

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235561	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/15/2025
NAME OF PROVIDER OR SUPPLIER Aria Nursing and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 707 Armstrong Lansing, MI 48911	

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 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are fully informed and understand their health status, care and treatments.</p> <p>45038</p> <p>Based on observation, interview, and record review the facility failed to inform one resident (46) of five residents' benefits, risks, and alternatives for the prescribing of psychotropic medication.</p> <p>Findings Included:</p> <p>Resident #46 (R46)</p> <p>Review of the medical record revealed R46 was admitted to the facility 10/12/2024 with diagnoses chronic kidney disease, muscle weakness, atrial fibrillation, thoracic aorta aneurysm, congestive heart failure (CHF), gastro-esophageal reflux disease, sleep disorder, restless leg syndrome, depression, anxiety, chronic pain, mitral valve insufficiency, anemia (low red blood cells count), osteoarthritis, history of myocardial infarction (heart attack), peripheral vascular disease (PVD), chronic obstructive pulmonary disease (COPD), bipolar disorder, and hyperlipidemia (high fat content in blood). The most recent Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 04/27/2025, revealed R46 had a Brief Interview of Mental Status (BIMS) of 12 (moderate cognitive impairment) out of 15.</p> <p>Review of R46's medical record demonstrated a physician order, written 04/23/2025, Olanzapine Oral Tablet Disintegrating 5mg (milligrams) one time per day. Review of MedlinePlus ,at medlineplus.gov, Olanzapine is an antipsychotic medication that may be used to treat bipolar disorder (manic depressive disorder). R46's medical record did not demonstrate any consent documents or information that R46 or his responsible party was informed of the risk or benefits for the use of the antipsychotic Olanzapine.</p> <p>In an interview on 05/13/2025 at 02:52 p.m. Social Worker (SW) O explained that it was her responsibility to review all the orders for psychotropic medication. She explained that she would review the psychotropic medication order to ensure that it contained the appropriate diagnoses, the appropriate monitoring for side effects, behavior monitoring for the targeted behavior, and make sure that the residents or their responsible party had been provided with a consent document explaining the risk and benefits of using the psychotropic medication. SW O was asked to review R46's medical record and provided a consent for the use of Olanzapine (antipsychotic medication). SW O could not provide a consent or any documentation demonstrating that R46 or his responsible party had been given information regarding the risk of benefits of using Olanzapine. SW O could not explain why consent had not been obtained for the use of Olanzapine.</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 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 05/13/2025 at 03:37 p.m. Director of Nursing (DON) B explained that it was her expectation that the Social Worker reviewed the medical record of Residents that are prescribed an antipsychotic medication. DON B explained that a consent would be obtained that explained the risk and benefits for the use of the antipsychotic medication ordered. DON B confirmed that a consent was not present for the use of Olanzapine (antipsychotic medication) in R46's medical record.</p> <p>During observation and attempted interview on 05/15/2025 at 11:25 a.m. R46 was observed sitting up on the side of his bed. R46 explained that he had just returned from the hospital, where he had been since 5/12/2025, related to a recent fall. R46 could not provide an answer as to why he was currently receiving antipsychotic medications but did explain that he had a history of depression.</p> <p>Review of facility policy Psychoactive Medication Management, dated 07/01/1014 and last revised 04/22/2025, revealed Procedure #6. Before initiating or increasing psychotropic medication, the resident, family, and/or resident representative must be informed of the benefits, risks, and alternatives for the medication, including any black box warnings for antipsychotic medications, in advance of such initiation or increase.</p>

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<p>F 0565</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 organize and participate in resident/family groups in the facility.</p> <p>45135</p> <p>Based on interview and record review, the facility failed to act promptly on grievances reported in resident council meetings and provided responses to grievances in 6 of 9 residents, as reported during a confidential resident council interview, in a total sample of 18 residents and a total census of 83 residents, resulting in unresolved resident concerns, frustration and decreased quality of life.</p> <p>Findings include:</p> <p>A record review of the past six months of resident council meeting minutes revealed concerns/grievances that were not addressed and resolved. Complaints go from month to month with a lack of documentation to reflect that the problem was resolved.</p> <p>This writer reviewed grievances from January 2025 to the current time of survey. Grievance forms were not filled out completely to reflect the complaint/grievance was resolved and did not have the residents' signature to show they are happy with the outcome.</p> <p>Review of the facilities Grievance Policy called Care Program last updated 06/11/2024.</p> <p>.If a resident, a resident's representative, or another interested person with a concern (including missing items), a staff should encourage and assist the resident, or person on resident's behalf to file a written concern/grievance with the facility .