

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235545	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/15/2026
NAME OF PROVIDER OR SUPPLIER Regency at Whitmore Lake		STREET ADDRESS, CITY, STATE, ZIP CODE 8633 N Main Street Whitmore Lake, MI 48189	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. Based on observation, interview, and record review the facility failed to ensure for 96 out of 115 residents a homelike dining experience was maintained. Findings Included: On 5/12/2026 12:02 PM, a sign was observed to be at the main dining room door that stated that the dining room was closed for the week for all meals due to a week long activity from the activity department. Activity Director (AD) W was interviewed during the observation in which AD W stated, the residents all had to eat lunch in their rooms because the dining room was being used for a spirit week activity. On 05/13/2026 at 8:41 AM, 100 hall residents were observed being served their breakfast in their rooms. At the time of the observation Certified Nurse Aid (CNA) V was interviewed and stated that the residents eat breakfast and supper meals in their rooms but eat lunch in the dining room. CNA V stated she did not know why it was that way. In an interview on 05/13/2026 at 8:43 AM, CNA X stated that the dining room was not open for breakfast or dinner but stated that residents ate lunch in there. CNA X said she did not know why. In an interview on 5/13/2026 at 8:51 AM, CNA Y stated that it was only for the lunch meal that the residents were taken to the main dining room and said breakfast and dinner the residents had to eat in their rooms. CNA Y also stated that the dining room was closed down for spirit week this week and no resident could eat any meal in the dining room this week. CNA Y said residents want to eat their meals in the dining and stated the residents tell her that. On 5/13/2026 at 3:35 PM, Resident #124's (R124) family member, upon entering R124's room, asked if the facility had a dining room, and why the residents had to eat their meals in their rooms. Stated R124 was a very social person and would want to eat in the dining room but only gets to eat her meals in her room. In an interview on 5/14/2026 at 11:20 AM, AD W said that the dining room had been closed since last year because residents just stopped going to the dining room. Stated that the week of 5/11-5/15/2026 Monday through Friday the dining room was closed all day for all meals for planned spirit week activities, AD W stated that she did discuss and get approval from R48 the president of resident council to close the dining room from 5/11-5/15/26, and also stated that she discussed it in the resident council meeting for the month of May 2026 and documented it on the meeting notes. Record review of the resident council meeting minutes for the month of April and May 2026 revealed no documentation of having a discussion of the dining room being closed for the week of 5/11-5/15/2026 for the spirit week. In an interview on 5/14/2026 at 11:54 AM, R48 who is the president of resident council, stated that AD W did not speak to her about closing the main dining room for the week for spirit week, and it was not spoken about in resident council meeting this month nor last. R48 said no staff member had spoken with her about closing the dining room for the week of 5/11-5/15/26. R48 stated that the main dining room had been closed for breakfast and supper since last 2025, could not recall the exact date. R48 said she gets up into her wheelchair daily at 10:00 AM and stays up until about 2 pm. R48 stated that she eats her lunch in the dining room frequently while she is up in her wheelchair and said that she (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
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F 0727 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	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. Based on interview and record review, the facility failed to ensure a Registered Nurse (RN) was on duty for eight consecutive hours a day, seven days a week; resulting in the potential for inadequate coordination of emergency or routine care and unmet care needs, affecting all 115 residents who resided in the facility. Findings include: On 5/14/2026 at 10:05 AM, the actual working schedules for March, April and May 2026 were reviewed with Scheduler U. Scheduler U was unable to identify RN coverage for April 4th, 2026. On 5/14/2026 at 12:56 PM, the Timecard Report dated 4/4/2026 was reviewed with the Nursing Home Administrator (NHA). The NHA reported the facility did not have 8 consecutive hours of RN of coverage on 4/4/2026. The NHA said the expectation was to have 8-hour daily RN consecutive coverage in order to meet the needs of the residents. On 5/15/2026 8:57 AM, the Director of Nursing was interviewed and said the expectation was for the facility to have 8 hr daily consecutive RN coverage in order to meet the needs of the residents. Review of the facility assessment updated 8/15/2026 revealed C. nursing Must provide onsite RN coverage 24/7. Review of the facility policy titled Nursing Staffing last revised 9/14/2023 revealed in part . 2. The nursing services department is under the supervision of a registered nurse (RN) 8 consecutive hours a day, 7 days a week, or per state guidance.		

