STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235506	A. Building B. Wing	04/30/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Shelby Health and Rehabilitation Center	46100 Schoenherr Road Shelby Township, MI 48315

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. Based on observation, interview, and record review, the facility failed to maintain a homelike dining environment for seven anonymous resident council residents of eight reviewed for homelike environment. Findings include: On 4/28/26 at 12:15 PM, it was observed the main dining room was empty with no residents occupying the room during the lunch meal. Subsequent observations made on 4/29/26 at 12:20 PM and 4/30/26 at 12:23 PM, also revealed the main dining room with no residents eating the lunch meal. A review of the resident council meeting minutes for the months of January 2026-April 2026 revealed a discussion by the residents in the group of wanting dining rooms open so they could eat together instead of eating alone in their rooms. On 4/29/26 at 10:40 AM, a group meeting was conducted with eight group members and asked about dining in the facility, the group indicated they would like the main dining room to be reopened as soon as possible so they could eat together again. Further questioning of the group about the dining room revealed that it had been closed for meals since the beginning of January 2026 due to the facility being short staffed in the dining room. On 04/29/2026 at 12:39 PM, an interview was conducted with Dietary Manager (DM) D, and they were asked about the closure of the main dining room. DM D indicated the main dining room, and another smaller dining room had been closed since January 2026 due to dining being short staffed saying they understand the residents would like to eat together. On 4/29/26 at 1:00 PM, an interview was conducted with the Administrator (NHA) regarding the closure of the main dining room at the facility. The NHA confirmed the main dining room had been closed since February 2026 due to being short staffed. A review of a facility policy titled, Homelike Environment Reviewed: 2.3.2026 revealed the following, Policy Overview: Residents are provided with a . homelike environment .Guidelines: Staff provides person-centered care that emphasizes the residents' .comfort, independence, and personal needs and preferences.

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235506	A. Building B. Wing	04/30/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Shelby Health and Rehabilitation Center	46100 Schoenherr Road Shelby Township, MI 48315

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 0553 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Allow resident to participate in the development and implementation of his or her person-centered plan of care. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** This citation pertains to Intake 2982336.Based on interview and record review, the facility failed to ensure a copy of the care plan and updates were provided to the resident or the resident representative for one resident (R120) of two reviewed for participation in care planning. Findings include: On 04/28/2026 at 1:53 PM, two resident representatives (Representatives one and two) were seated bedside with R120. The two representatives were listed on the resident's face sheet as contacts for R120. The representatives reported R120 had been at the facility since 03/27/26 and expressed concerns and frustrations about the timing of care and lack of information provided. It was reported the representatives had been told R120 was no longer receiving physical (PT) or occupational therapy (OT) and themselves, or the Power of Attorney (POA) had been informed or received an explanation. The representatives also reported two messages were left with the with Director of Nursing (DON) on Friday (4/24/26) and they had not heard back. A review of the medical record documented R120's therapy end date as 04/27/26. On 04/28/2026 at 2:44 PM, the Director of Rehab Services (DORS) reported they were trying to clarify R120's status in order to continue with Rehabilitations Services which included PT and OT. The end date of 04/27/26 was reported as correct but there seemed to be some miscommunication as they had to determine if R120 met the need for skilled care. The DORS reported no notification for the end of services had been given the POA.On 04/28/2026 at 4:08 PM, a third listed representative of R120, reported an email had been sent to the social worker and others about care concerns and what was happening with the resident and no reply had yet been received. The representative also indicated frustration with timely response or any response to queries about R120.On 04/28/29 at 4:29 PM, Physician C had entered during an observation of wound care for R120. The Administrator also arrived at the door with Social Worker (SW) B to R120's room around this time and reported on some communications with the representatives of R120. On 04/29/2026 at 11:41 AM, a phone call was made to the POA. The POA reported they had sent a professional email Saturday (04/25/26) morning to the SW B, the Administrator and the Medical Director about concerns with the care for R120 did not hear from anyone over the weekend (did not expect to hear over the weekend) and waited until the end of business the following Monday. The POA had not heard back from them and attempted to call the Medical Director and a message was left. The POA commented it was tough to tell who you were leaving a message for due to the voicemail recording indicating you reached extension xyz (recording on voicemail). The POA reported they did finally get a call from (Physician C) on Tuesday (04/28/26) who filled in all the details that should have been given prior to that point. The POA further reported they felt updates should have been given all along and commented requests had fallen on deaf ears and staff always, regardless of who it was, pass the buck and you get the run around. Information has not been consistent. The POA was asked if they had a copy of the care plan and reported they had not received one. The POA recalled the orientation meeting but did not receive a care plan at that time. On 04/29/2026 at 4:25 PM, SW B reported R120 representatives and the POA did attend the initial care conference, and the standard of practice would be to offer and provide a copy of the plan of care and orders to the POA at the time of the care conference. SW B reported their contact with the POA was to update them on insurance reviews and discharge plans. SW B reported any representative under the contacts in the electronic medical record (EMR) could receive information about R120 from staff. SW B confirmed an email had been received from the POA related to care concerns and it had been sent to the administrator and other staff. SW B reported no prior contact with R120's representatives other than the POA. A review of the care conference notes in the EMR dated 03/30/26 and 03/31/26 revealed the checks under section seven titled Plan of Care were left blank.On 04/30/2026 at 8:27 AM, the administrator reported they had communicated with the POA who was reported to be at their wits end. On 04/30/2026 at 10:02 AM, Unit Manager (UM) E reviewed (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235506	A. Building B. Wing	04/30/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Shelby Health and Rehabilitation Center	46100 Schoenherr Road Shelby Township, MI 48315

