STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235559	A. Building B. Wing	04/30/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pine Creek Manor Skilled Nursing & Rehab Center	34330 Van Born Rd Wayne, MI 48184

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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 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 maintain best practices in the food service area resulting in the potential to spread food borne illness to all residents that consume food from the kitchen. Findings Include:On 04/28/2026 at 8:50 AM an interview with Dietary Manager (DM) E regarding date marking found a receive date and open date should be marked on food items.On 04/28/2026 at 8:52 AM observed cut carrots wrapped in plastic with a facility marked date of 4/15 in the two-door refrigerator located in the dry storage room. Further observation found chopped carrots wrapped in plastic with a number four written on the outside. DM E discarded the items.On 04/28/2026 at 8:54 AM observed two containers of sliced tomatoes in plastic packages with no facility marked date. An interview at this time with DM E found they did not see a date and indicated they are supposed to be labeled. DM E discarded the items.According to the 2022 FDA Food Code section 3-501.17 Ready-to-Eat, Time/Temperature Control for Safety Food, Date Marking, (A) Except when PACKAGING FOOD using a REDUCED OXYGEN PACKAGING method as specified under S 3-502.12, and except as specified in (E) and (F) of this section, refrigerated, READY-TOEAT, TIME/TEMPERATURE CONTROL FOR SAFETY FOOD prepared and held in a FOOD ESTABLISHMENT for more than 24 hours shall be clearly marked to indicate the date or day by which the FOOD shall be consumed on the PREMISES, sold, or discarded when held at a temperature of 5 C (41 F) or less for a maximum of 7 days. The day of preparation shall be counted as Day 1. (B) Except as specified in (E) -(G) of this section, refrigerated, READY-TO-EAT TIME/TEMPERATURE CONTROL FOR SAFETY FOOD prepared and PACKAGED by a FOOD PROCESSING PLANT shall be clearly marked, at the time the original container is opened in a FOOD ESTABLISHMENT and if the FOOD is held for more than 24 hours, to indicate the date or day by which the FOOD shall be consumed on the PREMISES, sold, or discarded, based on the temperature and time combinations specified in (A) of this section and: (1) The day the original container is opened in the FOOD ESTABLISHMENT shall be counted as Day 1; and (2) The day or date marked by the FOOD ESTABLISHMENT may not exceed a manufacturer's use-by date if the manufacturer determined the use-by date based on FOOD safety.On 04/28/2026 at 8:55 AM an interview with DM E found they clean the inside of the refrigerators themselves at least once a week.On 04/28/2026 at 8:59 AM observed dried yellow residue in the bottom interior surface of the refrigerator under the bottom rack in the one door reach in refrigerator. An interview at this time with DM E found they clean refrigerators mostly on Mondays and there are daily checks.On 04/28/2026 at 9:29 AM observed metal shavings accumulated next to the blade of the can opener. DM E acknowledged the metal shavings in the can opener and indicated they would run it through the dishwasher.On 04/28/2026 at 9:55 AM an interview with DM E found maintenance handles the cleaning of the ice machine and ice scoop holder. Upon observation, the ice scoop holder contained a pool of water with brown debris floating at the bottom. DM E acknowledged the water and removed the holder to be cleaned.According to the 2022 FDA Food Code section 4-601.11 Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils. (A) EQUIPMENT FOOD-CONTACT SURFACES and UTENSILS shall be clean to sight and touch. (B) The FOOD-CONTACT SURFACES of cooking EQUIPMENT and pans shall be kept free of encrusted grease deposits and other soil (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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	accumulations. (C) NonFOOD-CONTACT SURFACES of EQUIPMENT shall be kept free of an accumulation of dust, dirt, FOOD residue, and other debris.On 04/28/2026 at 9:31 AM observed a spatula stored in the utensil drawer with brown stained discoloration on one side and gouges indicating deterioration along the base with sections of rubber removed. DM E discarded the item.According to the 2022 FDA Food Code section 4-202.11 Food-Contact Surfaces, (A) Multiuse FOOD-CONTACT SURFACES shall be: (1) Smooth; Pf (2) Free of breaks, open seams, cracks, chips, inclusions, pits, and similar imperfections; Pf.On 04/28/2026 at 11:54 AM observed three cracked and broken tiles near the floor drain adjacent to the