were observed to be bland, grainy, and starchy.</p> <p>Green Beans - The [NAME] beans were observed to be bland and tender.</p> <p>Pineapple Tidbits - The pineapple was observed to be tender and flavorful.</p> <p>Dannon Yogurt (Strawberry) - The yogurt was observed to be fresh and flavorful.</p> <p>Beverage (Sugar Free Lemonade) - The sugar free lemonade was observed to be cold, refreshing, and reflecting weak lemon flavor.</p> <p>On 02/11/25 at 01:02 P.M., A lunch meal food product palatability test was conducted by this surveyor. The following (Always Available Alternate Menu Option) item was noted:</p> <p>Hot Dog - The hot dog was observed to be discolored, starchy, grainy, reflecting a distinct aftertaste.</p> <p>On 02/11/25 at 02:35 P.M., An interview was conducted with Regional Dietary Director V regarding a specific Policy/Procedure for resident personal refrigerators. Regional Dietary Director V stated: We don't provide personal refrigerators for residents. Regional Dietary Director V also stated: We have a refrigerator in the Activity Room for resident specific food items.</p> <p>On 02/13/25 at 09:30 A.M., Record review of the Policy/Procedure entitled: Meal Distribution dated 09-01-2021 revealed under Standard: Meals are transported to the dining locations in a manner that ensures proper temperature maintenance, protects against contamination, and are delivered in a timely and accurate manner. Record review of the Policy/Procedure entitled: Meal Distribution dated 09-01-2021 further revealed under Guidelines: (4) The nursing staff will be responsible for verifying meal accuracy and the timely delivery of meals to residents/patients. (5) For point-of-service dining, the Dining Services department staff, under the supervision of the licensed nurse, will assemble the meal in accordance with the individual meal card and present it to the resident/patient or care staff for delivery to the resident/patient.</p> <p>(continued on next page)</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 02/13/25 at 10:00 A.M., Record review of the Policy/Procedure entitled: Safe Storage & Handling of Outside Food dated (no date) revealed under Can I Bring Food for Patients and Residents: Food can be brought into the facility as long as the food is safe. There can be a risk of foodborne illness when food is not properly prepared, transported, or stored. This can have serious consequences for the resident. Record review of the Policy/Procedure entitled: Safe Storage & Handling of Outside Food dated (no date) further revealed under Food Receiving and Safe Food Storage: You must check in at the nurse's station when you bring food in for a resident. Any food which is not going to be consumed immediately must be covered and labeled with the resident's name, and date the food the day the food was brought into the facility and placed into the unit refrigerator. Labels and the location of the refrigerator are available at the nurse's station as well as in the pantry area. All food that is stored in the refrigerator and not consumed within 3 days will be discarded by facility staff daily. Signage regarding this process is displayed on all fridges. Any food without the correct labeling will also be discarded.</p> <p>32064</p> <p>Resident #65 (R65)</p> <p>Review of the medical record revealed R65 was admitted to the facility on [DATE] with diagnoses that included cerebral infarction (stroke) and diabetes. The Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 11/20/24 revealed R65 scored 15 out of 15 (cognitively intact) on the Brief Interview for Mental Status (BIMS-a cognitive screening tool).</p> <p>On 02/10/25 at 10:49 AM, R65 was observed in bed. R65 reported the facility's food was lousy, it's absolutely terrible. R65 reported he was often served grilled cheese sandwiches after telling the facility to quit giving them grilled cheese sandwiches. R65 reported the grilled cheese was awful. R65 reported they ate in their room and the food was always cold like it just came out of the refrigerator. R65 reported the meat was like rubber.</p> <p>46954</p>		