

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235559	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/13/2025
NAME OF PROVIDER OR SUPPLIER Pine Creek Manor Skilled Nursing & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 34330 Van Born Rd Wayne, MI 48184	

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 0550</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 dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41423</p> <p>Based on observation, interview, and record review the facility failed to ensure a urinary catheter drainage bag was maintained in a dignified manner for one resident (R97) of two residents reviewed for urinary catheters and dignity covers, resulting in the potential for embarrassment.</p> <p>Findings include:</p> <p>On 03/10/25 at 09:15 AM, an observation of R97's foley catheter bag was observed outside of the room, visible from the hallway. The foley catheter drainage bag had dark amber urine. The urinary drainage bag was without a dignity cover (a bag used to cover a urine drainage/collection bag, so urine is not visible). R97 was observed in bed laying on their back, wearing pants and no shirt. R97 was asked how long they've been at the facility. R97 said, Not long, I'm here for therapy because my legs don't work. R97 was asked about care at the facility and their foley catheter bag not covered. R97 said, It is what it is .I can't do anything about that.</p> <p>On 03/10/25 at 10:30 AM, Nurse D was interviewed and asked why R97 did not have a dignity bag cover. Nurse D was unable to explain why R97 did not have a dignity cover on at the time of the observation.</p> <p>A review of R97's electronic medical record revealed an admission to the facility on [DATE] with the diagnoses of Retention of Urine, Emphysema, Psychoactive Substance use, Morbid Obesity and UTI. A review of R97's BIMS (Brief Interview for Mental Status) dated 03/04/2025, revealed a score 15 out of 15 (cognitively Intact). A review of R97's care plan dated 02/26/2025 noted the following:</p> <p>Problem: I have a self-care deficit r/t [related to]: Decreased Mobility, Morbid Obesity, Weakness of Musculoskeletal System, Emphysema and Retention of Urine.</p> <p>Bladder Function: Indwelling Foley Cath.</p> <p>Problem: Indwelling Catheter .Resident requires an indwelling urinary catheter r/t: Retention of urine.</p> <p>Approach Start Date 02/26/2025 .Store collection bag inside a protective dignity pouch.</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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Further review of the progress notes and care plan revealed no evidence of the R97 removing the catheter dignity bag.</p> <p>On 03/13/25 at 10:49 AM, Unit Manager A was interviewed and queried about R97's foley catheter bag being without a dignity cover. Unit Manager A said, [R97] takes the bag cover off.</p> <p>On 03/13/25 at 12:10 PM, The Director of Nursing (DON) was interviewed and asked about R97's foley catheter bag being without a dignity cover. The DON stated that the resident (R97) should have a dignity bag cover.</p> <p>A review of the facility's policy Catheter Care dated 11/1/2022 revealed the following:</p> <p>It is the policy of this facility to ensure that residents with indwelling catheters receive appropriate catheter care and maintain their dignity and privacy when indwelling catheters are in use.</p> <p>Policy Explanation:</p> <ol style="list-style-type: none"> 1. Catheter care will be performed every shift and as needed by nursing personnel. 2. Privacy bags will be available and catheter drainage bags will be covered at all times while in use.

