STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235551	A. Building B. Wing	09/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Greentree of Hubbell Rehabilitation and Health	52225 B Avenue Hubbell, MI 49934

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 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. (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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** This citation pertains to intake #2561427Based on observation, interview, and record review, the facility failed to maintain resident dignity in three residents (Resident #1, #3 and #4) of five residents review for dignity.Findings include:According to [NAME], [NAME] A.; [NAME], [NAME] Griffin; Stockert, [NAME]; Hall, [NAME]. Fundamentals of Nursing - E-Book (Kindle Locations 50742-50744). Elsevier Health Sciences. Kindle Edition. Personal hygiene affects patients' comfort, safety, and well-being. Hygiene care includes cleaning and grooming activities that maintain personal body cleanliness and appearance. Personal hygiene activities such as taking a bath or shower and brushing and flossing the teeth also promote comfort and relaxation, foster a positive self-image, promote healthy skin, and help prevent infection and disease .During an initial tour of the facility on 9/12/25 at 3:30 PM., it was observed that multiple residents were unkept and appeared disheveled. Many residents were observed to have food crumbs/spillage on their shirts as well as in their laps while seated in their wheelchairs near the nurse's station between the 3 units.Resident #1 (R1)Review of an admission Record revealed R1 was originally admitted to the facility on [DATE], with pertinent diagnoses which included: seizure disorder/epilepsy.Review of a Minimum Data Set (MDS) assessment for R1, with a reference date of 9/2/25 revealed a Brief Interview for Mental Status (BIMS) score of 00/15 which indicated R1 was severely impaired - never/rarely made decisions. Further review of the MDS section GG-Functional Abilities revealed R1 was coded a 2 for Personal Hygiene-02. Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. Personal Hygiene-The ability to maintain personal hygiene, including combing hair, shaving, applying makeup, washing/drying face and hands (excludes baths, showers, and oral hygiene) .In an observation on 9/12/25 at 3:45 PM., R1 was sitting up in his wheelchair near the nurse's station. R1 appeared disheveled, his shirt was soiled with dried food, in his lap there were food crumbs, his fingernails were noted to be long with dirt and grime buildup underneath the tip of the nail.In an interview on 9/12/25 at 4:00 pm Certified Nurse Aide (CNA) E reported staffing could be a lot better. CNA E reported staff were mandated almost weekly for most CNAs. CNA E reported the staff typically work 8-hour shifts, but most of the time they end up staying over for another 4 hours, and a lot of the time they are mandated to work the entire shift for a total of 16 hours. CNA E reported there are a lot of staff calling in which makes the units run short. CNA E reported it is difficult to watch over all the residents, complete their care with compassion and not rush through it. CNA E reported many residents get upset and frustrated which is understandable. CNA E reported there are staff in different roles who also have CNA licenses, but they rarely help with the time consuming things such as bathing, nail care, assisting with feeding dependent residents, and overall ADL's (Activities of Daily Living). CNA E reported we do have to cut corners on resident care, until they hire more staff, residents unfortunately will not get the care they deserve.In an interview on 9/12/25 at 4:00 PM., 9/12/25., CNA K reported staff are mandated a lot. CNA K reported things were missed, and at times we do have to cut corners such as nail care, overall hygiene and call light wait times. CNA K reported it was very difficult to get everyone fed at lunch especially the residents who need assistance with feeding. CNA K reported More staff is needed, we are getting burned out and it makes it difficult to see the residents who are the ones who end up suffering because we rush through their care, they get upset and voice that to us. CNA K reported, Some residents get so upset they cry or refuse care because they are so mad. CNA K reported, If the facility cannot hire more staff than perhaps it's time to think about getting some agency staff in here to help. end quote here) CNA K reported many staff were calling in or quitting because of the mandates. Resident #3Review of an admission Record revealed Resident #3 was originally admitted to the facility on [DATE], with pertinent diagnoses which included: Multiple Sclerosis.Review of a MDS assessment for R3, with a reference date of 8/25/25 revealed a BIMS score of 15/15 which indicated R3 was cognitively intact. Further review of R3's MDS section GG-Functional Abilities revealed R3 was coded 01-Dependent - Helper does ALL the effort. Residents do none of the effort to complete the activity. Or the assistance of 2 or more helpers is required for the residents to complete the activity . FOR Toileting Hygiene: The ability to maintain perineal hygiene, adjust clothes before and after voiding or having a bowel movement. If managing an ostomy, include wiping the opening but not managing equipment. AND 01 FOR Shower/Bathe self: The ability to bathe self, including washing, rinsing, and drying self (excludes washing of back and hair). Does not include transferring in/out of tub/shower In an observation/interview on 9/16/25 at 11:20 AM., R3 was lying in