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 0553 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	the progress noted for R120 and noted some representative complaints about wound care and R120 not eating and if staff were even trying to assist R120. UM E reported they had addressed these concerns with them and acknowledged the staff may be able to do better. On 04/30/2026 at 10:31 AM, Licensed Practical Nurse (LPN) F reported R120's family had asked them about the wound dressings and R120 not eating enough.On 04/30/26 at 2:53 PM, the DON acknowledged the identified concerns and reported there was a new team in place, and they were actively working on improvements in patient care.A review of the record for R120 revealed R120 was admitted into the facility on [DATE]. Diagnoses included Dementia, Heart Disease, and Pressure Ulcer of the Sacral (lower back and tailbone area).The April 2026 Treatment Administration Record (TAR) documented order changes for the heel wounds on 04/05 and 04/16 and the addition of a right lower extremity wound on 04/18. A treatment initiated 04/22 for a skin tear on the top of the left foot. The Minimum Data Set (MDS) dated , 04/02/26 documented, severe cognitive impairment, the dependence on staff for lower body dressing, toileting, rolling left and right in bed, sitting at the side of the bed and transfer. Substantial/Maximal assistance was required for upper body dressing.The active care plan initiated 03/27/26 documented, Difficulty Hearing .Impaired Vision .risk for fall . chronic pain . self-care deficit . indwelling urinary catheter . pressure ulcer .encourage and assist to reposition . at nutritional risk .A review of the care plan additions since the original care conferences included: Cognitive risk of Fluctuation initiated, 04/06/26 . resident wishes to return to community home, initiated 04/06/26 . At risk for changes in behavior and mood, initiated 04/06/26 . Risk for dehydration, initiated 04/07/26 . has anemia, initiated 04/07/26 . has hypothyroidism, initiated 04/07/26 . monitor nutritionally pertinent labs initiated 04/07/26, RD to evaluate and make diet change recommendations, initiated 04/07/26 . risked constipation, initiated 04/07/26 .Actual infection of urinary tract, initiated 04/15/26 . A wound consult note date 04/24/26 noted the three existing wounds to the buttocks had merged into one. A review of the progress notes did not indicate contact to the POA related to changes in the care plan and wounds.A review of the facility policy titled, Change in Condition Notification with reviewed date of 02/02/26, revealed, It is the policy of the facility to notify the resident, his or her attending physician/practitioner, and the resident's designated representative of changes in the resident's medical/mental condition and/or status . The nurse will notify the resident, the resident's physician/practitioner, and the resident's designated representative when there is: An accident or incident involving the resident which results in an injury and has the potential for requiring physician/practitioner intervention. A significant change in the resident's physical, mental, or psychosocial status, such as deterioration which includes life-threatening conditions or clinical complications. A need to alter the resident's medical treatment significantly such as: A new treatment. Discontinuation of current treatment due to adverse consequences, an acute condition, or exacerbation of a chronic condition .

