STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235509	A. Building B. Wing	12/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Orchards at Warren	12250 East 12 Mile Road Warren, MI 48093

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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 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Make sure there is a pest control program to prevent/deal with mice, insects, or other pests. Based on observation, interview, and record review, the facility failed to maintain an effective pest control program by eliminating harborage conditions. This deficient practice had the potential to affect all residents, staff and visitors. Findings include:On 12/1/25 at 9:10 AM during an observation of the kitchen, the stainless-steel table holding the coffee maker was observed with a built-in drainage well. The drainage pipe under the table was observed to be propped up by a cardboard box. The box was water damaged, and there were numerous gnats observed on the box and drainage pipe. When queried, Dietary Manager K stated the box was being used to support the pipe. No explanation was provided for why the water damaged cardboard had not been discarded or the observed gnats.According to the 2022 FDA Food Code section 6-501.111 Controlling Pests. The PREMISES shall be maintained free of insects, rodents, and other pests. The presence of insects, rodents, and other pests shall be controlled to eliminate their presence on the PREMISES by: (A)Routinely inspecting incoming shipments of FOOD and supplies;(B)Routinely inspecting the PREMISES for evidence of pests;(C)Using methods, if pests are found, such as trapping devices or other means of pest control as specified under SS 7-202.12,7-206.12, and 7-206.13; and (D)Eliminating harborage conditions.

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 0553 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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** Based on interview and record review, the facility failed to conduct quarterly care conferences for five residents (R1, R8, R9, R79, R109) of five reviewed for care conference participation. Findings include: R1 A review of the record for R1 revealed R1 was admitted into the facility on [DATE]. Diagnoses included Bipolar Disorder, Epilepsy and Stroke. A review of the active care plan documented multiple Focus entries which included, incontinent of bowel and bladder related to immobility, I am on a restorative nursing program, I am dependent on staff for meeting emotional, intellectual, physical, and social needs, and I have an ADL (activities of daily living) deficit requiring assistance. A review of the documented care conferences in the electronic medical record revealed dates for 10/21/25 and 05/29/25. Additional documentation of quarterly care conferences held was requested but not received prior to survey exit. R8 A review of the record for R8 revealed R8 was admitted into the facility on [DATE]. Diagnoses included Failure to Thrive, Physical Debility, and Stroke. A review of the active care plan documented multiple Focus entries which included, incontinent of bowel and bladder related to inability to get to the toilet, I am on a restorative nursing program, I am dependent on staff for meeting emotional, intellectual, physical, and social needs, and I have an ADL (activities of daily living) deficit requiring assistance. A review of the documented care conferences in the electronic medical record revealed dates for 09/30/25 and 07/31/25. Additional documentation of quarterly care conferences held was requested but not received prior to survey exit. R9 A review of the record for R9 revealed R9 was admitted into the facility on [DATE]. Diagnoses included Heart Disease, Quadriplegia and Stroke. A review of the active care plan documented multiple Focus entries which included, incontinent of bowel and bladder related to impaired cognition, I am on a restorative nursing program, I am dependent on staff for meeting emotional, intellectual, physical, and social needs, and I need assistance with my ADL's related to Weakness. A review of the documented care conferences in the electronic medical record revealed dates for 10/10/24 and 05/28/25 and 09/16/25. Additional documentation of quarterly care conferences held was requested but not received prior to survey exit. R79 A review of the record for R79 revealed R79 was admitted into the facility on [DATE]. Diagnoses included Dementia, Epilepsy and Heart Failure. A review of the active care plan documented multiple Focus entries which included, I am incontinent of bowel and bladder related to immobility, have a history of traumatic events that continue to affect me negatively, I am dependent on staff for meeting emotional, intellectual, physical, and social needs, and I require supervision and 07/31/25. An October 2025 nor October 2024 care conference was documented. Additional documentation of quarterly care conferences held was requested but not received prior to survey exit. (continued on next page)