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	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 date food from the pantry and walk in cooler, store perishable items properly, ensure kitchen staff wore beard guards and maintain a clean ice machine. This deficient practice had the potential to affect all the residents who consumed food from the kitchen, resulting in the increased potential for food borne illness in a current facility census of 115 residents. Findings include: On 5/12/2026 beginning at 9:00 AM, the initial tour of the kitchen was conducted with Dietary Manager (DM) C. During the tour, the following item was observed in the walk-in cooler: -tub of individual butter undated approximately 50 butter packets. During the tour, the following item was observed in the pantry: -one box of individual butters, box stated Keep refrigerated. When DM C touched the butter, she said it was warm and needed to be thrown out. DM C stated, The butter should be stored in the cooler. -tub of mixed individual jellies undated. -tub of assorted individual salad dressings undated. DM C stated, All items needed to be labeled and dated. The ice machine was observed with DM C. A rusty brown colored debris was noted on the inside lid and inside top of the ice machine. When DM C was asked what the debris looked like DM C said it looked like mold. DM C further said that the maintenance department cleaned the ice machine. On 5/13/2026 at 11:45 AM, in an observation with DM C three male dietary aides L, M, N with facial hair were observed preparing food and were not wearing beard guards. DM C said the food code is for men with facial hair to wear beard nets. On 5/14/2026 at 2:05 PM, Maintenance Director (MD) D was interviewed and said the maintenance department cleaned the ice machine every month. When asked about the debris found on the inside of the ice machine, MD D acknowledged there was debris and it was cleaned. On 5/15/2026 at 10:11 AM, the Nursing Home Administrator (NHA) was interviewed and said the expectation was for the ice machine to be clean, for kitchen staff to wear hair/beard nets, food labelled and dated and perishable food items to be refrigerated. Review of the facility policy titled Food Handling and Production last revised 3/11/2026 revealed in part. 1. The kitchen and equipment will be maintained in a clean, neat, and orderly manner to minimize bacteria formation and food contamination. 2. Practice good personal hygiene. Wear hair nets and beard guards. 4. Perishable food will be stored and refrigerated, except when being handled.		

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F 0865 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Have a plan that describes the process for conducting QAPI and QAA activities. Based on interview and record review the facility failed through its quality assurance and performance improvement program (QAPI) to identify and put systems in place to correct deficiencies at F584, F730, F881 and F947 in a current facility census of 115 residents. On 5/15/2026 at 3:11 PM, Nursing Home Administrator (NHA) A was asked why the dining room was closed off to residents for breakfast and dinner. NHA A said only a handful of residents would go to the dining room to eat so the dining room was closed down, and that is how it has been for at least the last 1.5 years. NHA A said there was an attempt to reopen the dining room, but no residents went to the dining room to eat. NHA A had no answer for the lunch and dinner meals, and therefore the dining room continued to remain closed. NHA A stated she had not performed a root cause as to why residents would not go to the dining room to eat and had not addressed the dining room closure for reopening in any QA meeting in order to ensure residents rights to a homelike dining experience were ensured. In an interview on 5/15/2026 at 2:33 PM Director of Nursing (DON) B was asked what kind of oversight she provided to the staff education program to ensure compliance with the program. DON B stated that she would get with Staff Educator J a few times a month and go over the program. DON B stated that she had not