dishwasher in the kitchen. The tiles were loose and able to shift when touched creating an uneven surface.According to the 2022 Food Code, section 6-201.11 Floors, Walls, and Ceilings, Except as specified under S 6-201.14 and except for antislip floor coverings or applications that may be used for safety reasons, floors, floor coverings, walls, wall coverings, and ceilings shall be designed, constructed, and installed so they are SMOOTH and EASILY CLEANABLE.On 04/28/2026 at 12:31 PM observed [NAME] F on the tray line plating potato wedges with a gloved hand. [NAME] F was then observed opening a door and opening the one compartment reach in refrigerator before returning to the tray line and using both hands to break apart rolls and using the right hand to plate fries, all while still wearing the original pair of gloves.According to 6the 2022 Food Code, section 3-304.15 Gloves, Use Limitation, (A) If used, single-use gloves shall be used for only one task such as working with ready-to-eat food or with raw animal food, used for no other purpose, and discarded when damaged or soiled, or when interruptions occur in the operation.P.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide and implement an infection prevention and control program. Based on observation, interview and record review, the facility failed to have an active plan for reducing the risk of legionella and other opportunistic pathogens of premise plumbing (OPPP). This deficient practice has the increased potential to result in waterborne pathogens to exist and spread in the facility's plumbing system and an increased risk of respiratory infection among all residents in the facility. Findings Include:On 04/28/2026 at 10:20 AM observed a hand sink with an inoperable hot water faucet in the laundry washing room. An interview with Laundry Aid (LA) H at this time found staff do not use the sink, and it has no warm water. On 04/28/2026 at 10:24 AM observed a utility sink located next to the hand sink in the laundry washing room with linens piled inside the basin. An interview with LA H at this time found the sink is not used, and the basin is used to store rags. Further observation found the sink had no drain line, and water was observed discharging directly onto the floor when turned on.On 04/28/2026 at 11:04 AM observed a shallow pool of cloudy water in the bowl of the hopper in the soiled utility room. A black, grey residue was observed on the interior and around the rim of the bowl. The flush apparatus was observed off.On 04/28/2026 at 11:07 AM observed discolored brown water discharging from the two compartment utility sink in the soiled utility room for a few seconds before running clear.On 04/28/2026 at 1:25 PM an interview with Maintenance and Housekeeping Supervisor (MHS) G was conducted regarding water management. When asked if they are involved in water management MHS G indicated yes. When asked about control measures taken, MHS G stated they flush toilets once a week, flush faucets twice a week, and flush the boilers once a week. When asked about utility sinks and shower rooms, MHS G indicated they flush those as well.On 04/28/2026 beginning at 1:29 PM a tour was conducted with MHS G.On 04/28/2026 at 1:29 PM observed a hand sink with an inoperable hot water faucet in the laundry washing room. MHS G indicated they would have to change the cartridge.On 04/28/2026 at 1:29 PM observed a utility sink located next to the hand sink in the laundry washing room. When the lack of a drain line was pointed out, MHS G indicated they would get it repaired.On 04/28/2026 at 1:31 PM an interview with MHS G found they send samples in for legionella but have not yet done it this year. When asked if chlorine is monitored, MHS G indicated no.On 04/28/2026 at 1:34 PM an interview with MHS G regarding the water management team found it includes the Nursing Home Administrator (NHA), the previous Director of Nursing (DON) and Maintenance. When asked how often the team meets, MHS G indicated once a month. When asked if there was an annual review, MHS G indicated they meet during the monthly meetings. On 04/28/2026 at 1:50 PM observed the hot water handle missing from the mop sink in the soiled utility room. MHS G indicated they were unaware the hot water faucet was inoperable. Further observation of the room found the hopper flush apparatus off at the fixture. During an interview at this time, MHS G stated they had turned it off and had not turned it back on. On 04/28/2026 at 1:53 PM observed the two compartment sink in the soiled utility room. In an interview at this time when asked if the faucet is flushed MHS G indicated they flush it weekly. When informed discolored water was observed coming from faucet