

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235528	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/02/2025
NAME OF PROVIDER OR SUPPLIER The Village of East Harbor		STREET ADDRESS, CITY, STATE, ZIP CODE 33875 Kiely Dr Chesterfield Townshi, MI 48047	

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 0584</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 a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47964</p> <p>Based on observation, interview, and record review the facility failed to ensure space heaters were not in use for two residents (R49 and R51) out of nineteen residents reviewed for safe, clean, homelike environment. Findings include:</p> <p>R49</p> <p>On 3/31/25 at 10:36 AM, R49 was observed in bed with a space heater near the room heating and cooling unit. When queried about the space heater R49 stated, We have had to use space heaters in our room since the fall because the heat wasn't working properly. Someone from maintenance brought in the heaters for us to use. The room heating and cooling unit was observed not blowing air.</p> <p>On 4/01/25 at 8:24 AM, two space heaters were observed in use in R49 and R51's room. The room heating unit was not blowing air.</p> <p>On 4/01/25 at 8:28 AM, Licensed Practical Nurse (LPN) A was interviewed regarding R49's room heating unit and said they were not sure how long the room heating unit wasn't working.</p> <p>On 4/01/25 at 3:44 PM, Certified Nursing Assistant (CNA) B was interviewed and said the room heater in R49 and R51's room hasn't been working for at least two months, and staff have been using space heaters to heat the room.</p> <p>Record review of R49's Electronic Health Record (EHR) revealed R49 was admitted to the facility on [DATE] with diagnoses of multiple sclerosis and muscles weakness.</p> <p>Review of R49's Brief interview for Mental Status assessment performed on 2/10/2025 revealed a score of 15/15, intact cognition. Review of R49's functional mobility assessment dated [DATE] revealed dependent for bed mobility and transfers.</p> <p>R51</p> <p>On 4/02/25 at 9:06 AM, R51 was interviewed and said the room heater unit was broken since early winter and they have been using a space heater all winter.</p> <p>(continued on next page)</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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 4/01/25 at 8:52 AM, Maintenance Director (MD) C was interviewed and said there has been a problem with the heating unit in R49 and R51's room. When asked how long the heating unit was not working (MD) C could not give an exact timeline and said space heaters are used for emergency use only.</p> <p>Record review of R51's Electronic Health Record (EHR) revealed R51 was admitted to the facility on [DATE] with diagnoses of hemiplegia and hemiparesis (one sided weakness) following Cerebral infarction (stroke).</p> <p>Review of R51's Brief interview for Mental Status assessment performed on 1/3/25 revealed a BIMS of 11/15, moderately impaired cognition.</p> <p>On 4/2/2025 at 11:30 AM, the Nursing Home Administrator (NHA) was queried about the heating unit in room [ROOM NUMBER] and the use of space heaters. The NHA said he was aware of the heater not working and was waiting for a room to become available to transfer R49 and R51. When queried about space heater use the NHA said space heaters are used for short term and emergency use only.</p> <p>Review of the facility policy Resident Rights undated noted: 9. Safe Environment: The resident has a right to a safe, clean, comfortable and homelike environment.</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49699</p> <p>Based on observation, interview, and record review, the facility failed to ensure a cervical [NAME] and thoracic lumbar support orthotic (TLSO) was properly applied for two residents (R261 and R256) of two residents reviewed for protective orthotic devices. Findings include:</p> <p>R261</p> <p>On 3/31/2025 at 10:49 AM, R261 was observed sitting in a wheelchair in their room with a rigid cervical collar in place. The chin portion of the collar was approximately 3 inches to the left of her chin. R261 was also observed with a left arm sling. The arm sling straps were across the right side, bottom of the rigid collar. R261 was observed moving their head side to side. There was no support to her chin which would allow her to nod her head forward. An inquiry to their comfort revealed the collar is uncomfortable.</p> <p>A review of the electronic medical record (EMR) revealed R261 was admitted to the facility on [DATE] with the following pertinent diagnoses: Non-displaced fracture of the first cervical vertebra, fracture of surgical neck of left humerus after a fall. Further record review revealed R261 had a Basic Interview for Mental Status score of 13/15 indicating an intact cognition. The record further revealed R261 required Maximum/Substantial Assistance for toileting, bathing, and dressing.</p> <p>On 3/31/2025 at 4:30 PM a therapist was asked about the positioning of the rigid cervical collar. The therapist explained that the collar should be snugly positioned under the chin to restrict movement side to side and forward and back.