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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 0689 Level of Harm - Actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. (continued on next page)

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F 0689 Level of Harm - Actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** This citation pertains to Intake# 2561427.Based on observation, interview, and record review, the facility failed to provide adequate supervision in 2 of 4 residents (Resident #4 and Resident #5), reviewed for accidents and hazards, resulting in R5 sustaining a 2nd-3rd degree burn when hot liquid hazards were left unattended.Findings include: Per the Bureau of Health Systems Burn Hazards Related to Heated Surfaces in Long Term Care Facilities ALERT dated 5/12/1999, Sustained skin contact with surfaces of equipment that have temperatures in excess of 107 degrees Fahrenheit can cause burns. Caution is required when exposing patients to warmed surfaces, particularly when they are helpless .Where the (heating) system is operating as designed . staff training and resident care policies to reduce the chance of exposure may also be appropriate .Resident #4Review of an admission Record revealed R4 was originally admitted to the facility on [DATE], with pertinent diagnoses which included: Alzheimer's disease.Review of a MDS assessment for R4, with a reference date of 7/28/25 revealed a BIMS score of 04/15 which indicated R4 was cognitively impaired. Further review of R4's MDS section GG-Functional Abilities revealed R4 was coded 04-Supervision.for: Eating: The ability to use suitable utensils to bring food and/or liquid to the mouth and swallow food and/or liquid once the meal is placed before the resident.Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as resident completes activity. Assistance may be provided throughout the activity or intermittently.In an observation of the main dining room on 9/16/25 at 12:10 PM, R4 self-propelled her wheelchair to an open 3-tiered cart loaded with 3 discarded resident lunch trays with various amounts of uneaten food on each tray. R4 took a large piece of chicken breast off this cart and began eating it as she moved through the dining room. R4 dropped approximately half of the chicken onto the floor after taking a few big bites. R4 then proceeded back to the 3-tiered cart helping herself to vegetables off another meal tray without any staff noticing. R4 then went over to the 3-tiered cart again and began to eat food from each of the meal trays left on the cart. At 12:17 PM, R4 went back over to the 3-tiered cart and started eating mashed potatoes using her fingers. During this time, only one staff member was present in the dining room and took no action. No staff noticed R4 self-propelling through the dining room making multiple trips to the 3-tiered cart and eating food which had been rejected by other residents.In an observation on 9/16/25 at 12:32 PM., CNA O noticed R4 at the meal cart and redirected her and asked if R4 wanted more food and if she (R4) was still hungry. R4 responded that she was still hungry. CNA O proceeded to go assist another resident and get R4 a cup of coffee.In an interview on 9/16/25 at 12:40 PM., CNA O reported R4 should have a mechanical soft diet, with no large, or dry pieces of meat because she has difficulty swallowing. CNA O reported there are not enough staff to keep eyes on all the residents, to keep them safe and properly groomed. CNA O reported she let the kitchen know that R4 was still hungry and they were going to make something for her.In an observation on 9/16/25 at 12:50 PM., the Maintenance Director/CNA G delivered a sandwich to R4 and walked away R4 began eating the sandwich, this surveyor noted sizable chunks of chicken breast falling from the sandwich, which was made of white bread, chicken chunks and very little substance that appeared to be mayonnaise. R4 appeared to be struggling to keep the sandwich together, much of it fell into pieces on the floor and then R4 proceeded to stuff the sandwich underneath a blanket while self-propelling out of the dining room. No staff were present in the dining room at this time.In an observation in the hallway on 9/16/25 at 1:00 PM., CNA J noticed R4 with the sandwich falling from her blanket, and hands. CNA J intervened and redirected R4 by asking R4 if she wanted to go to her room. R4 was agreeable and taken to her room. CNA J was noted coming back from R4's room with a handful of what was left of the chicken sandwich and then knocking on the kitchen door. CNA J was greeted by kitchen staff, and then CNA J reminded kitchen staff of R4's diet restrictions.In an interview on 9/16/25 at 1:05 PM., CNA J reported there are not enough staff in the facility to keep residents safe. CNA J reported she had just filed a grievance form for R4 regarding staff/dietary staff not following R4's diet order. CNA J reported R4 was on a mechanical soft diet, and could not meats, and anything dry or she would choke. CNA J reported R4 has difficulty swallowing. CNA J stated we are running around so much that things are getting missed, overlooked and we cannot keep going at this pace or something really bad is going happen, she could have choked to death. CNA J reported the grievance/concern form she filed was because R4's chicken patty was not prepared per her dietary restrictions, so the kitchen took the sandwich with the chicken patty back, then turned around cut up the patty into large chunks and gave it back to her