</p> <p>.During the morning interdisciplinary team meeting following the day of receipt, the team will decide who will investigate the concern if the investigation has not been initiated. The department manager/designee assigned will have 5-7 business days following the receipt of the concern to complete the investigation and document his/her conclusions. The investigation and report should be completed using a Resident, Family, Employee and Visitor Assistance form and forwarded to the Administrator .</p> <p>.The facility representative will continue to complete quality rounds as scheduled to continue to ensure concerns are resolved .</p> <p>During a Resident Council meeting held on 05/14/25 at 11:00 AM with nine residents attending, frustration was shared over the lack of follow-through with the grievance process. Confidential residents stated they have had clothes missing for weeks if not months. Two of the nine residents shared that they saw other residents wearing their clothes. When staff were notified by this, they did nothing about it. Three other residents stated they didn't know if their clothes were marked with their name or not. Two residents stated they were served food that they cannot eat, even with it written on their tray ticket. One resident stated they are tired of peanut butter and jelly sandwiches as an alternative to the prepared meal served. Three residents stated the phone was removed from the small dining room which allowed privacy. Three of nine residents stated they receive cold food, sour milk and food they are allergic to. All nine residents shared in frustration that their concerns/grievances have not been resolved.</p> <p>(continued on next page)</p>		

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<p>F 0565</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 05/13/25 at 1:22 PM, Activity Director (AD) D stated the resident council minutes are in the survey binder. Writer asked AD D to schedule resident council meeting tomorrow morning, and AD D asked if 11:00am would work, writer in agreed to the meeting at 11:00am in 3 [NAME] dining room.</p> <p>During an interview on 05/14/25 at 11:38 AM, AD D stated the grievance forms were within reach for all resident in a central location. AD D also stated residents can give those completed forms to anyone to turn in or ask for assistance with filling it out. AD D stated during the morning meetings, those are discussed, and any abuse allegations goes directly to LNA A. AD D stated the forms related to missing clothing goes to Housekeeping Director (HD) F. AD D stated ideally, those grievances need to be addressed within 72 hours. AD D stated she hands them out to department heads. Writer asked how the grievances were resolved, and residents were satisfied with the resolution. AD D stated that it was notified it was resolved. This writer asked how she knew the residents were happy with the outcome. This writer reviewed the form, and noted not all fields were filled, nor completed. AD D stated she didn't realize the form needed to be completed any differently than it was.</p> <p>During an interview on 05/14/25 at 12:44 PM, DON B stated AD D handed them to the unit managers to address then they get turned into LNA A.</p> <p>During an interview on 05/15/25 at 9:50 AM, LNA A stated any concerns/complaints/grievances that cannot be resolved on the spot, goes on a grievance form to track for Quality Assurance (QA). LNA A stated if its money missing or something significant, he puts it on a form due to being reportable to the state. LNA A stated if it was reportable, staff call him immediately, and he will address immediately. This writer asked LNA A about the grievance form they were using and the fact that the form was not completed showing the resident was satisfied with the outcome. LNA A stated he spoke to AD D about that, and they would be completing the form to include the residents signature showing the concern/complaint/grievance was addressed and resolved to the resident's satisfaction moving forward. LNA A stated they had received many complaints/grievances related to food. LNA A stated Dietary Manager (DM) E was on the food committee to make changes to the food and menu as requested by residents.</p> <p>During an interview on 05/15/25 at 12:11 PM, Housekeeping Director (HD) F stated the laundry process was, the clothes come down to laundry from each floor, CNAs were supposed to be bagging the laundry and put the residents name on a piece of paper in the bag, so that laundry can mark the clothes after they are washed and dried. HD F stated the personal item list was in every admission packet, but it was not being filled out or turned in listing the clothing items they were admitted with. HD F stated when those clothes were sent down to be laundered unlabeled, they were put on the end of the rack unidentified, and the laundry aide must ask every resident on each hall to find the owner. HD F also stated after it was hung on the rack for a few weeks unidentified after 3 months it went to the lost and found rack waiting for someone to identify it, if it stays on the rack longer than that, it goes into donation bin. HD F stated this was discussed at every morning meeting and nothing had changed in the process of filling out the personal item listing clothes brought into the facility with them, sending the clothes down to laundry department with their name on a piece of paper in the bag so it can be marked with their name.</p>		