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F 0553 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	R109 On 12/1/25 at 9:59 AM, R109 was interviewed regarding their satisfaction with the care and services that they were receiving at the facility. R109 indicated that they had been at the facility for approximately a year and that they had no idea when they were going to be discharged . R109 was asked if they had ever attended any care conference meetings during their stay at the facility. R109 stated, No and indicated that they would like to be included in their care conference meetings. A record review of R109's electronic medical record (EMR) revealed that R109 was most recently admitted to the facility on [DATE] with diagnoses that included Hypertensive urgency and Type 2 diabetes. The most recent minimum data set assessment dated [DATE] revealed that R109 had an intact cognition and required maximum to moderate assistance for all activities of daily living (ADLs) other than eating. A review of R109's quarterly care conference documentation revealed that care conferences were conducted and R109 was documented as having attended the care conferences on 2/28/25 and 9/16/25. There was no documentation of a quarterly care conference meeting being held during May of 2025. On 12/3/25 at 12:56 PM, Social Services Director (SSD) C was interviewed and asked about their expectations for care conferences being conducted with residents. SSD C indicated that care conferences are completed quarterly and should be documented in the resident's record. R109's care conferences were reviewed with SSD C and it was determined that R109's care conference that should have been conducted in May or June of 2025 was not documented in their EMR. SSD C did not provide an explanation on why it was not documented in the resident's record. On 12/3/25 at 1:02 PM, the Administer (NHA) was interviewed about resident care conferences at the facility and indicated that the facility was without a social worker for a period of time over the past year and that they were trying to play catch up with care conferences.

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F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to maintain a home-like environment for two of two residents (R108 and R11), and two (rooms [ROOM NUMBERS]) of 24 resident rooms reviewed for home-like environment. Findings include: R108 On 12/1/25 at 9:23 AM, R108's bathroom door in their room was observed to have a square broken area in the wood of the door approximately a third of the way from the top of the door. R108 was asked about the damage to the door and indicated that they did not like it and that it bothered them. On 12/2/25 and 12/3/25 the bathroom door in R108's room was observed to remain damaged. On 12/3/25 at 3:49 PM, Director of Maintenance (DM) E was interviewed and asked about the damaged bathroom door in R108's room. DM E stated, We don't inspect the rooms. DM E indicated that something should be put into TELs (Electronic maintenance request system) so we can address it. A review of R108's electronic medical record (EMR) revealed that R108 was most recently admitted to the facility on [DATE] with diagnoses that included Collapsed vertebra and Chronic obstructive pulmonary disease (COPD). R108's most recent minimum data set assessment (MDS) dated [DATE] revealed that R108 had an intact cognition and required maximum assistance with all activities of daily living (ADLs) other than eating and oral care. On 12/01/2025 at 9:47 AM, the bathroom in room [ROOM NUMBER] was observed. The toilet was observed with an unknown brown substance inside the toilet bowl and seat. The floor was observed with visible debris around the perimeter of the bathroom which was odorous of urine and feces. On 12/01/2025 at 12:45 PM, the bathroom of room [ROOM NUMBER] was observed. The smell of the bathroom was odorous of feces; the toilet seat had a copious amount of smeared feces which was also observed on the floor and inside the garbage can. Gnats were observed flying around the bathroom near the feces. On 12/1/2025 at 1:20 PM, the resident in room [ROOM NUMBER] was observed asking their assigned certified nursing assistant if they had spoken to housekeeping about the bathroom due to the poor condition. She advised she would notify housekeeping again. R11 On 12/01/2025 at 11:30 AM, R11 was observed in bed asleep. The resident's tube feeding pole and base in addition to the floor, was observed with spilled brown tube feeding liquid. On 12/01/2025 at 4:03 PM, R11 remained in bed asleep. The same tube feeding liquid remained on the pole, base and floor. On 12/02/2025 at 8:54 AM, R11 was observed lying in bed asleep. The resident's tube feeding pole, base and floor remained soiled with the same tube feeding liquid observed from the day prior. On 12/02/2025 at 1:05 PM, R11's room was observed with the same tube feeding liquid on the floor as (continued on next page)

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F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	observed earlier the same morning. On 12/01/2025 at 11:48 AM, the bifold closet door for the first closet was missing. The mounting hardware at the floor was observed to be rusted. Clothing items were in a pile on the floor and filled the space wall to wall. In room [ROOM NUMBER] the shared bathroom had an approximately four-foot-long piece of cove based peeled away from the wall to the left of the hand sink. Also, in the room [ROOM NUMBER] bathroom a graduated basin for urine (a hat) had a residual amount of yellow liquid in the bottom and had been left on the back of the toilet.