</p> <p>On 4/1/2025 at 12:56 PM R261 was observed sitting in her wheelchair at lunch. R261 was noted to have the rigid cervical collar aligned with the chin, about two inches of space between the chin area on the collar and the resident chin, allowed some forward movement.</p> <p>On 4/1/2025 at 8:30 AM Registered Nurse (RN) E was interviewed and asked about how devices are supposed to be applied. RN E said most staff know how to secure the protective devices and most devices come with instructions or we can ask therapists.</p> <p>On 4/1/2025 a review of the electronic medical record (EMR) physician's orders dated 3/21/2025 revealed R261 was to wear the cervical collar, on at all times.</p> <p>On 4/1/2025 at 12:56 PM, Rehabilitation Unit Manager (RUM) D was queried regarding application of protective medical devices. RUM D said staff were familiar with most medical devices and that instructions were not posted unless the device is unusual or new.</p> <p>R256</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 4/1/2025 at 9:53 AM, R256 was observed with Physical Therapy Assistant (PTA) F in a reclining chair in their room. R256 was observed with a Thoracic Lumbar Support Orthotic (TLSO) very high on the torso and no wrist splint. R256 was queried regarding the device and revealed it was not doing any good and was very uncomfortable. PTA F was queried about the device placement and said R256 should really not be sitting in the recliner and this could cause R256's device to ride up as resident slides down. PTA F was queried inquired why they were not wearing their wrist splint, and had no response.</p> <p>A review of the EMR revealed R256 was admitted to the facility on [DATE] with the following pertinent diagnoses: Fracture of the right radius and wedge compression fracture of the second lumbar vertebrae. Further review revealed a Basic Interview for Mental Status Score of 8/15 indicating moderately impaired cognition and required Maximum/Substantial Assistance for toileting, bathing, and dressing.</p> <p>A review of the physician order, dated 3/22/2025 revealed R256 should wear TLSO when out of bed and wrist splint at all times.</p> <p>On 4/2/2025 the Director of Nursing (DON) was queried regarding how specific medical device application was communicated to the staff and confirmed all of the professional staff received training during school so should know the correct way to use the devices.</p> <p>A review of the policy Splints, Braces and Slings did not reveal information about devices that accompany residents on admission.</p>		

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<p>F 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>46956</p> <p>Based on interview and record review, the facility failed to provide eight consecutive hours of Registered Nurse (RN) coverage for five days of the period from 10/01/24 until 04/01/25 potentially affecting all 92 residents that residen in the facility. Findings include:</p> <p>Review of the Payroll-Based Journal (PBJ) data submission revealed the facility had been identified as having four or more days without adequate RN coverage for the most recent annual quarter. Review of the facility daily nursing staff postings revealed a total of 39 days during the quarter showing no RN hours for the day.</p> <p>The facility Director of Nursing (DON) was made aware of the staff posting days identified as having no RN coverage and was asked to provide any documentation supporting the presence of RN coverage that would not show on the daily posting such as a Minimum Data Set (MDS) RN or Staff Education RN.</p> <p>Documentation supporting additional RN coverage was reviewed including timeclock punch records with staff identifying information. This review verified a total of five days being identified as having no RN coverage including 10/13/24, 10/26/24, 11/23/24, 12/25/24, and 01/4/25.</p> <p>On 04/02/25 at 12:33 PM, the DON was interviewed and acknowledged the facility has some difficulty in securing RN coverage at times and identified the issue is being addressed in the facility Quality Assurance and Performance Improvement (QAPI) process. The DON reported the expectation and goal is there will be adequate RN coverage seven days per week.</p> <p>A facility policy addressing RN coverage was requested and the facility indicated they did not have one.</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>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.</p> <p>49699</p> <p>Based on observation, interview, and record review, the facility failed to label and store medication properly in one of four medication carts and in one (R3) of one resident room. Finding include:</p> <p>On 3/31/25 at 09:57 AM, an observation of Brimonidine Tartrate Ophthalmic eye drops were located on the overbed table of R3. The medication was not labeled with R3's name and was available to anyone passing by. Review of the physician orders did not reveal an order for self administration.</p> <p>On 4/1/2025 at 10:45 AM, in top drawer of Cart 2 on 300 Hall, there was a previously opened bottle of Nuplazid 34 without an open date.</p> <p>On 4/1/2025 at 7:30 AM, an interview with Licensed Practical Nurse (LPN) H revealed upon inquiry no eye drops or medications of any kind should be at resident bedside.</p> <p>On 4/1/2025 at 8:15 AM, an interview with LPN I upon inquiry revealed the medication that was not labeled should have been dated and labeled when opened.