asked for an audit of staff competencies to ensure they were being completed in a long while. DON B stated that the staff education program was brought to the QA meetings. ON 5/15/2026 at 1:58 PM, Staff Educator J stated that staff competencies, and Certified Nurse Aid required 12 hour yearly educational hours were behind and not completed. Staff Educator J stated that she did not take updates regarding the staff education program to the monthly QAPI meetings and stated the staff education program was never brought up in QA. Staff Educator said that DON B never checks on her staff education program nor ever asks her about it. Review of the QA agenda meeting minutes for the month of 3/27/2025-4/23/2026 there were no QA notes regarding the dining room closure nor the staff development program. Antibiotic Stewardship Review:Resident #30 (R30)Review of the medical record revealed R30 was admitted to the facility 06/07/2024 with diagnoses that included peripheral vascular disease (PVD), dementia with severe mood disturbance, abnormal posture, contracture of left hand, dysphagia (difficulty swallowing), malnutrition, traumatic brain injury, constipation, depression, anxiety, benign prostatic hyperplasia (enlarged prostate), and cognitive communication deficit. The most recent Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 02/13/2026, revealed a Brief Interview of Mental Status (BIMS) that was not completed as R30 was identified as resident is rarely/never understood). Review of Section H- Bladder and Bowel, of the MDS with the same ARD, revealed R30 has an indwelling catheter.Review of facility document entitled Infection Surveillance Report April 01, 2026 -April 30, 2026, revealed R30 had a urinary tract infection on 04/21/2026. The same document revealed: Signs & Symptoms as urinary complaints. The same document revealed R30 had drainage was noted in cath. (sp). R30 was started on Macrobid oral capsule 100mg (milligrams).Resident #39 (R39)Review of the medical record revealed R39 was admitted to the facility 09/02/2025 with diagnoses that included multiple rib fractures, anxiety, depression, hypothyroidism (low thyroid hormone), obstructive sleep apnea, epilepsy (neuroglial disease causing seizure), type 2 diabetes, insomnia, hypertension, lymphedema (fluid buildup in arms and legs caused by lymphatic system damage or blockage), aortic valve insufficiency, suicidal ideations, personality disorder, and chronic migraine (severe headache). The most recent Minimum Data set (MDS), with an Assessment Reference Date (ARD) of 04/11/2026, revealed a Brief Interview of Mental Status (BIMS) of 10 (moderate cognitive impairment) out of 15. Review of Section H-Bladder and Bowel, of the MDS with the same ARD, revealed R39 did not have an indwelling urinary (continued on next page)		

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F 0865 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	catheter.Review of facility document entitled Infection Surveillance Report April 01, 2026 -April 30, 2026, revealed R39 had a urinary tract infection on 04/21/2026. The same document revealed: Signs & Symptoms as new or marked increase in incontinence, Suprapubic pain. R39 was stated on Levofloxacin Oral Tablet 500mg (milligrams) on 04/21/2026.During an interview on 05/15/2026 at 02:57 p.m. Infection Preventionist (IP) J explained that the facility follows McGeer Criteria as part of their Antibiotic Stewardship Program. IP J explained that when a physician starts and antibiotic for a resident she would review the residents medical record to ensure that the appropriate McGeer Criteria is met. IP J also explained that she would review the laboratory results, such as cultures to make sure the resident are receiving the appropriate antibiotic. IP explained that if the resident did not meet the criteria the attending physician would have to write a benefit analysis for treating the infection. IP J was asked to review the facility document entitled Infection Surveillance Report April 01, 2026 -April 30, 2026. IP J confirmed that R30 had not met McGeer Criteria for urinary tract infection. IP J explained that she