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<p>F 0605</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 27446</p> <p>Based on interview and record review the facility failed to ensure three out of five residents (Resident #46, 53, and 69) reviewed for unnecessary medications had proper documentation.</p> <p>Findings Included:</p> <p>Resident #69 (R69):</p> <p>Per the facility face sheet R69 was admitted to the facility on [DATE]. Diagnoses included dementia without behavioral disturbance, psychotic disturbance, mood disturbance, major depression disorder, and anxiety dated 11/7/2024.</p> <p>Review of a progress note dated 11/9/24, for Psychological Services</p> <p>PSYCHOSOCIAL EVALUATION Supportive Care, revealed an initial evaluation was conducted on 11/9/2024, and revealed a documented diagnosis of, unspecified dementia without behavioral disturbance The mental health exam revealed R69 did not have delusions, hallucinations, behaviors, she was alert to herself, and oriented. The exam did not have any findings that R69 had psychotic features.</p> <p>Review of a Physician's order dated 11/8/2024, revealed R69 was ordered to receive Risperidone 0.5 mg one tablet one time a day for antipsychotic. This order was discontinued on 11/8/2024.</p> <p>Medication regimen review (MRR) dated 11/8/2024, revealed pharmacy made the physician aware that the Risperidone was an ordered drug without indication for use, and the recommended action for the provider was: this resident is receiving the antipsychotic agent, but lacks an allowable diagnosis to support its use. Appropriate diagnoses were listed and the physician underlined, .depression with psychotic features/treatment. The Physician signed the recommendation on 11/11/2024.</p> <p>Review of the Physician's orders dated 11/9/2024, revealed that a new order was placed for Risperidone 0.5 mg give two tablets one time a day for antipsychotic. This order was discontinued on 11/11/2024.</p> <p>Review of another Physician's dated 11/12/2024, revealed R69's Risperidone order was changed to 0.5 mg two tablets one time a day for depression with psychotic features. This order is indefinite.</p> <p>Review of a Minimum Data Set (MDS) dated with an Assessment Reference Date of 11/14/2024 revealed under Section I-Active Diagnoses: Bipolar, Schizophrenia, and Psychotic disorder were not coded as any diagnoses for R69.</p> <p>Review of a medication administration record (MAR) dated 11/12/2024, revealed that R69 was ordered to start taking Risperidone Oral Tablet 0.5 MG one time a day for depression with psychotic features. The diagnosis of psychotic features was documented on the Physician's order, and the Medication Administration Record (MAR) as of 11/12/2025, however was never added to R69's medical diagnoses list.</p> <p>(continued on next page)</p>		

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<p>F 0605</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>According to the National Alliance on Mental Illness (NAMI), www.nami.org Risperidone is an antipsychotic medication used to treat schizophrenia. Per NAMI symptoms of schizophrenia include delusions and hallucinations.</p> <p>Review of a consent titled, INFORMED CONSENT FOR USE OF PSYCHOTROPIC MEDICATION, that was signed by R69's responsible party on 11/7/2024, revealed Multiple side effects or adverse effects listed under, Possible side effects or adverse effects from this medication . that nursing was to be aware of and assess R69 for while R69 was taking the Risperidone. Those include: blurred vision, color change of the skin, constipation, darkening of urine, delirium, difficult urination, disorientation/confusion, disturbed gait, dry mouth, hypotension, hypothermia, increase agitation, involuntary movement of mouth, tongue, face or jaws, lethargy, sedation, loss of balance/falls, loss of independent mobility, loss of muscle tone, motor restlessness, muscle spasm or stiffness in the neck, back, face, or eyes, nasal congestion, orthostatic hypotension, pelvic thrusting, profuse drooling, reduced social contact, seizures, skin rash slowed involuntary movement of hands, feet, toes, and fingers, sore throat, stooped posture, tremors (hands, arms, head), upper respiratory infection), weight gain, and yelling of skin.</p> <p>Review of R69's Medication Administration Record and Treatment Administration Record (MAR) (TAR) revealed that the only side effects listed on the TAR for staff to be aware of were while R69 was taking the Risperidone was, dry mouth, constipation, blurred vision, disorientation/confusion, difficulty in urinating, hypotension, dark urine, yellow skin, nausea and vomiting, lethargy, drooling, extrapyramidal symptoms (tremors, disturbed gait, increased agitation, restlessness, involuntary movement of mouth or tongue). The TAR did not list all the informed consent listed possible side effects for staff to watch and assess R69 while taking the Risperidone.</p> <p>Review of a Social Service Assessment & History dated 11/7/2024, revealed the assessment was not completed, but only had a summary notation which revealed R69 had possible mild depression. The question regarding Behavior Factors, Social Factors, Dignity Factors, Trauma Informed Care, Strength and Coping Skills, Referrals, discharge planning, and possible need for equipment we not answered.</p> <p>Review of a Care Plan conference Summary dated 12/12/2024, revealed Social Services was the only staff member that was in attendance along with R69's responsible party. The summary revealed that R69's responsible party shared that R69 had no history of depression, no past trauma, no psychological hospitalization , just had anxiety.</p> <p>Review of R69's documented behaviors, as evident by staff initials, from November 2024 to present 5/15/2025, revealed R69 only had behaviors documented 14 times from November 2024 to present, and that was in the months of January and February 2025, these were the behavioral documents provided when upon asking for behavioral documentation for R69.</p> <p>Review of a pharmacy MRR dated 5/5/2025, revealed the last gradual dose reduction (GDR) for R69's Risperidone was in November of 2024. The pharmacy's recommendation was to attempt to decrease current dose of 1 mg to 0.5 mg everyday of R69's Risperidone. On 5/14/2025 during the review of this document no physician had signed that they had reviewed or acknowledged the recommendation.</p> <p>Review of Physician's orders for the month of May 2025 revealed no order to decrease, change, or attempt a GDR of R69's Risperidone.</p> <p>(continued on next page)</p>		

