STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235522	A. Building B. Wing	12/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hillcrest Nursing and Rehabilitation Community	695 Mitzi Street North Muskegon, MI 49445

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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to follow professional standards of nursing practice for 5 of 12 residents (Resident #17, #1, #14, #23, and #29) reviewed for medication administration.Findings:Resident #17 (R17)Review of an admission Record revealed R17 was a [AGE] year-old female, admitted to the facility on [DATE].During an observation and interview on 12/04/2025 at 7:38 AM, Registered Nurse (RN) D administered 10 medications to R17 out of the 22 medications scheduled for the morning and exited the room. RN D did not report that he would be returning with additional medications for R17 or that there were any medications unavailable at that time.Review of R17 Medication Administration Record (MAR) on 12/04/2025 at 8:36 AM revealed that the 10 of 22 medications administered to R17 had not been documented as administered although RN D had completed that portion of the medication pass.During an interview on 12/04/2025 at 10:58 AM, RN D reported that the process was to get the medications prepared and click prep on the screen in the EMAR (electronic medication administration record) and once the medications are administered the finalize button is used to process/complete the medication pass. RN D reported that medications were to be signed out of the MAR immediately following the administration.During an interview on 12/04/2025 at 12:43 PM, RN D reported that following the initial medication administration, he returned to R17's room to administer the 12 additional medications and then documented in the EMAR. Confirming R17's medications were not documented as administered following the standard of practice of medication administration.Review of Fundamentals of Nursing ([NAME] and [NAME]) 11th edition revealed, After administering a medication, immediately document which medication was given on a patient's MAR per agency policy to verify that it was given as ordered. Inaccurate documentation, such as failing to document giving a medication or documenting an incorrect dose, leads to errors in subsequent decisions about patient care. [NAME], [NAME] A.; [NAME], [NAME] G.; Stockert, [NAME] A.; Hall, [NAME]. Fundamentals of Nursing - E-Book (pp. 643-644). Elsevier Health Sciences. Kindle Edition.Resident #1 (R1)Review of an admission Record revealed R1 was a [AGE] year-old female, admitted to the facility on [DATE], with pertinent diagnoses which included: diabetes.Review of R1's Order Summary dated 11/26/25 revealed, Humalog KwikPen Insulin (insulin lispro) insulin pen; 100 unit/mL; Amount to Administer: 12 units; subcutaneous Three Times A Day Hold for BS <120 (blood sugar less than 120). To be administered with breakfast, lunch, and dinner.Review of R1's November and December Medication Administration Record revealed:*On 11/28/25 R1's blood sugar was 115 and the lunchtime Humalog was administered.*On 11/29/25 R1's blood sugar was 73 and the lunchtime Humalog was administered.*On 12/1/25 R1's blood sugar was 102 and the breakfast Humalog was administered.*On 12/3/25 R1's blood sugar was 111 and the breakfast Humalog was administered.Review of R1's Electronic Medical Record revealed no documentation that the Humalog had been held or documentation to support the administration of the Humalog outside of parameters.Resident #14 (R14)Review of an admission Record revealed R14 was a [AGE] year-old female, admitted to the facility on [DATE], with pertinent diagnoses which included: diastolic congestive heart failure.Review of R14's Order Summary dated 11/17/2025 revealed, Midodrine tablet; 2.5 mg; amt: 1 tablet; oral Special Instructions: Take 1 tablet (2.5mg total) (continued on next page)

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235522	A. Building B. Wing	12/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hillcrest Nursing and Rehabilitation Community	695 Mitzi Street North Muskegon, MI 49445