had asked the attending physician to complete documentation for a risk benefit analysis. IP J explained that the physician had not documented a risk benefit analysis. IP J confirmed that R39 had not met McGeer Criteria for urinary tract infection. IP J explained that she had asked the attending physician to complete documentation for a risk benefit analysis. IP J explained that the physician had not documented a risk benefit analysis. IP J explained that she had identified that the facility was not meeting McGeer Criteria since December 2025 for residents that had been started on antibiotics. IP J explained that she had reported this information to the Infection Control Committee but could not provide supporting documentation in the Infection Prevention Committee Meeting minutes. Review of http://medicalcriteria.com/web/mcgeer-uit/ revealed the revised McGeer criteria define UTI's (Urinary Tract Infections) in long-term care residents based on symptomatic infection, with specific requirements for residents with and without indwelling catheters, emphasizing microbiologic confirmation and excluding asymptomatic bacteriuria. The above citation also revealed, For Resident without indwelling catheter, a UIT is defined by the presence of at least three new signs or symptoms, with may include:-Change in urine character-Dysuria (painful urination)-Urinary frequency or urgency-Fever or Elevated temperature- Suprapubic pain or tenderness-Acute functional decline or new onset of incontinenceFor residents with an indwelling urinary catheter, a UTI is defined by at least two new signs or symptoms, including:-Change in urine character-Fever or rigors (sudden, severed shivering)-Flank or suprapubic pain- Acute mental status changesDuring an interview on 05/15/2026 at 04:00 p.m. Nursing Home Administrator (NHA) A explained that the Quality Assurance Committee was made aware of the non-compliance of following the McGreer Criteria in January 2026. NHA A denied that the facility had implemented any improvement plan and could not explain what actions had been taken or why an improvement plan was not started.		

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F 0947 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure nurse aides have the skills they need to care for residents, and give nurse aides education in dementia care and abuse prevention. Based on interview and record review, the facility failed to ensure that four of five Certified Nurse Aides (CNA) E, F, G, and I completed the required 12 hours of annual training to ensure adequate resident care. Findings include: On 5/14/2026 at 1:25 PM, the following five randomly selected CNA annual 12-hour nurse aide training/ in-services were reviewed with Staff Educator (SE) J: -CNA E was hired on 9/17/2014. The training in services provided by the facility did not add up to 12 hours.-CNA F was hired on 7/18/2000. The training in services provided by the facility did not add up to 12 hours.-CNA G was hired on 1/11/2017. The training in services provided by the facility did not add up to 12 hours.-CNA H was hired on 4/15/2015. The training in services provided by the facility did add up to 12 hours including dementia and abuse training.-CNA I was hired on 8/3/2022. The training in services provided by the facility did not add up to 12 hours. On 5/14/2026 at 3:52 PM, SE J was interviewed and said she started the position on August 2025, and that the facility recently changed to a different staff educator tracking system. On 5/15/2026 at 8:57 AM, the Director of Nursing (DON) was interviewed and said the expectation is for CNAs to have 12 hr. annual training which should include dementia and abuse training. Review of the facility policy titled Staff Development last revised 6/10/2024 revealed in part .The staff development coordinator provides training and orientation to assist staff in performing their assigned functions. Maintain records of classes and content of training conducted, and the presence and participation of facility employees. Nurse aides are provided no less than 12 hours of in-service education per year from the employee's date of hire.		