MHS G stated the sink is not used frequently and the water line contains galvanized piping.On 04/28/2026 at 2:00 PM observed a spray hose on the wall next to the hand sink in the south shower room. An interview with MHS G at this time found the staff do not use the spray hose. When asked if MHS G flushed the hose, MHS G indicated yes. On 04/28/2026 at 2:41 PM an interview with Nursing Home Administrator (NHA) who also serves as the Director of Nursing was conducted regarding water management. When asked about team members, NHA indicated maintenance takes care of water management. When asked if there was an annual review, NHA indicated it was a part of the emergency book they reviewed in January.On 04/28/2026 at 2:50 PM an interview was conducted with MHS G. When asked about certain fixtures throughout the facility missing from the flushing log, MHS G indicated they are still being flushed, and that they should add them to the log.Record review of the facility provided document titled Healthcare Facility Water Management Program Checklist dated 11/17/2021 includes Identify areas where (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	biofilms may be present and areas where opportunistic pathogens of premise plumbing may grow and spread. Listed items include, Identify areas of stagnation (dead legs, vacant units/rooms, ect.). Identify areas with no residual disinfectant. Identify areas of commodes and hoppers. The program includes checklists for setting control limits for control measures, Set control limits for control measures that will be monitored. The water management program does not include identified areas where Legionella could grow and spread, or a description of control limits set for control measures in place.Record review of the facility provided document titled Water Management Program dated 11/1/2022 states, A risk assessment will be conducted by the water management team annually to identify where Legionella and other opportunistic waterborne pathogens could grow and spread in the facility's water system. The program indicates a risk assessment will be completed and states Based on risk assessment, control points will be identified. The list of identified points shall be kept in the water management program binder. The program also includes verbiage regarding the team, The effectiveness of the water management program shall be evaluated no less than annually.

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F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and interview, the facility failed to maintain general cleanliness and repair of the premises as well as proper storage of clean and sanitary supplies. This resulted in an increased potential for contamination and a possible decrease in satisfaction of living affecting all residents. Findings Include:On 04/28/2026 at 9:44 AM observed a mop sink in the soiled linen room with the hot water faucet missing. When the cold water faucet was turned on, water was observed leaking from the vacuum breaker.On 04/28/2026 at 9:49 AM observed the two-compartment utility sink in the soiled linen room with a chemical pre-dispensing system in place and the faucet left on. This set up puts undue back pressure on the faucet's internal atmospheric vacuum breaker (AVB), which can compromise the integrity of the mechanism.On 04/28/2026 at 10:00 AM observed the outdoor waste receptacle in an enclosure with debris scattered around the unit, including matted cardboard and leaves accumulated behind it. The side sliding door of the receptacle was open, and flies were observed entering and exiting the waste receptacle. Further observation found rolling chairs, plastic bags, and other debris outside of the enclosure along the concrete wall.On 04/28/2026 at 10:20 AM observed a hand sink with an inoperable hot water faucet in the laundry washing room. An interview with Laundry Aid (LA) H at this time found staff do not use the sink, and it has no warm water. LA H indicated when they need to wash their hands they go outside of the room.On 04/28/2026 at 10:24 AM observed a utility sink located next to the hand sink in the laundry washing room with linens piled inside the basin. An interview with LA H at this time found the sink is not used, and the basin is used to store rags. Further observation found no drain line from the basin, and water was observed discharging directly onto the floor when turned on.On 04/28/2026 beginning at 10:55 AM an individual tour of the facility was conducted.On 04/28/2026 at 10:56 AM observed the shower bed with a sticky orange substance and black particulates beneath the mat in the north shower room. Further observation found yellow and brown discolored water pooled