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<p>F 0605</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 5/14/2025 at 1:01 PM, Administrator A stated he was not able to locate a documented GDR regarding the 5/5/2025 MRR, and stated it was never followed up on when pharmacy wrote the recommendation on 5/5/2025.</p> <p>Review of a Physician's progress note dated 12/12/2024 revealed under diagnoses, 4. Unspecified dementia without behavioral disturbance. The list of diagnoses did not have depression with psychotic features as a diagnosis.</p> <p>In an interview on 5/15/2025 at 10:06 AM, Social Services O (SS) stated that she did not receive the MRRs, but said she had requested that the MRR did come to her. SS O said she wants the process to change so she can monitor the psychotropic/antipsychotic medications appropriately and said that things were being missed and not running smoothly. SS O said the Assistance Director of Nursing (ADON) was taking care of all the MRR for now which was temporary.</p> <p>In an interview on 5/15/2025 at 11:19 AM, Director of Nursing (DON) B said when the pharmacy MRR would come in they would go to the Physician for decline or agree, then to SS O who was the one who over sees the process, and then the nurses or the Unit Managers would write the order. DON B said her expectation was that SS O did all the monitoring and tracking for the MRR and psychotropic/antipsychotic medications.</p> <p>Resident #53 (R53):</p> <p>Per the facility face sheet R53 was admitted on [DATE].</p> <p>Review of R53's Physician's orders revealed R53 received Ativan (antianxiety medication) 0.5 mg by mouth every six hours as needed for anxiety. The order was a PRN (as needed) order with a start date of 2/17/2025 and an end date of 4/2/2025, which is outside of the 14 days for a PRN antianxiety medication per regulation.</p> <p>Another PRN order for Ativan was noted to give R53 0.25 mg every four hours as needed starting 2/21/2025 and ending 3/11/2025, , which is also outside of the 14 days for a PRN antianxiety medication per regulation.</p> <p>Another PRN order for Ativan was noted to give R53 0.5 mg every four hours as needed starting 3/26/2025 and ending 4/1/2025, , which is again outside of the 14 days for a PRN antianxiety medication per regulation.</p> <p>45038</p> <p>Resident #46 (R46):</p> <p>(continued on next page)</p>		

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<p>F 0605</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the medical record revealed R46 was admitted to the facility 10/12/2024 with diagnoses chronic kidney disease, muscle weakness, atrial fibrillation, thoracic aorta aneurysm, congestive heart failure (CHF), gastro-esophageal reflux disease, sleep disorder, restless leg syndrome, depression, anxiety, chronic pain, mitral valve insufficiency, anemia (low red blood cells count), osteoarthritis, history of myocardial infarction (heart attack), peripheral vascular disease (PVD), chronic obstructive pulmonary disease (COPD), bipolar disorder, and hyperlipidemia (high fat content in blood). The most recent Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 04/27/2025, revealed R46 had a Brief Interview of Mental Status (BIMS) of 12 (moderate cognitive impairment) out of 15.</p> <p>Review of R46's medical record demonstrated physician orders for Olanzapine Oral Tablet Disintegrating 5mg (milligrams) one time per day, written 04/23/2025 and trazodone HCL (hydrochloride) oral tab 150 mg give at bedtime, written 04/23/205. Review of MedlinePlus ,at medlineplus.gov, Olanzapine is an antipsychotic medication that may be used to treat bipolar disorder (manic depressive disorder) and Trazadone is an antidepressant. R46's medical record did not demonstrate any orders for the monitoring of antipsychotic medication side effects or antidepressant medication side effects.</p> <p>In an interview on 05/13/2025 at 03:37 p.m. Director of Nursing (DON) B explained that it was her expectation that antipsychotic and antidepressant medication were to be monitored for side effects by the nursing staff. DON B explained that an order would be entered into the resident's medical record explaining what side effect symptoms should be monitored. Those orders are entered on the residents' Medication Administration Record and recorded as appropriate. DON B confirmed that R46 had orders for an antipsychotic and an antidepressant. DON B could not demonstrate a physician order for the monitoring of side effects for R46 use of an antipsychotic or use of an antidepressant. DON B could not explain why monitoring of side effects for an antipsychotic or side effects for antidepressant were not being completed.</p> <p>During observation and attempted interview on 05/15/2025 at 11:25 a.m. R46 was observed sitting up on the side of his bed. R46 explained that he had just returned from the hospital, where he had been since 5/12/2025, related to a recent fall. R46 explained that he had depression in the past but could not answer any further questions regarding his medication for depression.</p> <p>Review of information provided by Director of Nursing (DON) B R46 should have had an order for monitoring of antidepressant medication that stated, Antidepressant medication- monitoring for drowsiness, slurred speech, dizziness, nausea, aggressive/impulsive behavior. Document; 'N' if monitored and none of the above observed. 'Y' monitored and any of the above was observed, select chart code 'Other/see Nurses Notes' and progress note findings.</p> <p>Review of information provided by Director of Nursing (DON) B R46 should have had an order for monitoring antipsychotic medication that stated, Antipsychotic medication-Monitoring for dry mouth, constipation, blurred vision, disorientation/confusion, difficulty urinating, hypotension, dark urine, yellow skin, Nausea/vomiting, lethargy, drooling, EPS (extrapyramidal symptoms) (tremors, disturbed gait, increased agitation, restlessness, involuntary movement of mouth or tongue). Document: 'N' if monitored and none of the above observed.; Y if monitored and any of the above was observed, select charge code 9 other/see nurses notes and document findings.</p> <p>(continued on next page)</p>		