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to promote an environment that ensures dignity in 1 of 2 sampled residents (#117) reviewed for dignity, resulting in the potential for Resident #117 to feel embarrassment and worthless when facility staff fail to assist with toileting timely. Findings include: Resident #117 (R117) Review of the Face Sheet and Minimum Data Set (MDS) dated [DATE], reflected R117 was a [AGE] year old female admitted to the facility on [DATE], with readmission post hospitalization on 2/11/26 and 4/22/26 for urinary tract infections, with diagnoses that included hypertension (high blood pressure), diabetic, anemia, renal disease, muscle weakness and depression. The MDS reflected R117 had a BIM (assessment tool) score of 13 which indicated her ability to make daily decisions was cognitively intact, and she was dependent on staff for toileting. During an observation and interview on 5/12/2026 at 2:31 PM, R117 was sitting in wheelchair in located in her room and appeared able to answer questions without difficulty. R117 requested to speak with this surveyor in private. R117 reported was at facility for therapy with plans to discharge home, however, had to be recently readmitted to the hospital two times related to bad urinary tract infections. R117 reported she required staff assistance with changing brief and has to wait greater than one to two hours, three to four times weekly on night shift for incontinence care. R117 reported often voids twice in brief before calling for assistance because there were not enough staff. R117 reported husband had completed two concern forms related to call light wait times and discussed at Care Conferences with no follow up or improvements. R117 reported made resident feel worthless sitting in own urine while waiting for assistance. Review of the Grievance Log, dated 12/1/25 through 5/12/26, reflected no grievances for R117. Review of the Electronic Medical Record (EMR), dated 12/1/25 through 5/12/26, reflected that R117 had been admitted to the hospital for Urinary Tract Infection (UTI) with septic shock on 4/22/26 altered mental status and UTI on 2/3/26. Review of R117 EMR task Report, dated 12/1/25 through 5/12/26, reflected several holes (no documentation) for completed tasks including incontinence hygiene. During an interview on 5/13/2026 at 4:55 p.m., Nursing Home Administrator (NHA) A denied any concerns reported for R117. NHA A reported managers round on hall 200, including R117, 3 x weekly. NHA A provided log that showed R117 present 3 times weekly even when R117 was not present at facility when admitted to hospital 4/13/26 to 4/22/26. NHA A verified staff speak with R117 in person and unable to explain why R117 had entries while at the hospital and verified was not present for 3 days of completed rounds. During an interview on 5/14/26 at 2:20 p.m., Certified Nurse Aid (CNA) BB reported often worked on 200 hall and reported was very heavy hall with most residents being dependent on staff for assistance. CNA BB reported often worked with R117 on first shift and on more than one occasion had arrived in morning and R117 was saturated in urine and R117 had informed CNA BB that night shift had never checked on her all night. CNA BB reported would inform nurse and document in alter charting on electronic medical record. During an interview on 5/15/26 at about 2:00 p.m., Director of Nursing (DON) B reported would expect if documented that task was completed. Reported would also expect staff to document if task was completed. During an interview on 5/15/2026 at 3:00 PM, R117 was located in room and again verified after speaking with husband grievance forms had been completed with no follow up. R117 reported yesterday she waited 45 minutes to have brief changed after waiting to have call light answered between 5:15 pm and 6:00 pm. R117 stated, makes me feel like last living cell in bottom of test tube.		

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F 0561 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to and the facility must promote and facilitate resident self-determination through support of resident choice. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to honor a resident's right to determine own schedule for showering for one resident (R18) of one reviewed for self-determination. Findings include: Review of the Face Sheet and Minimum Data Set (MDS) dated [DATE], reflected R18 was a [AGE] year-old female admitted to the facility on [DATE], with diagnoses that included hypertension (high blood pressure), diabetic, anemia, end stage renal disease with dialysis. The MDS reflected R18 had a BIM (assessment tool) score which indicated her ability to make daily decisions was cognitively intact, and she was dependent on staff for bathing. During an observation and interview on 5/12/26 at about 2:30 p.m., R18 was observed in bed and able to answer questions without difficulty. R18 reported some staff are rude and stated, I do not want to be here but have to be and they give me attitude for asking for help. R18 reported have had several missed showers because they want her to shower on her dialysis days and reported was too exhausted. R18 reported had dialysis three days per week. R18 reported completed grievance form related to concern with no follow up. Review of R18 Electronic Medical Record, dated 4/26/26 through 5/12/16, reflected several missed showers. During an interview on 5/14/2026 at 2:00 PM, R18 reported had showers scheduled for Wednesday (day of dialysis and exhausted) and Saturday. R18 reported staff have never asked her when she wanted showers. During an interview on 5/14/2026 at 2:20 pm, Certified Nurse Aid (CNA) BB reported residents with dialysis schedule showers on other days because it is too much. CNA BB verified R18 was scheduled for Wednesday/Saturday showers and should not be Wednesday. CNA BB verified R18 had several refused showers and stated, that could be why. CNA BB reported was not sure why R18 was scheduled on dialysis days. During an interview on 5/15/2026 at 12:49 PM, Unit Manager (UM) CC reported worked with R18 about concern for showers and initially related to not offered and then just not feeling up to it and offered next day when R18 reported concern. UM CC reported new admitted residents informed of shower schedule that was according to room number, and she did not identify a preference. UM CC verified R18 scheduled for Wednesday and Saturday and verified dialysis Monday, Wednesday and Friday. When asked why R18 was scheduled on dialysis day on second shift, UM CC stated, why not? During an interview on 5/15/2026 at 3:23 PM, Director of Nursing (DON) B reported showers were assigned by room initially then tailored to resident needs. DON B reported would expect if grievance form completed for showers staff ask resident preference of showers.		