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50634</p> <p>Based on observation, interview, and record review the facility failed to ensure an indwelling foley catheter was secured for one resident (R37) of two residents reviewed for catheter care with the potential to cause irritation and/or trauma.</p> <p>Findings include:</p> <p>On 3/11/25 at 1:28 PM, R37's foley catheter was observed with Licensed Practical Nurse (LPN) E. R37 was observed with no leg strap attached to the catheter. When LPN E was queried regarding the leg strap LPN E said the leg bag should have been attached with a strap.</p> <p>On 3/11/2025 at 2:25 PM, the Nursing Home Administrator (NHA) was interviewed and said residents should have leg straps when they have a catheter. The NHA explained leg straps are used to secure the catheter to prevent the catheter from being pulled out.</p> <p>Record review of R37 Electronic Medical Record (EMR) revealed R37 was admitted on [DATE] with diagnoses of Acute pyelonephritis, Dementia, Pressure ulcer of right heel, Pressure ulcer of left heel, Pressure ulcer of sacral region stage 4, Urinary tract infection, and schizoaffective disorder bipolar type.</p> <p>Review of R37's Admission assessment dated [DATE] for Minimum Data Set for Brief Interview for Mental Status was severely impaired.</p> <p>Review of the facility policy titled, Catheter Care dated: 11/1/2022 revealed the following: It is the policy of the facility to ensure that residents with indwelling catheter receive appropriate catheter care. In accordance with the policy, it is noted leg bags will be attached to resident's thigh or calf making sure to have slack on the tubing to minimize pressure and tension.</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>41423</p> <p>Based on observation, interview and record review the facility failed to ensure professional standards of practice for oxygen administration for one (R7) of one resident reviewed for oxygen administration resulting in a R7 receiving supplemental oxygen therapy without a healthcare provider order.</p> <p>Findings include:</p> <p>On 03/10/25 at 10:45 AM, R7 was observed in bed on their back wearing a gown. Their left arm was bent at the elbow toward their chest. R7 was soft spoken and was able to answer basic questions. R7 was wearing supplemental oxygen via nasal canula (a device that delivers extra oxygen through a tube and into the nose). R7's oxygen was at three liters per minute. The oxygen tubing was not labeled with a date.</p> <p>On 03/10/25 at 01:28 PM, R7 was observed wearing oxygen via nasal canula with oxygen at three liters per minute. The oxygen tubing was not labeled with a date.</p> <p>On 03/11/25 at 08:38 AM, R7 was observed in bed with his eyes closed wearing a gown. R7 was observed wearing supplemental oxygen via nasal canula at 3.5 liters. The oxygen tubing was not labeled with a date.</p> <p>A review of R7's electronic medical record revealed an initial admission of 04/25/2024 and the diagnoses of Chronic Obstructive Pulmonary Disease, Anxiety, Schizoaffective Dementia, Depression, Contracture of muscle, multiple sites, Seizure, Stroke, Traumatic Brain Injury, and Heart Failure. A review of R7's BIMS (Brief Interview for Mental Status) dated 02/01/2025, revealed a score 9 out of 15 (Moderately Impaired). A review of R7's care plan revealed the following:</p> <p>Problem Start Date: 04/25/2024: COPD:</p> <p>Approach: Monitor oxygen saturation via pulse oximetry as ordered.</p> <p>A review of R7's care plan did not address supplemental oxygen therapy.</p> <p>A review of R7's electronic medical record physician orders did not reveal an order for oxygen therapy.</p> <p>On 03/11/25 at 11:04 AM, Unit Manager A was interviewed and queried about R7 receiving oxygen therapy at 3-3.5 liters and not finding an order in the electronic medical record for oxygen therapy. Unit Manager A said, I forgot to enter the oxygen order.</p> <p>On 03/13/25 at 12:08 PM, The Director of Nursing (DON) was interviewed and queried regarding R7 receiving oxygen therapy without a physician order. The DON said that they should have a physician order to receive oxygen.</p> <p>A review of the facility's policy Consulting Physician/Practitioner Orders dated 11/01/2022 revealed the following:</p> <p>(continued on next page)</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Policy: The attending physician shall authenticate orders for the care and treatment of assigned residents.</p> <p>Follow facility procedures for verbal or telephone orders including: noting the order, submitting to pharmacy, and transcribing to medication or treatment administration record.</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>47964</p> <p>Based on observation, interview, and record review, the facility failed to: 1. Ensure pans were cleaned before stacking; 2. Properly date-label and store food in the kitchen; and 3. properly store ladles. These deficient practices had the potential to affect all residents who consumed food from the kitchen, resulting in the increased potential for food borne illness.</p> <p>Findings include:</p> <p>On 3/10/25 at 8:45 AM an initial tour of the kitchen was performed with Dietary Manager (DM) F, the following was observed:</p> <ol style="list-style-type: none"> Five sheet trays were heavily soiled and stored with clean pans in the clean pot/pan storage area. DM F agreed the sheet trays were heavily soiled and said they should not be used and stated, We need new ones. Six large soup ladles were observed hanging from the side bracket of the hood vent. DM F said the ladles should not be hanging from the vent. <p>In the dry food storage room:</p> <ol style="list-style-type: none"> One opened frosting can not dated. One family sized bag of potato chips opened not dated. One box of instant mashed potatoes box opened not dated. <p>DM F agreed all opened items should be dated and stored properly.</p> <p>On 3/13/25 at 8:51 AM the Nursing Home Administrator was interviewed and said the expectation is for food to be stored correctly and for heavily soiled uncleanable kitchen items to be discarded and replaced.</p> <p>A review of the facility policy titled Date Marking for Food Safety date implemented 11/1/2022 and revealed in part; The facility adheres to a date marking system to ensure the safety of ready-to-eat, time/temperature control for safety food. The food shall be clearly marked to indicate the date or day by which the food shall be consumed or discarded.</p> <p>A review of the facility policy titled Food Safety Requirements date implemented 10/26/22 revealed in part; All equipment used in the handling of food shall be cleaned and sanitized, and handled in a manner to prevent contamination.</p> <ol style="list-style-type: none"> Staff shall follow facility procedures for dishwashing and cleaning fixed cooking equipment. Clean dishes shall be kept separate from dirty dishes. <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>c. Staff shall wash hands prior to handling clean dishes, and shall handle them by outside surfaces or touch only the handles of utensils.</p> <p>d. Staff shall adhere to safe hygienic practices to prevent contamination of foods.</p>

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<p>F 0912</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Provide rooms that are at least 80 square feet per resident in multiple rooms and 100 square feet for single resident rooms.</p> <p>50634</p> <p>Based on observation, interview, and record review the facility failed to provide 80 square feet of space per resident in three resident rooms resulting in the potential interference with care provided and resident dissatisfaction with their living environment.</p> <p>Findings include:</p> <p>On 3/10/25 at 11:30 AM, the following rooms were observed and review of facility census count sheet dated 3/10/25 revealed the following resident rooms did not provide 80 square feet of floor space per resident.</p> <p>RM# SQ. FT. BEDS Residents</p> <p>103 210 3 3</p> <p>109 213 3 3</p> <p>117 213 3 3</p> <p>On 3/13/25 at 11:00 AM, the Nursing Home Administrator was interviewed, and they acknowledged they had rooms that did not meet the square footage regulations.</p>