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235506	A. Building B. Wing	04/30/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Shelby Health and Rehabilitation Center	46100 Schoenherr Road Shelby Township, MI 48315

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to develop a comprehensive care plan for two residents (R1 and R12) out of two reviewed for care plans. Findings include: R1 On 04/28/2026 at 6:25 AM, R1's catheter bag was observed to be hooked onto their bed in a low position and was partially touching the floor with the rest of the bag leaning onto their fall mat. A review of the Electronic Medical Record (EMR) for R1 revealed they were admitted into the facility on [DATE] with diagnoses of neuromuscular dysfunction of bladder, obstructive and reflex uropathy, and unspecified dementia. The most recent Minimum Data Set (MDS) dated [DATE] section H revealed R1 had an indwelling catheter. Section C of R1's MDS revealed a Brief Interview of Mental Status (BIMS) score of 14, indicating intact cognition. A review of R1's active orders revealed: Maintain (name of indwelling catheter) Catheter and provide care every shift. Catheter Size/French: 18Balloon Cubic Centimeters (CC): 10 Diagnosis: Neurogenic Bladder every shift for (name of indwelling catheter) care, dated 3/5/2026. A review of R1's most recent care plan dated 3/11/2026 did not reveal a care plan with interventions for catheter care. An interview was conducted with Licensed Practical Nurse (LPN) Manager A on 4/20/2026 at 9:52 AM. They stated every resident who is on a catheter should have a care plan for it. However, LPN Manager A could not locate a catheter care plan in the EMR for R1. An interview was conducted with the Director of Nursing (DON) on 4/30/2026 at 10:53 AM. They confirmed R1 should have had a care plan for their catheter created during their admission process. A facility policy titled Care Plan- Comprehensive and Revision, last reviewed 2/2/2026, revealed A comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident. R12 A review of the clinical record for R12 revealed R12 was admitted into the facility on [DATE] with diagnoses that included (Post Traumatic Stress Disorder) PTSD, Dementia and Parkinson's. The active care plan initiated did not include interventions for PTSD. On 04/28/2026 at 3:32 PM, R12 was observed to return to their room. R12 was seated in a wheelchair and wheeled themself independently. On 04/29/2026 at 10:25 AM, R12 reported they enjoyed activities like going to the casino and (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235506	A. Building B. Wing	04/30/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Shelby Health and Rehabilitation Center	46100 Schoenherr Road Shelby Township, MI 48315

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	watching bingo. R12 expressed everything was fair but could use a few more activities they liked. R12 and their visitor confirmed PTSD from R12's stint in the armed services. A review of the facility policy titled, Trauma Informed Care revised 03/10/25 revealed, It is the policy of this facility to ensure that any resident identified as a trauma survivor receives culturally competent, trauma-informed care in accordance with professional standards of practice to avoid triggers that may re-traumatize the resident. GENERAL GUIDELINES: The Social Services employee, or designee, will screen each resident for a history of trauma upon admission, annually, with a significant change or as deemed necessary as part of the Social Services admission Assessment. If the resident identifies any concerns of trauma or trauma related symptoms, the Social Services employee, or designee, will offer and follow-up on obtaining a formal psych consult if the resident and/or responsible party agrees. Social Services employee, or designee, will notify the psychiatry team to utilize a trauma informed approach to treat the resident accordingly. The Social Services employee, or designee, will create a trauma informed care plan, which will account for the residents' experiences, preferences, and cultural differences to ensure the resident feels safe and to eliminate triggers that may cause re-traumatization of the resident .