</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 22960</p> <p>Based on observation, interview, and record review, the facility failed to prepare food in accordance with professional standards for food service safety. This deficient practice has the potential to result in food borne illness among all residents that consume food from the kitchen. Findings include:</p> <p>In the dry storage room, there was a buildup of trash on the floor underneath the racks, and the ceiling vent cover was coated with dust.</p> <p>According to the 2017 FDA Food Code section 6-501.14 Cleaning Ventilation Systems, Nuisance and Discharge Prohibition, (A) Intake and exhaust air ducts shall be cleaned and filters changed so they are not a source of contamination by dust, dirt, and other materials.</p> <p>In the walk-in cooler, there was raw beef and raw chicken stored next to fully cooked ham. DM confirmed the meat items were not stored appropriately, and moved the items to a different rack.</p> <p>According to the 2017 FDA Food Code section 3-302.11 Packaged and Unpackaged Food - Separation, Packaging, and Segregation, (A) Food shall be protected from cross contamination by: .(2) Except when combined as ingredients, separating types of raw animal foods from each other such as beef, fish, lamb, pork, and poultry during storage, preparation, holding, and display by: .(b) Arranging each type of food in equipment so that cross contamination of one type with another is prevented,.</p> <p>The flooring underneath the table holding the juice machines, was observed with a thick layer of brown, syrupy sludge. In addition, the drip pans on both juice machines were observed with a thick layer of gelatinous, pooled juice. DM made note of the soiled flooring, but provided no explanation.</p> <p>According to the 2017 FDA Food Code section 6-501.12 Cleaning, Frequency and Restrictions, (A) Physical facilities shall be cleaned as often as necessary to keep them clean.</p> <p>In the dish machine room, there was a leaking pipe underneath the soiled drainboard. The flooring underneath the leak was observed with standing water, and the surface of the tiles was stained with a black, slimy substance. In addition, the drain pipe for the garbage grinder was leaking liquid onto the floor underneath. There was a thick layer of slime on the floor tiles, and swarms of gnats were observed underneath and adjacent to the garbage grinder. DM confirmed the 2 leaks, but provided no further explanation for the soiled flooring or the gnats.</p> <p>According to the 2017 FDA Food code section 5-205.15 System Maintained in Good Repair, A plumbing system shall be: (A) Repaired according to law; P and(B) Maintained in good repair.</p> <p>According to the 2017 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: .4. (D) Eliminating harborage conditions.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>At 9:00 AM and 11:45 AM, [NAME] H. observed preparing food, with a beard and no beard restraint. When queried, [NAME] stated he should be wearing a beard restraint.</p> <p>According to the FDA Food Code section 2-402.11 Effectiveness, (A) Except as provided in (B) of this section, food employees shall wear hair restraints such as hats, hair coverings or nets, beard restraints, and clothing that covers body hair, that are designed and worn to effectively keep their hair from contacting exposed food; clean equipment, utensils, and linens; and unwrapped single-service and single-use articles.</p> <p>At 9:30 AM, in the Ontario kitchenette, the interior of the microwave was soiled with splattered food, and the wall behind the counter was observed with large areas of peeling paint. Dietary Aide [NAME] was observed operating the dish machine. When queried about how the staff tests the dish machine for adequate sanitization, [NAME] pointed to the digital temperature display on the front of the dish machine. [NAME] further stated that the temperature display was not getting up to the proper temperature, so they were going to bring the dishes down to the main kitchen to be cleaned.</p> <p>According to the 2017 FDA Food Code section 4-601.11 Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils, .(C) Nonfood-contact surfaces of equipment shall be kept free of an accumulation of dust, dirt, food residue, and other debris.</p> <p>At 12:25 PM The microwave located in the [NAME] kitchenette was heavily soiled on the inside. [NAME] confirmed that it needed to be cleaned. When queried about the dish machine log in the [NAME] kitchenette, [NAME] looked in the binder, couldn't find a log, and stated that they really don't use the machine. Stated they bring their dishes back to the main kitchen. Staff was queried, and stated that she uses the dish machine for the coffee pots.</p> <p>4-703.11 Hot Water and Chemical, After being cleaned, EQUIPMENT FOOD-CONTACT SURFACES and UTENSILS shall be SANITIZED in: (A) Hot water manual operations by immersion for at least 30 seconds and as specified under S 4-501.111; P (B) Hot water mechanical operations by being cycled through EQUIPMENT that is set up as specified under SS 4-501.15, 4-501.112, and 4-501.113 and achieving a UTENSIL surface temperature of 71 C (160 F) as measured by an irreversible registering temperature indicator; P.</p>