STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235532	A. Building B. Wing	01/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ashley Healthcare Center	103 West Wallace Street Ashley, MI 48806

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 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough food/fluids to maintain a resident's health. 31771 Based on observation, interview, and record review, the facility failed to ensure one Resident (R206) was provided adequate, accessible hydration. Findings: Review of the medical record reflected R206 admitted to the facility 12/19/24 with diagnoses that included heart and kidney failure. The medical record reflected R206 admitted to hospice on 12/26/24. The Care Plan reflected the Resident required extensive assistance with transfer and bed mobility. On 1/7/25 at 3:28 PM, R206 was observed in her bed sleeping with her mouth open. It was observed that her lips were dry and peeling and her tongue appeared dry. On 1/8/25 at 2:07 PM, R206 was asleep in her bed and her water cup was on an over-the-bed table which was pulled away from the bed well out of reach of the Resident On 1/9/25 at 8:19 AM, R206 was observed in bed, uncovered, with the blanket on the floor next to the bed. Her water cup was observed on a night stand out of her reach and the call light button was observed on the floor next to the bed out of sight and reach for the Resident. R206 presented with tenting of the skin on her lower legs (tenting of skin is a sign of dehydration where the skin maintains a triangular or tentlike appearance when gently pinched). R206 reported she was cold and felt terrible, I hurt all over, my mouth hurts, my mouth is dry and further stated she .can't talk . my mouth is dry. At 8:26 AM the Director of Nursing (DON) was brought into the room of R206 and acknowledged the Resident's presentation. The DON was informed of what R206 had stated and was told of previous observations of dry lips and water not accessible to the Resident. The DON reported that R206 is able to drink on her own and had current orders for pain medication. On 1/9/25 at 2:31 PM, R206 was asleep in bed. The Resident's water cup remained out of reach on the night stand as previously observed despite having informed the DON . On 1/9/25 at 3:41 PM, R 206 was observed in bed saying softly help, help my legs hurt and repeating several times I'll be quiet . Resident asking for morphine. The Resident's over-the-bed table was observed across the room with a 4-ounce vanilla shake with a straw in it and the water cup remained on the night stand out of reach of the Resident. No moisture swabs were observed in the room.

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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. 31771 Based on observation, interview and record review, the facility failed to monitor for outdated medications and maintain proper storage of insulin in the facility medication room refrigerator, resulting in the storage of discontinued and outdated insulin and the potential for outdated medication to be administered to facility residents. Findings: On 1/8/25 at 10:22 AM a review of the medication room refrigerator was conducted with Registered Nurse (RN) F. The review revealed a vial of Novolin N for R37 dated as opened and placed in service on 9/1/24. RN F reported this medication had been discontinued and should have been discarded. Review of the Doctor's Orders for R37 reflected Humulin N had been ordered for R37 on 8/31/24 and discontinued on 9/2/24. Review of the manufacturer's package insert for Novolin N reflected, Novolin(R) N in use: Vials Keep at room temperature below 77 F (25 C) for up to 6 weeks (42 days) . Throw away an opened vial after 6 weeks (42 days) of use, even if there is insulin left in the vial. The policy provided by the facility titled Medication Storage, last reviewed 9/27/23 was reviewed. The policy reflected, It is the policy of this facility to ensure all medications housed on our premises will be stored in the pharmacy and/or medication rooms according to the manufacturer's recommendations .

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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 0849 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Arrange for the provision of hospice services or assist the resident in transferring to a facility that will arrange for the provision of hospice services. 31771 Based on observation, interview, and record review, the facility failed to notify the hospice service of a change in the plan of care for one resident (R206) after a fall and Care Plan changes had been implemented. Findings: Review of the medical record reflected R206 admitted to the facility 12/19/24 with diagnoses that included heart and kidney failure. The medical record reflected R206 began hospice services on 12/26/24. On 1/8/25 at 2:07 PM, R206 was observed laying in a low bed with a fall mat next to the bed. R206 had a large dressing secured to her upper forehead. Review of the medical record reflected an entry on 1/8/25 at 12:21 PM by Registered Nurse (RN) G that R206 had fallen and sustained a laceration to her right forehead. The entry reflected steri-strips and a dressing was applied to the wound. Care Plan changes were documented and implemented. The entry reflected the responsible party and the physician were notified. The documentation did not reflect hospice services was notified and informed of the fall and the change in the plan of care. On 1/9/25 at 11:32 AM a review of facility Hospice agreement for R206 revealed the facility must notify the hospice service with any development that requires a change of Care Plan. In an interview conducted 1/9/25 at 11:27 AM, RN G reported Care Plan changes were implemented following the Resident's fall on 1//8/25. RN G reported she did contact the physician and responsible party but did not contact the Resident's hospice service of the change.