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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	by mouth 3 (three) times a day before meals. Hold if SBP >140 (systolic blood pressure is greater than 140) Upon Rising, Mid-Day, Evening. Review of R14's November Medication Administration Record revealed:*On 11/23/25 R14's blood pressure was 157/79 and her morning midodrine was administered.*On 11/29/25 R14's blood pressure was 157/77 and her morning midodrine was administered.Review of R14's Electronic Medical Record revealed no documentation that the midodrine had been held or documentation to support the administration of the midodrine outside of parameters.Resident #23 (R23)Review of an admission Record revealed R23 was a [AGE] year-old female, admitted to the facility on [DATE], with pertinent diagnoses which included: diabetes.Review of R23's Order Summary dated 11/04/2025 revealed, Admelog SoloStar U-100 Insulin (insulin lispro) insulin pen; 100 unit/mL; Amount to Administer: 28 units; subcutaneous Three Times A Day Hold if BS <120. To be administered with breakfast, lunch, and dinner.Review of R23's November Medication Administration Record revealed:*On 11/5/25 R23's blood sugar was 90 and her dinner Admelog was administered.*On 11/7/25 R23's blood sugar was 119 and her lunch Admelog was administered.*On 11/13/25 R23's blood sugar was 93 and her breakfast Admelog was administered.*On 11/14/25 R23's blood sugar was 100 and her breakfast Admelog was administered.*On 11/17/25 R23's blood sugar was 107 and her breakfast Admelog was administered.*On 11/18/25 R23's blood sugar was 83 and her breakfast Admelog was administered.*On 11/19/25 R23's blood sugar was 91 and her breakfast Admelog was administered.Review of R23's Electronic Medical Record revealed no documentation that the Admelog had been held or documentation to support the administration of the Admelog outside of parameters.Resident #29 (R29)Review of an admission Record revealed R29 was a [AGE] year-old male, admitted to the facility on [DATE], with pertinent diagnoses which included: diabetes.Review of R29's Order Summary dated 11/18/2025 revealed, Insulin lispro insulin pen; 100 unit/mL; Amount to Administer: 6 units; subcutaneous Before Meals Hold for BS <120.Review of R29's November and December Medication Administration Record revealed:*On 11/24/25 R29's blood sugar was 111 and the breakfast lispro was administered.*On 11/30/25 R29's blood sugar was 112 and the breakfast lispro was administered.*On 11/30/25 R29's blood sugar was 109 and the lunch lispro was administered.*On 12/4/25 R29's blood sugar was 105 and the breakfast lispro was administered.Review of R29's Electronic Medical Record revealed no documentation that the lispro had been held or documentation to support the administration of the lispro outside of parameters.During an interview on 12/04/2025 at 2:06 PM, the Director of Nursing (DON) provided documentation showing a licensed nurse had been incorrectly documenting that medications had been held following the ordered parameters on multiple dates. She confirmed the medication errors and/or documentation errors listed above and reported that immediate education had been provided to the licensed nurses involved. DON reported that all licensed nurses would receive education on following ordered parameters and on complete and accurate documentation. Review of Fundamentals of Nursing ([NAME] and [NAME]) 11th edition revealed, Responsibilities of medication administration include knowing medication therapeutics, assessing a patient before administration, calculating doses, administering medications using the seven rights, monitoring and evaluating medication effects, and assessing a patient's ability to self-administer medications.The seven rights of medication administration include the right medication, right dose, right patient, right route, right time, right documentation, and right indication. [NAME], [NAME] A.; [NAME], [NAME] G.; Stockert, [NAME] A.; Hall, [NAME]. Fundamentals of Nursing - E-Book (p. 705). Elsevier Health Sciences. Kindle Edition.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235522	A. Building B. Wing	12/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hillcrest Nursing and Rehabilitation Community	695 Mitzi Street North Muskegon, MI 49445