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235506	A. Building B. Wing	04/30/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Shelby Health and Rehabilitation Center	46100 Schoenherr Road Shelby Township, MI 48315

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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to ensure repositioning and dressing changes were completed timely for one resident (R120) of five reviewed for pressure ulcer care and skin management. Findings include: On 04/28/2026 at 1:53 PM, family of R120 reported concerns with the bed sores and wound care for the bilateral heel wounds and the coccyx/sacral/buttocks of R120. They expressed observations of R120 not being turned for four hours and the heel boots not being placed back on during the times they had visited R120. They had concern that the wounds had worsened or increased since admission. They further noted the Low Air Loss (LAL) mattress went out or turned off intermittently and had to be unplugged then plugged back to get it working. A sign handwritten on a folded piece of lined notebook paper indicated to do this. They further noted the dressings to the feet/heel had been completed on Thursday (04/23/26) and did not get changed until Sunday. Family reported they the facility was never fully staffed on the weekends. R120 was observed and was laying on their back in bed dressed in a hospital style gown. The head of the bed was up around 30-45 degrees. A wedge at the left side did not extend sufficiently under R120's torso to shift R120 toward the right side and off their back and buttocks. A view of the heel dressings with the family revealed they were dated 04/27/26. R120 was queried about care and provided similar answers to varied questions. R120 had Pressure Releaving Ankle Foot Orthotic (PRAFO) boots on both feet. At 3:01 PM, R120 continued on their back as before. A review of the Treatment Administration Record documented the dressings were to be changed on the evening shift. The dressing to the buttocks was schedule for the day shift. At 3:33 PM continued in bed as before with a new nurse and aide.On 04/28/2026 at 3:47 PM, an observation of R120's coccyx/buttocks wound was completed with the wound care nurse. The dressing was saturated with drainage or incontinence. The wound had blackened slough (necrotic/dead/non-viable skin tissue) to a majority of the base and some bleeding was observed. The skin around the fist size open wound was a mixture of pink and purple and did not fully blanch when the wound nurse touched it. The wound nurse reported the wound looked like it was slightly deeper under the edges of the wound. R120 exhibited some body stiffening and moans with repositioning. The doctor had come in and also wanted to observe the wound.On 04/29/2026 at 8:12 AM, R120 was in on their back side in bed with no visible wedge at the side of the torso. The head of the bed was up around 30-45 degrees. R120 had a hospital style gown on, oxygen on via a nasal cannula, and PRAFO boots on. The call light was clipped to the bed at the left side. At 10:59 AM, staff were observed to exit the room. The roommate reported staff had not been checking on R120 as much before the survey team arrived. R120 was observed turned toward right side, with a wedge device under the left side of the torso, the PRAFO boots on and the head of the bed up around 30-45 degrees. At 12:49 PM, the Certified Nursing Assistant (CNA) G exited the room with the meal tray and reported R120 and had not eaten much, just a banana. R120's position was observed to be unchanged. At 1:40 PM, R120 continued facing toward the right as before, their head up 30-45 degrees. A check of the dressings to the feet with family noted they were dated for 04/27/26. A review of the Treatment Administration Record (TAR) documented the dressings were to be done daily on the evening shift. They were documented as changed. charted as done, by Licensed Practical Nurse (LPN) H. At 1:57 PM, 2:18 PM, and 2:29 PM, R120 remained in the same position. The family also reported staff had not changed the position of R120. R120 had been in a similar position around three and a half hours.On 04/30/2026 at 10:02 AM, Unit Manager (UM) E reported a conversation with family about positioning, R120 not eating enough and dressing changes and that these had been resolved. The dressings to the feet were discussed and UM E reported the dressing to the feet are to be done daily on the evening shift and the coccyx wound is changed by the day shift. On 04/30/26 at 2:53 PM, the Director of Nursing (DON) reported dressings are to be changed as ordered and dependent residents repositioned every two hours as the standard of practice.A review of the record (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235506	A. Building B. Wing	04/30/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Shelby Health and Rehabilitation Center	46100 Schoenherr Road Shelby Township, MI 48315