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F 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of facility policy Psychoactive Medication Management, dated 07/01/1014 and last revised 04/22/2025, revealed Procedure #9: Monitor medication for efficacy, side effects and adverse consequences of the medication. Notify practitioner of adverse consequences or side effects.		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45135</p> <p>Based on observation, interview, and record review the facility failed to ensure one (Resident #17) of two residents reviewed for care plans, had a comprehensive care plan that was revised for resident care needs, resulting in the potential for additional falls and care needs not being met.</p> <p>Findings Include;</p> <p>Resident #17 (R17)</p> <p>Review of the medical record reflected R17 was an initial admission to the facility on [DATE], readmitted on [DATE] and on 05/10/202. Diagnoses of repeated falls, diabetes, left hip pain, bi-polar and dementia.</p> <p>The most recent Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 02/08/2025 revealed R17 had a Brief Interview of Mental Status (BIMS) of 13 (cognitively intact) out of 15. Under section G0100, Activities of Daily Living (ADL) Assistance reveals R17 requires assistance with personal care and uses a walker or wheelchair as an assistive device.</p> <p>Record reviews revealed R17 had eight falls in the last six months.</p> <p>11/27/24-R17 fell on the bathroom floor trying to get to the bathroom with his pants pulled down to his knees. No injuries. No new care plan interventions.</p> <p>12/22/24- R17 fell on the bathroom floor trying to get to the bathroom. No injuries. No new care plan interventions.</p> <p>01/04/25- R17 fell on the bathroom floor trying to go to the bathroom, with visible feces and urine on the floor. R17 complaint of right shoulder and left hip pain, X-ray ordered. Care plan dated 01/06/25, Ensure resident toilets after meals. No new care plan interventions.</p> <p>01/09/25- R17 fell in his bedroom trying to get to his chair. No injuries. Care plan updated on 02/04/25. Anti rollback bars applied to wheelchairs. Ensure gripper socks on while in bed. Ensure resident toilets prior to going to bed. No new care plan interventions.</p> <p>02/10/25- R17 fell in the bathroom trying to get from the toilet and lost his balance. No injuries. No new care plan interventions.</p> <p>03/01/25- R17 fell in his bathroom trying to get off the toilet and lost his balance. No injuries. No new care plan interventions.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235561	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/15/2025
NAME OF PROVIDER OR SUPPLIER Aria Nursing and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 707 Armstrong Lansing, MI 48911	
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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>04/29/25- R17 was lowered to the floor in the bathroom to prevent further injury while transferring off the toilet. R17 had a 3cm abrasion above his left eyebrow. Referral to Physical Therapy (PT) initiated. Care plan updated on 05/05/25. TOILET USE: I require assistance with (2) staff for toileting. Use a raised toilet seat for toileting. Keep in his bathroom. Updated 04/30/25. TRANSFER: I require assistance from (2) staff to move between surfaces. No new care plan interventions.</p> <p>05/10/25- R17 fell attempting to self-transfer from bed and fell attempting to self-ambulate and hit his head, currently on Eliquis 5mg 2 x a day. Sent out for an MRI. Care plan dated 05/10/25. Frequent rounding at to ensure resident redirection and assistance to restroom as needed. No new care plan interventions.</p> <p>05/14/25- Care Plan updated, educated resident to use call light, resident agrees</p> <p>Pt is at his baseline orientation and ROM-but sustained 3 cm laceration above left eyebrow w/ dime size knot, laceration has no depth. No new care plan interventions.</p> <p>During an interview on 05/14/25 at 10:09 AM, Certified Nursing Assistant (CNA) stated that R17 would fall when he would self-transfer from his wheelchair to the bathroom and that's how he has had the previous falls. CNA C stated the CNA's try to toilet him and anticipate his needs. Care Plan dated 05/14/25. Social services to reach out to his guardian to get resident nonskid slippers.</p> <p>During an interview on 05/14/25 at 12:34 PM, DON B stated R17 was non-complaint, care planned, fell [DATE], he was trying to get up by himself, he did not have any shoes on, last update on 1/14/25, no update after 5/10 fall.</p> <p>Reviewed progress notes and stated they go over these incidents every morning, no care plan update to interventions.</p> <p>During an interview on 05/14/25 at 1:00 PM, DON B came to the conference room and handed this writer a fall report that indicated that they discussed transferring resident out of bed into the unit dayroom with nursing staff, but nothing was added to the care plan or implemented.</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>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.</p> <p>34705</p> <p>Based on observation, interview, and record review, the facility failed to label medication in accordance with accepted professional principles, dating of open medication for one out of four medication carts reviewed and failed to ensure proper medication storage of medications for one Resident (#51) out of 83 current residents residing at the facility.