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F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Reasonably accommodate the needs and preferences of each resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to provide an appropriate size bed for one (R108) resident of one reviewed for accommodation of needs. Findings include:On 12/1/25 at 10:19 AM, R108 was observed lying perpendicular across their bed with their legs slightly bent and their feet positioned firmly against the footboard. The right side of R108's body was positioned close to the side of the bed nearest to the door of their room. R108 stated, This bed is uncomfortable, I feel like I'm going to fall off the bed. Upon further questioning R108 indicated that they had mentioned to different staff on multiple occasions that they would like a larger bed. R108 was asked if they had completed a facility grievance form regarding their bed. R108 stated, No one ever told me that I needed to do that. R108 stated, I'm tall and need a larger bed. While in the resident's room it was observed that their call light was on the floor underneath the left side of their bed. On 12/1/25 at 2:09 PM, R108 was observed lying perpendicular across their bed with their legs slightly bent and their feet positioned firmly against the footboard. The right side of R108's body was positioned close to the side of the bed nearest to the door of their room. R108's call light remained on the floor underneath the left side of their bed. On 12/2/25 at 10:30 AM, R108 was observed lying perpendicular across their bed with their legs slightly bent and their feet positioned firmly against the footboard. The right side of R108's body was positioned close to the side of the bed nearest to the door of their room. R108 expressed feeling uncomfortable and again indicated they needed a larger bed. R108 further indicated the current bed had been in the room upon their admission and placement in the room. R108 reiterated they had asked multiple times to get a new bed and nothing had been done. On 12/3/25 at 9:35 AM, Director of Maintenance (DM) E was shown R108's bed and interviewed regarding the process for ensuring that residents had a comfortable appropriately sized bed. DM E indicated if a resident needed a different mattress and/or bed, staff was supposed to put a maintenance request into TELS (Electronic maintenance notification system). MD E was interviewed and asked if a TELs request had been put in for R108. MD E stated, No.On 12/3/25 at 9:45 AM, R108's assigned Certified Nurse Assistant (CNA) G was shown R108's bed and asked if R108 had ever discussed being uncomfortable in their current bed and wanting a new bed. CNA G indicated R108 had commented to them recently about wanting a new bed that fit them better. CNA G was asked if they had put a request in TELS regarding this issue. CNA G stated, No. A review of R108's electronic medical record (EMR) revealed that R108 was most recently admitted to the facility on [DATE] with diagnoses that included Collapsed vertebra and Chronic obstructive pulmonary disease (COPD). R108's most recent minimum data set assessment (MDS) dated [DATE] revealed that R108 had an intact cognition and required maximum assistance with all activities of daily living (ADLs) other than eating and oral care. R108's most recent weight as of 11/23/25 was documented to be 223 pounds. A review of R108's care plan revealed an intervention which stated, Be sure my call light is within reach .On 12/3/25 at 1:02 PM, the Administrator (NHA) was interviewed and asked about their expectations regarding accommodating residents' requests for replacing their bed. The NHA indicated the expectation is that staff let the appropriate manager know so that a bed can be provided.A review of a facility policy titled, Resident Rights with no date, stated the following, Respect and Dignity. The resident has the right to be treated with respect and dignity, including C. The right to reside and receive services in the facility with reasonable accommodation of resident needs and preferences .

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F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based in interview and record review, the facility failed to notify the physician regarding abnormal laboratory (lab) results (blood glucose level of 34 - normal range for a blood glucose level per the lab report was 82-115 mg/dl-milligrams per deciliter) for one resident (R1) of three whose labs were reviewed. Findings include: A review of the lab results dated 07/28/25 and reported 07/28/25 at 9:06 PM revealed R1 had a critical blood glucose level of 34. A review of the record for R1 revealed R1 was admitted into the facility on [DATE]. Diagnoses included Bipolar Disorder, Epilepsy and Stroke. A review of the active care plan documented I am dependent upon tube feeding, I am NPO (noting by mouth), I have the potential for fluid imbalance, I have an ADL (activities of daily living) deficit requiring assistance, and I have altered cardiovascular status related to Hypertension (high blood pressure), Hyperlipidemia (high cholesterol). A review of the progress notes revealed no documentation the physician was notified or what action was taken.On 12/03/2025 at 12:48 PM, the Director of Nursing (DON) reported the nurse should notify the physician of abnormal lab values and document the notification in the progress notes or put it in the doctors' logbook. On 12/03/2025 at 12:59 PM, a review of the assigned physician's logbook revealed no entries for R1 on 7/28 or later related to the abnormal lab value. A review of the undated Acute Change in Condition policy revealed, An Acute Change of Condition (ACOC) is a sudden, clinically important deviation from a resident's baseline in physical, cognitive, behavioral, or functional domains . Changes (symptoms) are communicated to the physician via: Phone call (urgent), Physician Log (non-urgent), Physician rounds .