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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	for R120 revealed R120 was admitted into the facility on [DATE]. Diagnoses included Dementia, Heart Disease, and Pressure Ulcer of the Sacral (lower back and tailbone area).The Minimum Data Set (MDS) dated , 04/02/26 documented, severe cognitive impairment, the dependence on staff for lower body dressing, toileting, rolling left and right in bed, sitting at the side of the bed and transfer. Substantial/Maximal assistance was required for upper body dressing.The active care plan initiated 03/27/26 documented, Difficulty Hearing .Impaired Vision .risk for fall . chronic pain . self-care deficit . indwelling urinary catheter . pressure ulcer .encourage and assist to reposition . at nutritional risk .A review of the wound notes from admission dated 03/30/26 documented these issues: Location: Left heel. Issue type: Pressure ulcer / injury. Progress: New: new wound. Pressure ulcer staging: Unstageable pressure injuries presenting as deep tissue injury (pressure-induced wound that begins in the underlying muscle and fat layers, often with intact or discolored skin) Length (centimeters-cm): 2.99 Width (cm): 4.08 Depth (cm); .Location: Right Achilles. Issue type: Pressure ulcer / injury. Progress: New: new wound. Pressure ulcer staging: Unstageable pressure injuries presenting as deep tissue injury .Length (cm): 0.87 Width (cm): 1.22 Depth (cm): 0 .Location: Coccyx. Issue type: Pressure ulcer / injury .Pressure ulcer staging: Unstageable pressure ulcer / injury. Unstageable ulcer due to slough (non-viable skin tissue) and or eschar (non-viable tissue) .Length (cm): 3.23 Width (cm): 2.34 Depth (cm): 0 .Location: Right gluteus (buttock). Issue type: Pressure ulcer / injury .Pressure ulcer staging: Unstageable pressure injuries presenting as deep tissue injury .Length (cm): 3.91 Width (cm): 2.47 Depth (cm): 0 .Location: Left gluteus. Issue type: Pressure ulcer / injury. Progress: New: new wound. Pressure ulcer staging: Unstageable pressure injuries presenting as deep tissue injury. Wound was present on admission. Signs and symptoms of infection: None. Painful: No. Staged by: In-house nursing. Length (cm): 1.78 Width (cm): 1.59 Depth (cm): 0 . The Braden (at risk for skin breakdown) score was 13/23. A score less than 18 indicated greater risk for skin breakdown. A wound consult note dated 04/24/26 noted the three existing wounds to the buttocks had merged into one. A review of the progress notes did not indicate contact to the POA related to changes in the care plan and wounds. A review of the facility policy titled, Skin and Wound Guidelines revised 02/04/26, revealed, To describe the process steps required for identification of residents at risk for the development of pressure injuries, identify prevention techniques and interventions to assist with the management of pressure injuries and skin alterations . Skin alterations and pressure injuries are evaluated and documented by the licensed nurse . Deep Tissue Injury - Persistent non-blanchable deep red, maroon, or purple discoloration. Unstageable - Obscured full-thickness skin and tissue loss .