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F 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Keep residents' personal and medical records private and confidential. Based on observation and interview the facility failed to protect resident's personal private information and confidentiality of records for two residents' (R92 and R97) of two residents reviewed for privacy of information. Findings Include; Resident #92 (R92) During an observation and interview on 05/14/2026 at 2:11 PM, the computer sitting on the medication cart was open with R92's personal private information and confidentiality of records visible to anyone walking by. There was not a nurse within sight of the medication cart. Writer stood by the medication cart and waited for the nurse to return to her cart. LPN P came out of the room stating she had spilt water and was trying to clean it up. LPN P looked up to notice she had left the computer open and she at that time closed it. Writer asked why the computer was left open and LPN P stated she was trying to clean up the water that she had spilt and forgot to close it. Resident #97 (R97) During an interview and observation on 05/15/2026 at 7:00 AM, Licensed Practical Nurse (LPN) O prepared medications to administer to R97, no hand hygiene was performed prior to setting up the medications, or after medications were prepared. LPN O picked up his medication cup from the medication cart and walked into R97's room. LPN O left his computer open with R97 personal private information and confidentiality of records left open for anyone to see that passes the medication cart. During an interview on 05/15/26 at 7:58 AM, Writer asked LPN O why he left the computer open with personal private information and confidentiality of records visible to anyone that walked by. LPN O stated he didn't know, he had worked all night and was tired.		

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F 0730 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Observe each nurse aide's job performance and give regular training. Based on interview and record review, the facility failed to ensure that two of five Certified Nurse Aides (CNA) H, and I had annual competencies completed to ensure adequate resident care. Findings include: On 5/14/2026 at 1:25 PM, the randomly selected CNA annual performance reviews were reviewed with Staff Educator (SE) J:-CNA H was hired on 4/15/2015. The facility did not provide an annual performance review.-CNA I was hired on 8/3/2022. The facility did not provide an annual performance review. On 5/14/2026 at 3:52 PM, SE J was interviewed and said she started the position on August 2025, and that the facility recently changed to a different staff educator tracking system. SE J said she started the CNA performance reviews but was not able to get them all done. On 5/15/2026 at 8:57 AM, the Director of Nursing (DON) was interviewed and said the expectation is for CNAs to have an annual performance review in order to adjust trainings to cover areas of needed improvement. Review of the facility policy titled Staff Development last revised 6/10/2024 revealed in part .The staff development coordinator provides training and orientation to assist staff in performing their assigned functions. Maintain records of classes and content of training conducted, and the presence and participation of facility employees. Nurse aides are provided no less than 12 hours of in-service education per year from the employee's date of hire. A competency evaluation will be completed annually for all certified nurse aides. Training will be added to the calendar based on the weakness identified.		