</p> <p>Findings Included:</p> <p>During an observation on 05/12/25 at 10:58 AM, R51 was laying in bed with door partially open and granted this surveyor permission to enter room. R51 appeared alert and oriented and able to answer questions. A medication cup with four to five pills was located on R51's bedside table. R51 reported the nurse had brought medications in about 30 minutes prior and left on bedside table while she was sleeping. Continued observation of the unit reflected mostly short term stay residents with several residents who were able to self ambulate or propel on own.</p> <p>During an interview on 05/14/25 at 9:54 AM, Director of Nursing DON B reported had been at facility for about three months. DON B reported would expect nurses to observe residents take medications and not leave at the bedside because of several different reasons including possibility of medication errors. DON B reported residents not able of self administer medications.</p> <p>Review of R51 Electronic Medical Record, dated 4/24/25(admission) to current (5/14/25) reflected no evidence R51 was assessed for self administration of oral medications.</p> <p>45038</p> <p>During observation of the 2 [NAME] medication cart of 05/14/2024 at 08:45 a.m. it was observed that Fluticasone Propionate Inhalation Aerosol 220 MCG (Micrograms), a multi dose inhaler was open and did not have a date placed on the container of the medication.</p> <p>During interview on 05/14/2025 at 08:45 a.m. Registered Nurse (RN) I explained that it was facility practice that all medication that was received from the pharmacy should be dated when the medication was opened. RN I could not explain why the Fluticasone Propionate Inhalation Aerosol 220 MCG (Micrograms) was found in the 2 [NAME] medication cart not dated when opened. RN I explained that the undated medication would be discarded, and another would be ordered from pharmacy.</p> <p>In an interview on 05/14/2025 at 09:55 a.m. Director of Nursing (DON) B explained that it was her expectation and professional practice that all multi-dose medication should be dated when the container is opened. DON B could not explain why the multi-dose inhaler of Fluticasone Propionate Inhalation Aerosol 220 MCG (Micrograms) had not been dated.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 22050</p> <p>Based on observations, interviews, and record reviews, the facility failed to: (1) clean and maintain food service equipment, and (2) date mark potentially hazardous ready-to-eat food products affecting 83 residents, resulting in the increased likelihood for cross-contamination, bacterial harborage, and resident foodborne illness.</p> <p>Findings include:</p> <p>On 05/12/25 at 09:13 A.M., An initial tour of the food service was conducted with Dietary Director (DD) E. The following items were noted:</p> <p>The Avantco 2-Door Reach-In Cooler interior light bulb was observed non-functional. (DD) E stated: I will place a work order into (TELS).</p> <p>The Vulcan convection oven(s) interior light bulbs were observed non-functional.</p> <p>The 2022 FDA Model Food Code section 6-303.11 states: The light intensity shall be: (A) At least 108 lux (10 foot candles) at a distance of 75 cm (30 inches) above the floor, in walk-in refrigeration units and dry FOOD storage areas and in other areas and rooms during periods of cleaning; (B) At least 215 lux (20 foot candles): (1) At a surface where FOOD is provided for CONSUMER self-service such as buffets and salad bars or where fresh produce or PACKAGED FOODS are sold or offered for consumption, (2) Inside EQUIPMENT such as reach-in and under-counter refrigerators; and (3) At a distance of 75 cm (30 inches) above the floor in areas used for handwashing, WAREWASHING, and EQUIPMENT and UTENSIL storage, and in toilet rooms; and (C) At least 540 lux (50 foot candles) at a surface where a FOOD EMPLOYEE is working with FOOD or working with UTENSILS or EQUIPMENT such as knives, slicers, grinders, or saws where EMPLOYEE safety is a factor.</p> <p>White Refrigerator 1: The interior door gasket and exterior unit top surface was observed soiled with accumulated and encrusted (dust, dirt, food residue).</p> <p>White Refrigerator 2: The interior door gasket and exterior unit top surface was observed soiled with accumulated and encrusted (dust, dirt, food residue).</p> <p>The can opener assembly was observed soiled with accumulated and encrusted food residue. (DD) E indicated she would have dietary staff thoroughly clean and sanitize the can opener assembly as soon as possible.</p> <p>The Vulcan convection oven(s) interior and exterior surfaces were observed soiled with accumulated and encrusted food residue. (DD) E stated: The top unit is cleaned on Saturday morning and the bottom unit is cleaned on Sunday evening weekly.</p> <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 - Some</p>	<p>The 2022 FDA Model Food Code section 4-601.11 states: (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 accumulations. (C) NonFOOD-CONTACT SURFACES of EQUIPMENT shall be kept free of an accumulation of dust, dirt, FOOD residue, and other debris.</p> <p>One gallon (3/4 full) of [NAME] Select 2% Milk was observed without and effective open or discard date, within the Avantco 2-Door Reach-In Cooler. The container manufacturer's use-by-date was observed to read 5-24-25.</p> <p>One 5-pound container (1/8 full) of Prairie Farms Small Curd Cottage Cheese was observed without an effective open or discard date, within the Avantco 2- Door Reach-In Cooler. The container manufacturer's use-by-date was observed to read 5-5-25.</p> <p>The 2022 FDA Model Food Code section 3-501.17 states: (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-TO-EAT, 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.</p> <p>20 of 25 overhead clear plastic light lens covers were observed soiled with accumulated and encrusted (dust, dirt, debris). (DD) E indicated she would place a work order into the TELS software system as soon as possible.</p> <p>2 of 2 ceiling mounted return-air-exhaust ventilation grills were observed soiled with accumulated and encrusted dust/dirt deposits.