beneath the shower bed within the collection mat.On 04/28/2026 at 10:59 AM observed brown dried residue on the back side of the shower room chair within the netted material in the north shower room.On 04/28/2026 at 11:04 AM observed a shallow pool of cloudy water in the bowl of the hopper in the soiled utility room. A black, grey residue was observed on the interior and around the rim of the bowl.On 04/28/2026 at 11:10 AM observed several floor tiles missing and the mastic exposed in the soiled utility room between the hopper and mop sink.On 04/28/2026 at 11:15 AM observed the kick plate of the bathroom door peeling from the door in resident room [ROOM NUMBER].On 04/28/2026 at 11:15 AM observed a portion of tiles missing along the perimeter at the floor wall junction above the floor molding in the bathroom of resident room [ROOM NUMBER].On 04/28/2026 beginning at 1:29 PM a tour was conducted with Maintenance and Housekeeping Supervisor (MHS) G.On 04/28/2026 at 1:29 PM observed a hand sink with an inoperable hot water faucet in the laundry washing room. MHS G indicated they would have to change the cartridge.On 04/28/2026 at 1:44 PM an interview with MHS G regarding cleaning of equipment found Certified Nurse Aid (CNAs) are responsible for cleaning shared equipment in the shower rooms and housekeeping cleans the rooms daily.On 04/28/2026 at 1:50 PM observed the hot water handle missing from the mop sink in the soiled utility room. MHS G indicated they were unaware the hot water faucet was inoperable. Further observation of the room found the hopper flush apparatus off at the fixture. MHS G stated they had turned it off and had not turned it back on, and staff dump mop buckets down which helps flush it. MHS G indicated they reglaze the hopper occasionally. On 04/28/2026 at 2:03 PM observed a black residue along the base of the toilet in south shower room. MHS G acknowledged the condition and indicated they could recalk.On 04/28/2026 at 3:00 PM observed outdoor waste receptacle with MHS G. In an interview at this time when asked frequency of pick up, MHS G indicated trash is picked up every day. When asked about chairs outside (continued on next page)

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F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	of enclosure, MHS G indicated someone probably pushed them out yesterday when they were not there. Further observation found the side sliding door open. When asked if it is usually left open, MHS G indicated they try to keep it closed. When asked about debris along the outside, MHS G indicated they had not gotten a chance to clean up today.

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F 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. Based on observation, interview, and record review, the facility failed to formulate an Advance Medical Directive (AMD- the written instruction relating to the provision of health care) for one (R7) of five residents reviewed for Advance Directives. Findings include: On 04/28/2026 at 12:22 P.M., a record review of the Electronic Health Record (EHR) revealed R7 had a code status of Full Code with an admit date of 06/03/2025 and a diagnosis of Acute Cystitis without Hematuria, Schizophrenia, Diabetes and Peripheral Vascular Disease, Unspecified. Record review also revealed that R7 had a legal guardian. On 04/29/2026 at 11:20 A.M., Social Worker (SW) A was interviewed to discuss the formulation of a written Advanced Directive for R7. SW A was queried as to the expectations of Advance Directives for long term care residents within the facility. SW A stated, All residents should have documentation of an Advance Directive being offered. I should have documentation of an Advanced Directive for R7 but I don't. I do not have written documentation from R7's guardian.On 04/29/2026 at 2:15 P.M., the Nursing Home Administrator (NHA)/Director of Nursing (DON) was interviewed regarding an Advance Directive for R7. The NHA/DON stated, I looked, we don't have one for R7. I'll contact the guardian. Queried as to the expectations of Advance Directives; the NHA/DON stated, There should be documentation of the offer for an advance directive for all residents. Further record review revealed the lack of written documentation of R7's legal representative being offered education and the opportunity to formulate an Advanced Directive.Review of the facility policy on Advanced Directives entitled, Residents' Rights Regarding Treatment and Advance Directives date revised- 01/07/2026, read in part: . Any decision making regarding the resident's choices will be documented in the medical record and communicated to the interdisciplinary team and staff responsible for the resident's care.