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift. (continued on next page)

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** This citation pertains to Intake# 2561427.Based on observation, interview, and record review, the facility failed to provide sufficient staff to meet resident needs in 4 of 5 residents (Resident #1, #3, #4, and #5) reviewed for sufficient staffing, resulting in a 3rd degree burn for Resident #5, missed grooming and hygiene, a lack of supervision of residents at risk for choking, extended call light wait times and with the potential for all residents to be affected.Findings include: Burnout is the condition that occurs when perceived demands outweigh perceived resources ([NAME] et al., 2013a). It is a state of physical and mental exhaustion that often affects health care providers because of the nature of their work environment. Over time, giving of oneself in often intense caring environments sometimes results in emotional exhaustion, leaving a nurse feeling irritable, restless, and unable to focus and engage with patients ([NAME] et al., 2013b) .Compassion fatigue impacts the health and wellness of nurses and the quality of care provided to patients .When a nurse experiences ongoing stressful patient relationships, he or she often disengages ([NAME] et al., 2011) .It is not uncommon for nurses who are experiencing compassion fatigue to become angry or cynical and have difficulty relating with patients and co-workers (Young et al., 2011). [NAME], [NAME] A.; [NAME], [NAME] Griffin; Stockert, [NAME]; Hall, [NAME]. Fundamentals of Nursing - E-Book (Kindle Locations 1671-1672). Elsevier Health Sciences. Kindle Edition.Resident #1 (R1)Review of an admission Record revealed R1 was originally admitted to the facility on [DATE], with pertinent diagnoses which included: seizure disorder/epilepsy.Review of a Minimum Data Set (MDS) assessment for R1, with a reference date of 9/2/25 revealed a Brief Interview for Mental Status (BIMS) score of 00/15 which indicated R1 was severely impaired - never/rarely made decisions.In an observation on 9/12/25 at 3:45 PM., R1 was noted sitting up in his wheelchair near the nurse's station. R1 appeared disheveled, his shirt was soiled with dried food, in his lap there were food crumbs, his fingernails were noted to be long with dirt and grime buildup underneath the tip of the nail.In an interview on 9/12/25 at 4:00 pm Certified Nurse Aide (CNA) E reported staffing could be a lot better. CNA E reported staff get mandated almost weekly for most CNAs. CNA E reported the staff typically work 8-hour shifts, but most of the time they end up staying over for another 4 hours, and a lot of the time they are mandated to work the entire shift for a total of 16 hours. CNA E reported there are a lot of staff calling in which makes the units run short. CNA E reported it is difficult to watch over all the residents, complete their care with compassion and not rush through it. CNA E reported many residents get upset and frustrated which is understandable. CNA E reported there are staff in different roles who also have CNA licenses, but they rarely help with the time consuming things such as bathing, nail care, assisting with feeding dependent residents, and overall ADL's (Activities of Daily Living). CNA E reported we do have to cut corners on resident care, until they hire more staff, residents unfortunately will not get the care they deserve.In an interview on 9/12/25 at 4:00 PM., 9/12/25 at 3:55 PM., CNA K reported staff are mandated a lot. CNA K reported things to get missed, and at times we do have to cut corners such as nail care, overall hygiene and call light wait times. CNA K reported it was very difficult to get everyone fed at lunch especially the residents who need assistance with feeding. CNA K stated: more staff are needed, we are getting burned out and it makes it for residents who are the ones suffering because we rush through their care, they get upset and voice that to us. CNA K reported some residents get so upset they cry or refuse care because they can get very upset. CNA K reported if the facility cannot hire more staff than we might need agency staff to help. CNA K reported many staff a call in or quit because of the mandates.During an interview on 9/16/25 at 10:00 AM., Licensed Practical Nurse (LPN) H reported the facility was so short staff it was difficult to find time to complete resident assessments, pass medications on time, and assist the CNAs with any care for the residents. LPN H reported staff are mandated a lot, they were getting burned out and it directly affect resident care.Resident #3Review of an admission Record revealed Resident #3 was originally admitted to the facility on [DATE], with pertinent diagnoses which included: Multiple Sclerosis.Review of a MDS assessment for R3, with a reference date of 8/25/25 revealed a BIMS score of 15/15 which indicated R3 was cognitively intact.Further review of R3's MDS section GG-Functional Abilities revealed R3 was coded 01-Dependent - Helper does ALL the effort. Residents do none of the effort to complete the activity. Or the assistance of 2 or more helpers is required for the residents to complete the activity . FOR Toileting Hygiene: The ability to maintain perineal hygiene, adjust clothes before and after voiding or having a bowel movement. If managing an ostomy, include wiping the opening but not managing equipment. AND 01 FOR