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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. Based on observation and interviews the facility failed to ensure 4 outdated medications and supplies were removed from the central supply room with the potential to be used on residents. Findings Include: During an observation and interview on 05/14/2026 at 4:35 PM, Central Supply staff U stated she stocked the shelves with all the over-the-counter medication, wound care dressing supplies, supplemental feeding supplements, and basic items for personal care. Central Supply staff U stated she monitors the shelves for expiration dates and if there is a medication or supply that is in the month that it will expire, she will see if the nurses use this item frequently and if so, to use it before it expires. If this isn't something they use often, they will throw it away. The following items expired were observed to be still on the shelf to use: Derma Pak- its- packing strips- expired on 08-01-242 bottles of Skintegrity wound cleaner- expired on 04/30/25 Aquasonic 100 ultrasound gel packs, expired on 09/11/25 During an interview on 05/14/2026 at 5:15 PM, DON B was asked about the 4 expired items found in the central supply. DON B stated there shouldn't be any expired medications or items in the central supply room. DON B was updated that the Central Supply staff U stated their process to throw out medications during the month it expired. Central Supply staff U would go to the medication carts to see if it is a medication that is used frequently. If not, they will throw them in a bag to throw them out. Writer asked DON B if they had a policy for use of medications during the month it expired. DON B stated she would have to look. Facility did not have a policy at the time of inquiry.		

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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 and interview the facility failed to follow infection control measures during medication administration for three residents (R97, R66, R65) resulting in potential of spreading germs to other residents. Resident 97, Resident 66, Resident 65 (R97, R66, R65) During an interview and observation on 05/15/2026 at 7:00 AM, Licensed Practical Nurse (LPN) O stated he had already given some patients their medication but had not signed them out. LPN O stated he works nights and was still trying to catch up on his medication administration. LPN O prepared medications to administer to R97, no hand hygiene was performed prior to setting up the medications, or after medications were prepared. LPN O picked up his medication cup from the medication cart and walked into R97's room. LPN O donned gloves and checked R97's blood sugar on left hand 1st finger wearing gloves, read 119. LPN O did not use hand hygiene before putting on gloves or after removing them. During an observation of 05/15/2026 at 7:15 AM, LPN O prepared medications for R66, no hand hygiene before or after prepping R66's medication. LPN O took R66's medication to her in her room and exited her room, no hand hygiene after leaving her room. During this same observation period, LPN O prepared medication for R65, he pulled the medication from the over-the-counter supply in the top drawer and placed it in a medication cup. LPN O then walked into R65's room and administered the medication, exited the resident's room and went back to the medication cart. No hand hygiene before or after administered medication to R65. During an interview on 05/15/26 at 7:58- LPN O was asked what his process was for cleaning the glucometer, as this writer did not see him clean it. LPN O stated he cleaned it with an alcohol wipe. Facility policy review reflected cleaning equipment and bleach germicidal wipes are to be used, not alcohol wipes.		