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F 0687 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate foot care. Based on observation, interview and record review, the facility failed to provide podiatry services for one resident (R84) out of two reviewed for foot care. Findings include:On 12/01/2025 at 9:30 AM, an interview was conducted with R84. R84 stated they had been asking to see the podiatrist for months now and had yet to see them. R84 reported they have long toenails and that they hurt.A review of the medical record revealed R84 admitted into the facility on 5/9/2025 with the following medical diagnoses, Parkinson's Disease and Muscle Weakness. A review of the Minimum Data Set assessment revealed a Brief Interview for Mental Status score of 14/15 indicating an intact cognition. R84 also required staff assistance with bed mobility and transfers.A request for R84's most recent podiatry note was requested and not received by the end of survey.On 12/2/2025 at 11:15 AM, an observation of R84's toenails were completed with Certified Nursing Assistant (CNA) A. CNA A reported they had given R84 a shower the day prior and marked on the shower sheet that R84 needed their toenails cut. R84's toenails were observed to be thick, and curled due to their long length, they were also noted to be yellowish in color with black on some of the toenails.A review of R84's shower documentation for the months of November and December had the question, Does the resident need he/her toenails cut? marked as yes on the following days, 11/24/2025,11/27/2025, and 12/1/2025.On 12/3/2025 at 9:11 AM, an interview was conducted with Social Service Director (SSD) C. SSD C reported if a resident wants to see podiatry, then the floor staff will usually inform them, and they will get added to the book to be seen. SSD C reported the podiatry group also sends over their own list and then they will update need be. SSD C reported they were asked to send a referral over for R84 the day prior and had already sent an email over to add R84 to the podiatry list to be seen at their next visit.On 12/03/2025 at 2:52 PM an interview was conducted with the Director of Nursing (DON) The DON reported their expectation is that once they get the shower sheets back from the CNA's and there is an issue documented such as long toenails, they should let Social Work know that and then the resident should be put on the podiatry list as soon as possible.A facility policy related to podiatry services was requested but not received by the end of the survey.

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F 0700 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Try different approaches before using a bed rail. If a bed rail is needed, the facility must (1) assess a resident for safety risk; (2) review these risks and benefits with the resident/representative; (3) get informed consent; and (4) Correctly install and maintain the bed rail. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to document the physician's order, consent for use, risk versus benefits, attempted alternatives, and consistently monitor for the use of side rails for two residents (R50 and R89) of two residents reviewed for side rails. Findings include: R50 On 12/1/25 at 12:00 PM, R50 was observed sitting in their wheelchair. An observation of the resident's bed revealed two black side rails approximately 32 inches in length. R50 was asked about the rails and explained they like them there because they make them feel safe. A review of R50's medical record revealed they were admitted into the facility on [DATE] with diagnoses which include Cerebral Infarction, Acute Respiratory Failure with Hypoxia, and Heart Failure. Further review revealed the resident was cognitively intact and required 2-person assist for bed mobility, per their care plan. Further review of the care plan did not address the resident's side rails, and there were no physician orders in place for the side rails. A review of the Nursing Side Rail assessment dated [DATE] noted the side rails were being ordered for positioning, and a trapeze (intended to provide a resident change position in bed) had been tried as an alternative. In addition, the assessment had seven questions related to the measurements of the side rail in relation to the mattress, headboard, and footboard, and the spots for the completion of those questions were blank. On 12/2/25 at 3:08 PM, a request for documented informed consent for the use of the side rails was requested in addition to a maintenance assessment to the facility, however, it was not received by the end of the survey. 12/3/25 at 9:56 AM, R50 was observed in bed and asked about the side rails again. They explained the rails were taken off last night and placed back on. The resident was asked if they had ever trialed an alternative for the side rails for repositioning, such as a trapeze, and the resident indicated they had not. On 12/3/25 at 1:47 PM, the Director of Rehabilitation (DOR D) was asked about R50's side rail and indicated they are being used for mobility, and the side rails are actually assist bars for the older model bariatric bed the resident is using. DOR D was asked for the process of installing side rails and explained an assessment is completed, the side bars are installed, and there are ongoing assessments for safety. DOR D was asked for documentation of risk versus benefits of the side rail, and explained there is nothing written, but was discussed with the resident. Regarding the side rail assessment indicating a trapeze had been attempted as an alternative, DOR D admitted it had not been trialed due to R50 not having the strength to utilize it. On 12/3/25 at 3:45 PM, Director of Maintenance (DOM E) was asked about maintenance checks of assist bars and side rails on residents' beds, and explained that safety checks are completed monthly however, there isn't any documentation of the checks. (continued on next page)

