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	02/02/2026

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** This deficient practice pertains to Intake 2728102.Based on interview and record review, the facility failed to monitor and notify a physician of a change of condition for one Resident (#1) of three residents reviewed for quality of care.Findings include:Resident #1 (R1)Review of the Electronic Medical Record (EMR) revealed R1 was a [AGE] year-old female who admitted to the facility on [DATE] with diagnoses including dementia, dysphagia, and chronic kidney disease.Review of R1's EMR revealed the following entries:A General Progress Note written by Registered Nurse (RN) C on 1/7/26 at 14:10 [2:10 PM] read: RN did a breathing treatment and [R1's] SPO2 [oxygen saturation] was 82%. Resident was trying to eat breakfast and didn't want to continue breathing treatment. Oxygen was applied and resident is tolerating it.A Communication with Physician note written by Licensed Practical Nurse (LPN) B on 1/8/26 at 11:35 AM read, in part: Resident sat (oxygen saturation) drops with oxygen titration after finishing course of abx (antibiotics) and prednisone for walking pneumonia DX (diagnosis) on 1-2-26. Resident with decreased appetite and weakness, sleeping so far this shift, states yes she wants to go to the hospital. Call to MD (medical director) who orders send to ER (emergency room) .Further review of R1's EMR revealed no follow-up after R1's change in condition including a repeat reading on oxygen saturation level after administration of supplemental oxygen. On 2/2/26 at 1:13 PM, a telephone interview was conducted with RN C regarding R1's change in condition on 1/7/26. RN C stated she thought she added a follow-up note, but the EMR system was bugging out at times. RN C recalled an oxygen mask was used at some point during the treatment of R1 which was not documented in the EMR. When asked if repeat vitals were taken after administration of supplemental oxygen RN C thought she called they were, within normal limits but was uncertain if she entered them into the EMR. RN C confirmed she began treating R1 with supplemental oxygen without a physician's order because it was a part of the facility's standing order policy.Review of R1's EMR revealed no repeat vital signs. Review of R1's EMR revealed an order with a start date of 1/7/26 which read, O2 (oxygen) at 8L/Min (eight liters/minute) via nasal cannula continuous.On 2/2/26 at 1:38 PM, an interview was conducted with LPN B who verified she had sent R1 to the ER on [DATE] due to a decline in condition. When asked who ordered R1's titration of supplementation oxygen as indicated in the progress note written on 1/8/26 at 11:35 AM, LPN B responded, I don't remember. I can tell by my note that it was maybe just something we tried. Maybe the Assistant Director of Nursing (ADON) told me?On 2/2/26 at 2:01 PM, an interview was conducted with the Director of Nursing (DON) regarding R1's change in condition. The DON stated she expected to see a follow-up after R1's change in condition on 1/7/26, which included, at the very least, a repeat set of vitals, and a notification to the physician if her condition did not improve. The DON indicated the standing orders for oxygen were up to two liters without a physician's order and stated RN C was probably not aware of this as she was a newer nurse. The DON confirmed the titration of oxygen should only occur under the direction of a physician.Review of the facility policy titled, [Facility (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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Name] Standing Orders, dated July 2025, read, in part: Chest Pain/Dyspnea (difficult or labored breathing)- Begin O2 at 2L (may use humidified). Check O2 sat. If below 89% notify physician. if new onset of chest pain or respiratory distress in resident notify physician.Review of the facility policy titled, Change in a Resident's Condition or Status, revised February 2021, read, in part: Our facility promptly notifies the resident, his or her attending physician, and the resident representative of changes in the resident's medical/mental condition and/or status. The nurse will notify the resident's attending physician or physician on call when there has been a(an) . need to alter the resident's medical treatment significantly. A significant change of condition is a major decline or improvement in the resident's status that. will not normally resolve itself without intervention by staff or by implementing standard disease-related clinical interventions.

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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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** This deficient practice pertains to Intake 2728102.Based on interview and record review, the facility failed to monitor respiratory symptoms per the guidelines set forth by the Centers for Disease Control and Prevention (CDC) for one Resident (#1) of three residents reviewed for infection control.Findings include:Resident #1 (R1) Review of the Electronic Medical Record (EMR) revealed R1 was a [AGE] year-old female who admitted to the facility on [DATE] with diagnoses including dementia, dysphagia, and chronic kidney disease. Review of a complaint submitted to the State Agency (SA) on 1/28/26, read, in part: Patient [R1] was transferred to our ER [emergency room] on 1/8[2026] with severe respiratory issues and was confirmed covid positive. The nursing home did not test her when she first showed symptoms. She [R1] was only treated for pna [pneumonia].Review of R1's EMR revealed a Communication with Physician note written on 12/29/25 at 15:34 [3:34 PM] which read, in part: Resident presenting with congested cough today. Has rhonchi (low-pitched, rattling sounds) throughout lungs bilaterally with some weakness noted.Review of R1's physician orders revealed orders indicating, Swab for SARs-CoV2-Covid19 as needed per facility protocol on 12/20/25 and 12/26/25. No evidence of an order for a COVID test was located after initiation R1's symptoms on 12/29/25.On 2/2/26 at 11:59 PM, an interview was conducted with the Assistant Director of Nursing/Infection Preventionist (ADON/IP) regarding the facility policy on COVID testing. The ADON/IP stated any residents exposed to positive COVID cases would be tested on days one, three, and five. The ADON/IP also indicated any symptomatic residents would be tested per facility protocol. When asked what symptoms warranted COVID testing the ADON/IP responded, All the usual ones. sore throat, congestion, cough, fever, fatigue.On 2/2/26 at 2:01 PM, a follow-up interview was conducted with the ADON/IP regarding the onset of R1's respiratory symptoms on 12/29/25. The ADON/IP confirmed R1 had not been tested for COVID following initiation of her respiratory symptoms on that date. The ADON/IP stated because R1 had been treated for pneumonia it had, slipped my mind to test for COVID-19. ADON/IP verified R1 should have been tested for COVID at the initiation of symptoms.Review of the facility protocol titled, Infection Prevention and Control Program, revised 7/5/25, read, in part: .anyone with even mild symptoms of COVID-19, regardless of vaccination status, should receive a viral test for SARS-CoV-2 as soon as possible.Review of the CDC guidance titled, Viral Respiratory Pathogens Toolkit for Nursing Homes, dated 1/23/26, read, in part: .Preventing the spread of respiratory viruses in nursing homes requires a comprehensive approach that includes not only vaccination, but also testing, treatment, and the prompt implementation of proven infection prevention and control measures . Test residents and HCP (healthcare personnel) with new respiratory illness signs or symptoms. https://www.cdc.gov/long-term-care-facilities/hcp/respiratory-virus-toolkit/index.html#print