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F 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Implement a program that monitors antibiotic use. Based on interview and record reviewed the facility failed to follow an antibiotic stewardship program that included antibiotic use protocols and a system to monitor antibiotic use for two Residents (#30, #39) out of four residents reviewed. Findings Included: Resident #30 (R30) Review of the medical record revealed R30 was admitted to the facility 06/07/2024 with diagnoses that included peripheral vascular disease (PVD), dementia with severe mood disturbance, abnormal posture, contracture of left hand, dysphagia (difficulty swallowing), malnutrition, traumatic brain injury, constipation, depression, anxiety, benign prostatic hyperplasia (enlarged prostate), and cognitive communication deficit. The most recent Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 02/13/2026, revealed a Brief Interview of Mental Status (BIMS) that was not completed as R30 was identified as resident is rarely/never understood). Review of Section H- Bladder and Bowel, of the MDS with the same ARD, revealed R30 has an indwelling catheter. Review of facility document entitled Infection Surveillance Report April 01, 2026 -April 30, 2026, revealed R30 had a urinary tract infection on 04/21/2026. The same document revealed: Signs & Symptoms as urinary complaints. The same document revealed R30 had drainage was noted in cath. (sp). R30 was started on Macrobid oral capsule 100mg (milligrams). Resident #39 (R39) Review of the medical record revealed R39 was admitted to the facility 09/02/2025 with diagnoses that included multiple rib fractures, anxiety, depression, hypothyroidism (low thyroid hormone), obstructive sleep apnea, epilepsy (neuroglial disease causing seizure), type 2 diabetes, insomnia, hypertension, lymphedema (fluid buildup in arms and legs caused by lymphatic system damage or blockage), aortic valve insufficiency, suicidal ideations, personality disorder, and chronic migraine (severe headache). The most recent Minimum Data set (MDS), with an Assessment Reference Date (ARD) of 04/11/2026, revealed a Brief Interview of Mental Status (BIMS) of 10 (moderate cognitive impairment) out of 15. Review of Section H-Bladder and Bowel, of the MDS with the same ARD, revealed R39 did not have an indwelling urinary catheter. Review of facility document entitled Infection Surveillance Report April 01, 2026 -April 30, 2026, revealed R39 had a urinary tract infection on 04/21/2026. The same document revealed: Signs & Symptoms as new or marked increase in incontinence, Suprapubic pain. R39 was stated on Levofloxacin Oral Tablet 500mg (milligrams) on 04/21/2026. During an interview on 05/15/2026 at 02:57 p.m. Infection Preventionist (IP) J explained that the facility follows McGeer Criteria as part of their Antibiotic Stewardship Program. IP J explained that when a physician starts and antibiotic for a resident she would review the residents medical record to ensure that the appropriate McGeer Criteria is met. IP J also explained that she would review the laboratory results, such as cultures to make sure the resident are receiving the appropriate antibiotic. IP explained that if the resident did not meet the criteria the attending physician would have to write a benefit analysis for treating the infection. IP J was asked to review the facility document entitled Infection Surveillance Report April 01, 2026 -April 30, 2026. IP J confirmed that R30 had not met McGeer Criteria for urinary tract infection. IP J explained that she had asked the attending physician to complete documentation for a risk benefit analysis. IP J explained that the physician had not documented a risk benefit analysis. IP J confirmed that R39 had not met McGeer Criteria for urinary tract infection. IP J explained that she had asked the attending physician to complete documentation for a risk benefit analysis. IP J explained that the physician had not documented a risk benefit analysis. IP J explained that she had identified that the facility was not meeting McGeer Criteria since December 2025 for residents that had been started on antibiotics. IP J explained that she had reported this information to the Infection Control Committee but could not provide supporting documentation in the Infection Prevention Committee Meeting (continued on next page)		

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F 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	minutes.During an interview on 05/15/2026 at 04:00 p.m. Nursing Home Administrator (NHA) e A explained that the Quality Assurance Committee was made aware of the non-compliance of following the McGreer Criteria in January 2026. NHA A denied that the facility had implemented any improvement plan and could not explain what actions had been taken or why a improvement plan was not started.Review of http://medicalcriteria.com/web/mcgeer-uit/ revealed the revised McGeer criteria define UTI's (Urinary Tract Infections) in long-term care residents based on symptomatic infection, with specific requirements for residents with and without indwelling catheters, emphasizing microbiologic confirmation and excluding asymptomatic bacteriuria. The above citation also revealed, For Resident without indwelling catheter, a UIT is defined by the presence of at least three new signs or symptoms, with may include:-Change in urine character-Dysuria (painful urination)-Urinary frequency or urgency-Fever or Elevated temperature- Suprapubic pain or tenderness-Acute functional decline or new onset of incontinenceFor residents with an indwelling urinary catheter, a UTI is defined by at least two new signs or symptoms, including:-Change in urine character-Fever or rigors (sudden, severed shivering)-Flank or suprapubic pain- Acute mental status changes		