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F 0700 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 12/3/25 at 2:56 PM, the Director of Nursing (DON) was asked about the side bars and explained they were advised by the provider they obtained the bed from, that the side bars were assist bars which is what she thought they were. The DON further explained that maintenance completes the measurements of the bars, and therapy completes the risks versus benefits. On 12/3/25 at 10:16 AM, a request for a Bed Rails policy was requested, and not received by the end of the survey. R89 On 12/3/2025 at 2:14 PM, R89 was observed sitting in bed in an upright position. R89 was noted to have two side rails installed on the resident's bed. The side rails were approximately 32 inches in length. R89 reported the side rails help them push up in bed and move side to side. A review of the medical record revealed R89 admitted into the facility on 1/4/2025 with the following diagnoses, Muscle Weakness and Age-Related Physical Debility. A review of the most recent Minimum Data Assessment (MDS) set revealed a Brief Interview for Mental Status score of 15/15 indicating an intact cognition. R89 also required staff assistance with bed mobility and transfers. Further review of the MDS, physician orders, or care plan, did not note R89 having side rails in place. A consent was not observed in the medical record for the side rails as well. Further review of the medical record revealed Nursing Side Rail Assessments with the effective dates of 3/5/2025, 7/4/2025, and 10/3/2025. The section with the header of Measurements are in inches is blank on all three assessments. A request for a facility policy related to side rails was requested but not obtained by the end of survey.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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 interview and record review, the facility failed to ensure a prescribed medication (lacosamide-anticonvulsant medication) was available for administration for one resident (R1) of 24 whose medications were reviewed. Findings Include:A review of the record for R1 revealed R1 had an original admission date of 06/06/19 with a readmission on [DATE]. Diagnoses included Seizures, Epilepsy, and Stroke. A review of the active care plan documented, I have a seizure disorder related to Disease process Seizure, Date Initiated: 09/19/2022. Give me my medications as ordered. Observe me for effectiveness and side effects. Date Initiated: 09/19/2022.A review of the medication orders revealed, Lacosamide oral solution 100 mg (milligrams)/ 10 ml (milliliters) Give 20 ml two times a day related to Generalized Idiopathic Epilepsy and Epileptic Syndrome . A review of the December 2025 Medication Administration Record (MAR) revealed the Lacosamide was not documented as given twice daily on 12/01, 12/02, with the morning dose missed on 12/3. A review of the nursing progress notes for the December dates documented the medication was unavailable and on order.On 12/03/2025 at 2:48 PM, the missed Lacosamide doses were reviewed with the Director of Nursing (DON) who reported medications should be reordered by the nurse and administered as ordered. On 12/03/2025 at 2:19 PM, R1 reported I need that for my Epilepsy when asked about the missed doses of the Lacosamide.A review of the facility policy titled, Medication Orders did not address timely administration of ordered medications.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235509	A. Building B. Wing	12/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Orchards at Warren	12250 East 12 Mile Road Warren, MI 48093