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235506	A. Building B. Wing	04/30/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Shelby Health and Rehabilitation Center	46100 Schoenherr Road Shelby Township, MI 48315

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 ensure indwelling catheter and hand hygiene infection control practices were followed for one resident (R1) out of one reviewed for catheter care and hand hygiene during care. Findings include:A review of the Electronic Medical Record (EMR) for R1 revealed they were admitted into the facility on [DATE] with diagnoses of neuromuscular dysfunction of bladder, obstructive and reflex uropathy, and unspecified dementia. The most recent Minimum Data Set (MDS) dated [DATE] section H revealed that R1 had an indwelling catheter. Section C of R1's MDS revealed a Brief Interview of Mental Status (BIMS) score of 14, indicating intact cognition. A review of R1's active orders revealed: Maintain (name of indwelling catheter) Catheter and provide care every shift. Catheter Size/French: 18Balloon Cubic Centimeters (CC): 10 Diagnosis: Neurogenic Bladder every shift for (name of indwelling catheter) care, dated 3/5/2026 On 04/28/2026 at 6:25 AM, an observation of R1's catheter bag revealed it was hooked onto their bed in a low position and was partially touching the floor with the rest of the bag leaning onto their fall mat. On 04/28/2026 at 9:29 AM, an observation of R1's catheter bag revealed that it was still partially touching the floor with the rest leaning onto their fall mat. On 04/28/2026 at 12:22 PM, an observation of R1's catheter bag revealed it was hooked to the bed in a low position and was fully on the floor slightly under their bed. On 04/30/2026 at 8:08 AM, an interview was conducted with Licensed Practical Nurse (LPN) Manager A. They stated the standard for catheter care is that the bag should be covered for privacy and should not be hanging onto the floor. LPN A said that catheter care should be provided every shift and as needed and if a resident has a low bed, there should still be a bridge between the floor and the bag. On 04/30/2026 at 10:53 AM, an interview was conducted with the Director of Nursing (DON). They stated catheter bags should be kept off the floor and below the level of the resident's bladder. The DON stated if a resident has a low bed, there should be a barrier between the bag and the floor such as a basin. A review of a facility policy titled Catheter Care, last reviewed 2/2/2026, revealed that It is the policy of this facility to ensure that residents with indwelling catheters receive appropriate catheter care and maintain their dignity and privacy when indwelling catheters are in use. On 04/28/2026 at 3:47 PM, incontinence care was observed with Licensed Practical Nurse (LPN) H and certified nursing assistant (CNA) I. The staff donned gloves and an isolation gown and entered the beside of R120. R120 was incontinent of stool and was cleaned up with disposable wipes. The staff members did not change after the cleaning of the stool. The staff proceeded to place clean linen and a new brief and did not change gloves. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235506	A. Building B. Wing	04/30/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Shelby Health and Rehabilitation Center	46100 Schoenherr Road Shelby Township, MI 48315

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	At 3:50 PM, the wound nurse placed on an isolation gown and then entered the room. R120 was turned onto their right side and the wound nurse cleaned multiple wounds. The wound nurse then took off their gloves and reached into their pockets for additional gloves without first completing had hygiene, put on new gloves. A review of the facility policy titled, Hand Hygiene revised 04/14/23 revealed, To provide guidelines to staff for proper hand hygiene techniques that will aid in the prevention and transmission of infections. SITUATIONS IN WHICH HANDWASHING WITH SOAP AND WATER IS NECESSARY:Included but not limited to: When hands are visibly dirty; When hands are visibly soiled with blood or other body fluids; Before and after eating; After using the restroom; After caring for a person with known or suspected infectious diarrhea; SITUATIONS IN WHICH USING SOAP AND WATER OR ALCOHOL BASED HAND RUB CAN BE USED: Included but not limited to: Between direct contact with residents; Before performing invasive procedures; Before applying and after removing personal protective equipment (PPE), including gloves; Before preparing or handling medications; Before and after handling clean or soiled dressings, linens, etc.; Before performing resident care procedures; Before and after providing care to residents in isolation; Before moving from a contaminated body site to a clean body site during resident care; After contact with a resident's skin; After handling contaminated objects, equipment, dressings, etc .