</p> <p>The mechanical dish machine ventilation hood return-air-exhaust grill was observed heavily soiled with accumulated and encrusted dust/dirt deposits.</p> <p>The 2022 FDA Model Food Code section 4-602.13 states: NonFOOD-CONTACT SURFACES of EQUIPMENT shall be cleaned at a frequency necessary to preclude accumulation of soil residues. The presence of food debris or dirt on nonfood contact surfaces may provide a suitable environment for the growth of microorganisms which employees may inadvertently transfer to food. If these areas are not kept clean, they may also provide harborage for insects, rodents, and other pests.</p> <p>On 05/15/25 at 11:30 A.M., Record review of the Policy/Procedure entitled: Dietary Cleaning and Sanitation dated 11/12/2021 revealed under Policy: It is the policy of this facility to maintain the sanitation of the kitchen through proper cleaning and sanitizing stationary food service equipment and food contact surfaces to minimize the growth of microorganisms that may result in food contamination.</p> <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 - Some</p>	<p>On 05/15/25 at 11:45 A.M., Record review of the Policy/Procedure entitled: Food Handling and Production dated 11/12/2021 revealed under Policy: It is the policy of this facility to comply with strict time and temperature requirements and use proper food handling techniques to prevent foodborne illness. Record review of the Policy/Procedure entitled: Food Handling and Production dated 11/12/2021 further revealed under Procedure: (1) The kitchen and equipment will be maintained in a clean, neat, and orderly manner to minimize bacteria formation and food contamination.</p>		

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<p>F 0814</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Dispose of garbage and refuse properly.</p> <p>22050</p> <p>Based on observations, interviews, and record reviews, the facility failed to: (1) maintain 2 of 3 outdoor waste receptacles, and (2) clean the outdoor waste receptacle concrete pad surface affecting 83 residents, resulting in the increased likelihood for cross-contamination, bacterial harborage, and pest attraction/harborage.</p> <p>Findings include:</p> <p>On 05/12/25 at 09:13 A.M., An initial tour of the food service was conducted with Dietary Director (DD) E. The following item was noted:</p> <p>On 05/12/25 at 10:40 A.M., The outdoor waste receptacle concrete pad was observed with accumulated dirt and debris (paper products, plastic bottles, plastic milk crate, wooden pallet, etc.). 1 of 4 receptacle plastic lids were also observed missing. 1 of 4 receptacle slider panels were additionally observed broken. The damaged slider panel contained a hole measuring approximately 6-inches-wide by 6-inches-long. (DD) E indicated she would place a work order into TELS as soon as possible.</p> <p>On 05/15/25 at 10:00 A.M., Record review of the Policy/Procedure entitled: Housekeeping Services dated 02/28/2025 revealed under Policy: To promote a sanitary environment. VII. TRASH (A) Trash will be removed from all areas on a specific schedule to prevent spillage and odors. (B) The area surrounding the dumpster will be kept free of debris. When transporting garbage to the dumpster staff will ensure the area is clean and free of debris.</p> <p>On 05/15/25 at 11:00 A.M., Record review of the Direct Supply TELS Work Orders for the last 180 days revealed no entries related specifically to outdoor waste receptacles and/or the concrete pad surface.</p>

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>22050</p> <p>Based on observations, interviews, and record reviews, the facility failed to effectively clean and maintain the physical plant affecting 83 residents, resulting in the increased likelihood for cross-contamination, bacterial harborage, and decreased air quality.</p> <p>Findings include:</p> <p>On 05/12/25 at 02:50 P.M., A common area environmental tour was conducted with Director of Maintenance (DM) H. The following items were noted:</p> <p>1 East:</p> <p>CNA Storage Closet: The vanity cabinet kickplate was observed missing. One of two base cabinet door hinges were also observed disconnected, allowing the door to not close evenly.</p> <p>Shower Room: The shower wand assembly was observed missing an atmospheric vacuum breaker. (DM) H stated: I will have one installed.</p> <p>Day Room: The return-air-exhaust ventilation grill was observed heavily soiled with accumulated and encrusted dust/dirt deposits.</p> <p>Staff Break Room: The Toshiba microwave oven interior was observed (etched, scored, particulate, corroded). (DM) H stated: I am going to throw this out now.</p> <p>Service Corridor:</p> <p>Red Room: The box fan was observed soiled with accumulated and encrusted dust/dirt deposits.</p> <p>The Men's Locker Room: The return-air-exhaust ventilation grill was observed soiled with accumulated and encrusted dust/dirt deposits.</p> <p>2-West</p> <p>Main Dining Room:</p> <p>Pantry: Three acoustic ceiling tiles were observed (stained, warped) from previous moisture exposure.</p> <p>Shower Room: The commode base seat was observed loose-to-mount. The commode base caulking was also observed (etched, scored, stained). The return-air-exhaust ventilation grill was additionally observed soiled with accumulated and encrusted dust/dirt deposits.</p> <p>On 05/12/25 at 04:15 P.M., An interview was conducted with (DM) H regarding the facility maintenance work order system. (DM) H stated: We have the TELS system.</p> <p>(continued on next page)</p>