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to develop and implement a comprehensive care plan that includes and supports the dementia care needs for one (R7) of one resident reviewed for care planning resulting in the potential to limit R7's highest practicable physical, mental, and psychosocial well-being.Findings include: On 04/28/2026 at 12:22 P.M., a record review of the Electronic Health Record (EHR) revealed R7 was admitted to this facility on 06/03/2025 with a diagnosis of Acute Cystitis without Hematuria, Schizophrenia, Diabetes and Peripheral Vascular Disease, Unspecified.Record review of the (EHR) revealed a care plan dated: 2/26/26 without a Dementia diagnosis, goal, focus or interventions for this diagnosis within the care plan. Record review of R7's Care Plan dated 02/26/2026 revealed Focus: I HAVE DIAGNOSIS OF SCHIZOPHRENIA; MAY EXHIBIT SYMPTOMS OF DELUSIONS, DISORGANIZED THINKING, FLAT AFFECT, HALLUCINATIONS, SOCIAL WITHDRAWL, DEPRESSION, ABNORMAL MOTOR BEHAVIORS, IMPULSIVE, HYPERVERBAL, HIGH ENERGY, EUPHORIA; SADNESS, HOPELESSNESS, LOSS OF INTEREST.Further review of the (EHR) revealed a Minimum Data Set (MDS) dated : 03/12/2026 also lacked the identification of a diagnosis of Dementia for R7. The Minimum Data Set (MDS) is used to assess the resident's clinical condition, cognitive and functional status, and use of services.On 04/29/2026 at 11:30 A.M., Social Worker (SW) D was interviewed by telephone and provided documentation of a 3878 PASARR Level II Dementia Exemption dated 9/10/25. On 04/29/2026 at 11:42 A.M., Social Worker (SW) A was interviewed to discuss the lack of documentation regarding a Diagnosis of Dementia in the care plan or the Minimum Data Set (MDS) despite a Dementia exemption from the State Agency and the reference of Dementia in progress notes by the Medical Director. SW A stated, I don't see a diagnosis for Dementia. Record review of R7's Psychiatric Evaluation dated 04/20/2026 also has no mention of a Dementia diagnosis. On 04/29/2026 at 2:00 P.M., the Nursing Home Administrator (NHA)/Director of Nursing (DON) was interviewed regarding the lack of documentation within the care plan to address a Dementia diagnosis for R7 and the lack of information noted for Dementia in the MDS dated [DATE]. The NHA stated, I'm checking with the Medical Director because I don't see it either. Queried if a Dementia diagnosis should be included in a comprehensive care plan. The NHA stated, Yes.On 04/29/2026 at 2:30 P.M., the Minimum Data Set Coordinator (MDS Coordinator) B was interviewed regarding the lack of Dementia Diagnosis across relevant information within the care plan and Electronic Health Record. MDS Coordinator B stated, I don't see a Dementia diagnosis in our system.On 04/30/2026 at 12:15 P.M., Medical Director C was interviewed and stated, R7 has a multifactorial impaired mental status. Medical Director C confirmed that R7 has a diagnosis of Dementia. When queried about the lack of information in the MDS and Care Plan denoting the Dementia diagnosis in the Electronic Health Record, Care Plan and Minimum Data Set, Medical Director C stated, R7 has Dementia with no change in condition since admittance to the facility.Further record review revealed the lack of documentation of R7 and or the legal representative being a part of establishing the expected goals of a dementia care plan and lacks the parameters of an outcome of care for dementia, the amount, frequency, and duration of dementia care related to the effectiveness of a plan of care for Dementia. R7's individualized dementia care needs are not addressed or being met through the care planning process. The facility has not developed a care plan to address the problems/risks of dementia identified by the Medical Director and provided in the PASARR determination.

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F 0912 Level of Harm - Potential for minimal harm Residents Affected - Some	Provide rooms that are at least 80 square feet per resident in multiple rooms and 100 square feet for single resident rooms. Based on observation, interview, and record review the facility failed to provide 80 square feet of space per resident in 10 (102, 103, 107, 109, 110, 111, 112, 113, 116, and 117) resident Medicare or Medicaid rooms. Findings include:On 4/30/2026 at 10:15 AM, a review of the facility's room documentation and measurements determined the following residents' rooms were undersized, providing the following square feet of floor space per resident:RM# SQ. FT. ROOM # OF BEDS # OF Residents102 215 3 2 103 210 3 2107 220 3 3109 213 3 3110 217 3 2111 217 3 2112 210 3 3113 212 3 2116 224 3 2117 213 3 2On 04/28/26, during the recertification survey, observations of resident rooms were made. There were no complaints verbalized by residents regarding room size.On 4/30/2026 at 2:19 PM, the Nursing Home Administrator (NHA) was interviewed, and acknowledged they had rooms that did not meet the square footage regulations.