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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 - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 30120 Based on observation, interview, and record review, the facility failed to maintain proper infection control procedures in one room (room [ROOM NUMBER]) and for 3 of 6 residents (R37, R48, and R52) in isolation for COVID-19, potentially affecting 14 of 51 residents, resulting in the potential for cross contamination and the spread of COVID-19. Findings include: R37 A review of R37's Face Sheet, undated, revealed R37 was an [AGE] year-old resident admitted to the facility on [DATE]. In addition, R37's Face Sheet revealed multiple diagnoses that included dementia, anxiety, and depression. A review of the facility's CMS (Centers for Medicare and Medicaid Services) Form 802, undated but provided to the survey team on 1/7/25, revealed R37 was listed as having COVID under the Infections column. During an observation on 01/08/25 at 08:30 AM, R37's room door was wide open, and staff were not visible in the room. There was a sign on the outside of R37's room door that revealed staff were to use Airborne Contact Precautions (i.e., clean hands before entering and leaving the room, wear a gown when entering the room and remove it before leaving the room, wear an N95 or higher respirator before entering the room and remove it after exiting the room, and wear gloves when entering the room and remove them before leaving the room, and use additional personal protective equipment (PPE) as required). In addition, the sign revealed that staff were to keep R37's room door closed in order to maintain negative pressure (prevent airborne viral particles from being sucked out of the room when people/equipment pass by the room). A second sign on the outside of R37's room door that was published by the U.S. Department of Health and Human Services Centers for Disease Control and Prevention (CDC) revealed for Airborne Precautions Everyone must . Put on a fit-tested N-95 or higher level respirator before room entry. Remove respirator after exiting the room and closing the door. Door to room must remain closed. During an interview on 01/08/25 at 9:50 AM, Registered Nurse (RN) F stated, They've (staff) been leaving the [room] doors open (for residents in Airborne Contact Precautions isolation). She stated there are signs on the individual room doors that alert people that the resident(s) in the room are on isolation, what type of precautions (e.g., airborne) that are needed, and what type of PPE to wear when entering the room. She also stated the PPE is on the individual room doors, with instructions on donning and doffing (putting on and taking off) the PPE, so anyone going into the room has easy access to it. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 01/09/25 at 12:00 PM, the Director of Nursing (DON) (who was also the Infection Control Preventionist) stated that staff can leave the room doors open for residents that are in Airborne Contact Precautions isolation for COVID-19. She stated it can be traumatic enough for residents to be in isolation without closing their doors. The DON further stated that she did not see an issue with leaving the room doors open because residents are restricted to their rooms, so there is a slim chance of the COVID-19 virus being transmitted outside of their rooms if staff and visitors follow the PPE guidelines when they visit residents in those rooms. R48 A review of R48's Face Sheet, dated 1/9/25, revealed R48 was a [AGE] year-old resident admitted to the facility on [DATE]. In addition, R48's Face Sheet revealed multiple diagnoses that included late onset Alzheimer's disease, anxiety, and obsessive-compulsive behavior. A review of R48's Social Work progress note, dated 1/7/25, revealed R48 tested positive for COVID-19. During an observation on 1/8/25 at 02:20 PM, certified nursing assistant (CNA) A exiting R48's room with an N95 respirator over top of a surgical mask. CNA A disposed of the N95 respirator in a biohazard bag and cleansed her hands with hand sanitizer, but continued down the hallway still wearing the same surgical mask that she had been wearing in R48's room. A sign on the outside of R48's room door revealed a surgical mask or above (e.g., an N95 respirator) must be removed after exiting an isolation room. During an interview on 01/09/25 at 12:00 PM, the DON stated staff can double mask with a surgical mask underneath an N95 respirator when they go into a room where the resident(s) are on Airborne Contact Precautions. She stated that offers a double layer of protection. The DON further stated if staff wear a surgical mask under their N95 respirator, then they need to dispose of the surgical mask and the N95 respirator after they exit the resident's room and put on a fresh surgical mask before walking down the hallway. R52 A review of R52's Face Sheet, dated 1/9/25, revealed R52 was an [AGE] year-old resident admitted to the facility on [DATE]. In addition, R52 had multiple diagnoses that included dementia and depression. A review of R52's Social Work progress note, dated 1/7/25, revealed R52 tested positive for COVID-19. During an observation on 01/07/25 02:30 PM, R52's room door was wide open, and staff were not visible in the room. There was a sign on the outside of R52's room door that revealed staff were to use Airborne Contact Precautions. In addition, the sign revealed that staff were to keep R52's room door closed in order to maintain negative pressure. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	A second sign on the outside of R52's room door that was published by the U.S. Department of Health and Human Services Centers for Disease Control and Prevention (CDC) revealed for Airborne Precautions Everyone must . Put on a fit-tested N-95 or higher level respirator before room entry. Remove respirator after exiting the room and closing the door. Door to room must remain closed. A third sign on the outside of R52's room door that explained donning and doffing of PPE revealed for eye protection use goggles or a face shield. During a second observation on 01/08/25 at 08:30 AM, R52's room door was wide open, and staff were not visible in the room. During an observation on 01/09/25 at 01:40 PM, CNA B was observed exiting R52's room without goggles or a face shield. As she exited the room, she stated to another CNA that she had forgot to put on her goggles. During an interview on 01/09/25 at 01:45 PM, CNA B stated that she knew she was supposed to wear goggles when she went in R52's room, but forgot to put them on. She stated that she was unaware that she was not wearing her goggles until she exited the room after providing care to R52. CNA B further stated she usually will wear N95 respirators instead of surgical masks. CNA B stated she removes her respirator and puts on a fresh one before she enters an isolation room. She stated she will then dispose of the one that she wore in the isolation room when she exits the room and put on a fresh one before walking down the hall. CNA B stated as far as she knows, staff can wear a surgical mask under their N95 respirator when they go into an isolation room, or they can just switch from the surgical mask to an N95 and back to the surgical mask after they leave the isolation room. She stated if a staff member does wear both a surgical mask and an N95 respirator in an isolation room, then when they exit the room they need to dispose of the surgical mask and the N95 respirator and put on a fresh surgical mask. CNA B stated staff cannot just wear the surgical mask they had on in an isolation room and walk down the hallway because of contamination (airborne droplets of the COVID virus could be on the surgical mask from when the staff member was in the room). A review of the facility's COVID-19 Prevention, Response and Reporting policy, reviewed 1/8/25, revealed healthcare personnel who enter the room of a resident with COVID-19 should adhere to standard precautions and use an N95 or higher respirator, gown, gloves, and eye protection. A review of the Centers for Disease Control and Prevention's (CDC) website infographic, undated, revealed surgical face masks are loose fitting; does not provide the wearer with a reliable level of protection from inhaling smaller airborne particles and is NOT considered respiratory protection; and leakage occurs around the edge of the mask when user inhales. However, an N95 respirator is tight fitting; Filters out at least 95% of airborne particles including large and small particles; is required to be fit tested (tested to make sure it properly fits the individual's face); and when properly fitted and donned, minimal leakage occurs around edges of the respirator when user inhales (https://www.cdc.gov/niosh/npptl/pdfs/UnderstandDifferenceInfographic-508.pdf). Therefore, wearing a surgical mask underneath the N95 respirator would prevent the N95 respirator from properly sealing/fitting around the individual's face, would defeat the purpose of the N95 respirator, and could expose the individual to infectious organisms (e.g. COVID-19). 31771 (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	R37 A review of the facility's Form 802 (matrix) provided to the survey team on 1/7/25, revealed R37 was listed as having COVID under the Infections column. During an observation and interview conducted 1/8/25 at 2:54 PM, the door of the room of R37 revealed the room had been identified as an isolation room with the directive for all entering to wear specific personal protective equipment (PPE) available in a isolation supply cart by the doorway. Certified Nurse Aide (CNA) I was performing person care with R37 who was in her bed. It was observed that CNA I was wearing the required COVID PPE except for the proper mask. CNA I was wearing a surgical mask and not the N95 or higher respirator as indicated on the signage on the Resident's door. CNA I acknowledged she should be wearing an N95 mask that was available from the isolation cart. room [ROOM NUMBER] On 1/8/25 at 9:55 AM a record review of the facility 802 matrix and an observation of the doorway of room [ROOM NUMBER] revealed this room was identified as a COVID-19 room. Signage on the door reflected specific personal protective equipment (PPE) must be worn when entering this room. The required PPE included an N95 mask, gown, gloves and eye protection. This equipment was available in the storage cart beside the doorway. Another sign on the door outlined the procedure for putting on and taking off (donning and doffing) the PPE. On 1/8/25 at 2:04 PM, Laundry staff were observed entering room [ROOM NUMBER] carrying cleaned clothes. The Laundry staff member was not wearing any of the required PPE but only a surgical mask. On 1/9/25 at 1:18 PM the Director of Nursing (DON) identified the Laundry staff member as Laundry Staff (LS) and indicated all staff are to wear the required PPE when in any COVID-19 room.