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 05/13/25 at 10:35 A.M., An environmental tour of the facility Laundry Service was conducted with Housekeeping Director (HD) F. The following items were noted:</p> <p>Folding Room: The air supply grill and adjacent wall surfaces were observed soiled with accumulated and encrusted dust/dirt deposits. The folding room flooring surface was observed (etched, scored, stained, particulate). The folding room measured approximately 15 feet-wide by 22 feet-long.</p> <p>Soiled Laundry Room: The flooring surface was observed (etched, scored, stained, particulate). The damaged flooring surface measured approximately 15 feet-wide by 22 feet-long. The automatic door closer was also observed out-of-adjustment, allowing the door closer assembly to contact the entrance door top surface, creating a loud popping noise. (HD) F stated: I will place a work order in (TELS).</p> <p>Par Linen Room: The polyvinyl chloride (PVC) four tier storage rack protective vinyl mesh cover was observed (etched, scored, particulate). (HD) F stated: I will have the cover replaced.</p> <p>2-West</p> <p>Nursing Station: One fabric cushioned chair was observed soiled with accumulated and embedded dust/dirt deposits. (HD) F stated: I have an upholstery extractor.</p> <p>3-West</p> <p>Janitor Closet: The flooring surface was observed missing ceramic tile squares. The damaged and missing tile flooring measured approximately 12-inches-wide by 48-inches-long. (HD) F stated: The flooring tile has been missing since I started (6/2022).</p> <p>On 05/13/25 at 01:25 P.M., A common area environmental tour was continued with (HD) F. The following items were noted:</p> <p>2-East</p> <p>Shower Room: 2 of 2 shower wand assemblies were observed missing an atmospheric vacuum breaker. (HD) F indicated she would place a work order into the TELS software system.</p> <p>Floor Pantry: Three acoustic ceiling tiles were observed (etched, scored, stained) from previous moisture exposure.</p> <p>Vacant Office: The restroom commode base seat was observed (etched, scored, particulate). (HD) F indicated she would place a maintenance work order into the TELS software system as soon as possible.</p> <p>Day Room: The drywall corner surfaces were observed (etched, scored, particulate). The damaged drywall corner surfaces measured approximately 10 feet-long. The drywall surface, adjacent to the entrance door, was also observed (etched, scored, particulate). The damaged drywall surface measured approximately 12 inches-wide by 5 feet-long. 2 of 2 return-air-exhaust ventilation grills were further observed soiled with accumulated and encrusted dust/dirt deposits.</p> <p>3-West</p> <p>(continued on next page)</p>		

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Unisex Restroom: The return-air-exhaust ventilation grill was observed soiled with accumulated and encrusted dust/dirt deposits.</p> <p>Shower Room: The commode support was observed loose-to-mount. The commode support could be moved from side-side approximately 6-8 inches. The commode seat was also observed loose-to-mount. The commode seat could be moved from side to side approximately 6-8 inches. The hand sink polyvinyl chloride (PVC) drainpipe was additionally observed leaking water, adjacent to the plumbing trap assembly.</p> <p>Day Room: Two acoustic ceiling tiles were observed (stained, warped, etched) from previous moisture exposure. The damaged acoustic ceiling tiles measured approximately 24 inches-wide by 24 inches-long.</p> <p>Laboratory Room: The laboratory specimen refrigerator interior and exterior surfaces were observed soiled with accumulated and encrusted dust/dirt residue.</p> <p>On 05/13/25 at 03:15 P.M., An environmental tour of sampled resident rooms was conducted with (HD) F. The following items were noted:</p> <p>119: The restroom commode base caulking was observed (etched, scored, stained, particulate). The restroom hand sink was also observed draining very slowly.</p> <p>212: The restroom commode base caulking was observed (etched, scored, stained, particulate). The Bed 1 overbed light assembly was also observed non-functional.</p> <p>220: The restroom commode base caulking was observed (etched, scored, stained, particulate).</p> <p>229: The restroom commode base caulking was observed (etched, scored, stained, particulate). The Portable Terminal Air Conditioning (PTAC) Unit air filters were also observed soiled with accumulated and encrusted dust/dirt deposits.</p> <p>231: The restroom commode base caulking was observed (etched, scored, stained, particulate).</p> <p>238: The restroom commode base caulking was observed (etched, scored, stained, particulate). The (PTAC) Unit air filters were also observed soiled with accumulated and encrusted dust/dirt deposits.</p> <p>319: The restroom commode base caulking was observed (etched, scored, stained, particulate).</p> <p>322: The restroom commode base caulking was observed (etched, scored, stained, particulate).</p> <p>324: The (PTAC) Unit filters were observed soiled with accumulated and encrusted dust/dirt deposits. The restroom grab bar was also observed loose-to-mount, adjacent to the commode base.</p> <p>329: The restroom hand sink was observed draining very slowly.</p> <p>333: The restroom commode base caulking was observed (etched, scored, stained, particulate).</p> <p>(continued on next page)</p>		

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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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>336: The restroom commode base caulking was observed (etched, scored, stained, particulate). The Bed 1 overbed light assembly was also observed non-functional. The Bed 1 overbed light assembly pull string extension was additionally observed missing.</p> <p>On 05/15/25 at 10:15 A.M., Record review of the Policy/Procedure entitled: Housekeeping Services dated 02/28/2025 revealed under Policy: To promote a sanitary environment. (II) Routine Cleaning of Horizontal Surfaces: (A) In resident care areas, cleaning of non-carpeted floors and other horizontal surfaces will be done daily and more frequently if spillage or visible soiling occurs.</p> <p>On 05/15/25 at 11:15 A.M., Record review of the Direct Supply TELS Work Orders for the last 180 days revealed no entries related specifically to the aforementioned maintenance concerns.</p>