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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 0791 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide or obtain dental services for each resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure an oral surgeon consultation was completed timely for one resident (R8) of three whose ancillary services were reviewed. Findings include: On 12/01/2025 at 10:18 AM, R8 was observed to be in their room lying in bed dressed in a hospital style gown. R8 was asked about mouth care and when asked if it was completed daily R8 showed their teeth and shook their head No. The middle upper teeth were missing or appeared broken. The front teeth on the lower jaw were more aligned but with a build of white debris in the spaces between the teeth. R8 shook their head yes when asked if they would like their teeth brushed more often. R8 was observed to have a hand contracture on the left and when asked if they could move their arms lifted them a few inches off the bed and was not able to move beyond that position. R8 reported they would allow staff to brush their teeth. R8 was receiving tube feeding and reported they also received a tray of food with meals. On 12/01/2025 at 1:10 PM, R8 was observed assisted to eat by staff. A review of the record for R8 revealed R8 was admitted into the facility on [DATE]. Diagnoses included Failure to Thrive, Physical Debility, and Stroke. A review of the active care plan documented Focus entries which included, I am dependent on staff for meeting emotional, intellectual, physical, and social needs, and I have an ADL (activities of daily living) deficit requiring assistance. A review of the Minimum Data Set (MDS) assessment dated [DATE] indicated moderately impaired cognition. The section for Oral/Dental status indicated as no the answer to Obvious or likely cavity or broken natural teeth. A review of the visiting dental group exam note dated 06/16/25 documented, .Patient reports that (they are) having oral discomfort. Recommend extraction of non-restorable teeth (#4,5, 6, 7, 9, 15, 18, 31) with oral surgeon (OS) . It was also indicated to follow up for dentures and patient would benefit from assistance with toothbrushing and flossing. A 07/29/25 dental group note documented, .not due for treatment. Patient has not yet seen oral surgeon. A 08/13/25 dental group noted documented, .Pt was examined bedside; Intraoral exam shows non-restorable teeth still present; patient has not yet seen oral surgeon. Social Services reports that facility is working on getting patient scheduled with OS .On 12/03/2025 at 12:41 PM, Social Worker C was asked about the referral documentation for an oral surgery appointment requested for R8 by the visiting dentist. At 2:28 PM, SW C provided an appointment that been scheduled for the 07/10/25 timeframe. It was noted the appointment had been cancelled due to the need for R8 to go on a stretcher. SW C was asked why there was an additional four-month delay and SW C reported they had not been aware the cancelled visit had not been followed up. SW C provided a dispatch form dated 07/10/25 which indicated R8 as unable to sit up safely in wheelchair, the visiting dental group exam noted dated 06/16/25 and the 06/16/25 physician order for the referral to oral surgery confirmed by the unit manager.On 12/03/2025 at 2:38 PM, Staff F reported they had made the appointment with the oral surgeon, but it had been cancelled due to the need for a stretcher. Staff F reported they did not know why the appointment had not yet been completed and was not sure would have followed up to ensure it was done.On 12/03/2025 at 2:51 PM, the Director of Nursing (DON), reported staff should have followed up the cancelled appointment and notified the social worker or the unit manager. The DON reported SW does the ancillary physician appointments. A policy related to outside appointments was requested on 12/03/25 but not received prior to survey exit.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235509	A. Building B. Wing	12/03/2025

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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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observation, interview and record review, the facility failed to don appropriate personal protection equipment (PPE) when providing care for two residents (R1 and R8) of three observed for Enhanced Barrier Precautions (EBP - use of gloves and gowns for high-contact care activities). Findings include: On 12/02/2025 at 9:27 AM, a medication administration was observed with Licensed Practical Nurse (LPN) I for R1. The room of R1 had a sign on the door which indicated R1 was on Enhanced Barrier Precautions (EBP). LPN I entered the room and donned a pair of gloves. A gown was not worn. LPN I administered the medications separately, via a PEG (percutaneous endoscopic gastrostomy tube - tube inserted externally into the stomach for liquid nutrition). On 12/03/2025 at 8:10 AM, Certified Nursing Assistant (CNA) J was observed to enter the room of R8 with a clear plastic bag of wash towels. CNA J then exited the room. CNA J re-entered the room of R8 and closed the door. The sign on the door indicated both residents residing in the room were on EBP. R8 was observed to have tube feeding via a PEG tube and a pump. The EBP sign documented that gloves and a gown were required for dressing, bathing showering, transferring, changing linens, providing hygiene, changing briefs or assisting with toileting. CNA J was staff not observed to put on PPE for resident care. A plastic cart with PPE was observed to the right side of the door to R8's room. On 12/03/2025 at 8:14 AM, CNA J reported they had repositioned R8 when in room providing care. CNA J confirmed R8 was on enhanced barrier precautions and acknowledged they should have donned PPE before going in to provide care. On 12/03/2025 at 11:38 AM, the Director of Nursing (DON) reported staff should have donned the PPE of a gown and gloves for the care provided to R1 and R8. A review of the undated policy titled, Enhanced Barrier Precautions (EBP) revealed, It is the policy of this facility to implement enhanced barrier precautions for preventing transmission of novel or targeted multidrug-resistant organisms . Enhanced barrier precautions refer to the use of gown and gloves for certain residents during specific high-contact resident care activities that have been found to increase risk for transmission of multidrug-resistant organisms . Initiation of Enhanced Barrier Precautions - Nursing staff may place residents with certain conditions or devices on enhanced barrier precautions empirically while awaiting physician orders. Examples include but are not limited to: Wounds and/or indwelling medical devices (e.g., central line, urinary catheter, feeding tube, tracheostomy/ventilator) regardless of MDRO colonization status. Infection or colonization with a novel or targeted MDRO when contact precautions do not apply .