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview, and record review, the facility failed to maintain best practices in the food service area resulting in the potential to spread food borne illness to all residents that consume food from the kitchen. Findings Include:On 12/02/2025 at 10:05 AM, observed debris collected in the bottom of the ice scoop holder installed on the wall by the ice machine. According to the 2022 FDA Food Code section 4-601.11 Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils. (A) EQUIPMENT FOOD-CONTACT SURFACES and UTENSILS shall be clean to sight and touch. (B) The FOOD-CONTACT SURFACES of cooking EQUIPMENT and pans shall be kept free of encrusted grease deposits and other soil accumulations. (C) NonFOOD-CONTACT SURFACES of EQUIPMENT shall be kept free of an accumulation of dust, dirt, FOOD residue, and other debris.On 12/02/2025 at 10:21 AM, observed a water line at ceiling level, directly over dried good products on shelving in the dry storage room. During the walkthrough of facility with Maintenance Supervisor (MS) B, it was confirmed that the line was a water line and supplied the sprinkler system. According to the 2022 FDA Food Code section 3-305.11 Food Storage. (A) Except as specified in (B) and (C) of this section, FOOD shall be protected from contamination by storing the FOOD: (1) In a clean, dry location; (2) Where it is not exposed to splash, dust, or other contamination; and (3) At least 15 cm (6 inches) above the floor.On 12/02/2025 at 10:28 AM, in the refrigerator used to store residents' personal food, salsa was observed without a date and with mold growth on top of the food. Dietary Manager (DM) J stated that dietary staff was not responsible for dating the residents' food.According to the 2022 FDA Food Code section 3-501.17 Ready-to-Eat, Time/Temperature Control for Safety Food, Date Marking. (A) Except when PACKAGING FOOD using a REDUCED OXYGEN PACKAGING method as specified under S 3-502.12, and except as specified in (E) and (F) of this section, refrigerated, READY-TOEAT, TIME/TEMPERATURE CONTROL FOR SAFETY FOOD prepared and held in a FOOD ESTABLISHMENT for more than 24 hours shall be clearly marked to indicate the date or day by which the FOOD shall be consumed on the PREMISES, sold, or discarded when held at a temperature of 5 C (41 F) or less for a maximum of 7 days. The day of preparation shall be counted as Day 1. (B) Except as specified in (E) -(G) of this section, refrigerated, READY-TO-EAT TIME/TEMPERATURE CONTROLOn 12/02/2025 at 10:28 AM, observed in refrigerator used to store residents' food, there was a large amount of water on the top shelf of the refrigerator.According to the 2022 FDA Food Code section 4-601.11 Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils. (A) EQUIPMENT FOOD-CONTACT SURFACES and UTENSILS shall be clean to sight and touch. (B) The FOOD-CONTACT SURFACES of cooking EQUIPMENT and pans shall be kept free of encrusted grease deposits and other soil accumulations. (C) NonFOOD-CONTACT SURFACES of EQUIPMENT shall be kept free of an accumulation of dust, dirt, FOOD residue, and other debris.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235522	A. Building B. Wing	12/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hillcrest Nursing and Rehabilitation Community	695 Mitzi Street North Muskegon, MI 49445

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 - Some	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 have an active plan for reducing the risk of legionella and other opportunistic pathogens of premise plumbing (OPPP). This deficient practice has the increased potential to result in waterborne pathogens to exist and spread in the facility's plumbing system and an increased risk of respiratory infection among all residents in the facility.Findings Include:On 12/02/2025 at 12:50PM, during an interview with Maintenance Supervisor (MS) B, regarding the water management plan, it was disclosed that room [ROOM NUMBER] has a non-operational shower (water lines) that is not being flushed. The water lines for the shower have been non-operational for over a year. At time of observation on 12/02/2025, the shower did not have a faucet handle and did not appear to be able to be turned on at the shower wall.Record review of the facility's water management document, Control Measures and Actions, under the Facility Control Measures section, it is noted that maintenance runs faucets and flushes toilets throughout the facility during monthly rounds.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235522	A. Building B. Wing	12/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hillcrest Nursing and Rehabilitation Community	695 Mitzi Street North Muskegon, MI 49445

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 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure medication error rates are not 5 percent or greater. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and document review, the facility failed to ensure medications were administered in accordance with physician orders without errors for 1 of 3 residents (Resident #17) observed during the medication administration task. This resulted in a facility medication error rate of 8.33% (3 errors out of 36 opportunities).Findings include:Resident #17 (R17)Review of an admission Record revealed R17 was a [AGE] year-old female, admitted to the facility on [DATE].During an observation and interview on 12/04/2025 at 7:38 AM, Registered Nurse (RN) D administered 10 medications to R17 out of the 22 medications scheduled for the morning. RN D administered 1 tablet of Vitamin C, 1 capsule of Vitamin D3, and 1 capsule of potassium chloride. At the time RN D was preparing the potassium chloride he was asked if the order was for only 1 capsule of potassium chloride to which he responded yes, only 1.Following the medication administration observation a medication reconciliation was completed utilizing R17's Order Summary which revealed R17 was to receive:ascorbic acid (vitamin C) tablet; 250 mg; 4 tabletspotassium chloride capsule, extended release; 10 mEq; 2 tablets; andvitamin D3 (cholecalciferol (vitamin d3)) capsule; 25 mcg (1,000 unit); 2 capsules.During an interview on 12/04/2025 at 2:15 PM, the Director of Nursing (DON) was notified of the medication errors.Review of Fundamentals of Nursing ([NAME] and [NAME]) 11th edition revealed, The seven rights of medication administration include the right medication, right dose, right patient, right route, right time, right documentation, and right indication. [NAME], [NAME] A.; [NAME], [NAME] G.; Stockert, [NAME] A.; Hall, [NAME]. Fundamentals of Nursing - E-Book (p. 705). Elsevier Health Sciences. Kindle Edition.