STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235577	A. Building B. Wing	09/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
McLaren Lapeer Region	1375 North Main Street Lapeer, MI 48446

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to prepare food in accordance with professional standards for food service safety. This deficient practice has the potential to result in food borne illness among all residents that consume food from the kitchen. Findings include:On 09/02/2025 at 9:35AM during the initial kitchen tour with the Certified Dietary Manager B, observed three separate spray nozzles downstream of atmospheric vacuum breakers located at the dishwasher station. On 09/02/2025 at 11:30am during lunch observation, observed Dietary Staff C reach in her pocket for a pen with gloves on, then proceed to don an additional pair of gloves without washing hands. On 09/02/2025 at 11:30am -12:00pm observed Dietary Staff C remove one pair of gloves after stepping away from the tray line and then proceeded to don an additional pair of gloves without washing hands. Dietary staff C was observed to be wearing two pairs of gloves at the same time. On 09/02/2025 at 11:30am -12:00pm observed Dietary Staff D on the tray line remove gloves and don gloves without washing hands. On 09/02/2025 at 11:30am -12:00pm conducted interview with the Certified Dietary Manager B on handwashing, she stated that Dietary Staff C wears two pairs of gloves because the utensils will get too hot. According to the 2008 Cross Connection Manual on atmospheric vacuum breakers, AVBs shall not be installed where they will be under continuous pressure for more than 12 hours (i.e. no downstream shutoff valve).According to the 2022 Food Code, 5-203.14 Backflow Prevention Device, When Required, A plumbing system shall be installed to preclude backflow of a solid, liquid, or gas contaminant into the water supply system at each point of use at the food establishment, including on a hose [NAME] if a hose is attached or on a hose [NAME] if a hose is not attached and backflow prevention is required by law, by .providing an air gap or installing an approved backflow prevention device. According to the 2022 Food Code, 2-301.14 When to Wash, Food employees shall clean their hands and exposed portions of their arms immediately before engaging in food preparation including working with exposed food, clean equipment and utensils, and unwrapped single-service and single-use articles and .before donning gloves to initiate a task that involves working with food and after engaging in other activities that contaminate the hands. According to the facility's policy on Sanitation and Infection Control dated 1/25, In the Food & Nutrition Services Department: All associates with the handling of food shall wash hands. Hands are washed with soap and water at the following times .before putting on gloves and after any activity that may contaminate the hands.According to the 2022 Food Code,3-304.15 Gloves, Use Limitation, 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.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to assess and change bandages for two residents Resident #9 and Resident #32) out of two residents reviewed for bandages, resulting in old or undated bandages going unchanged and assessed. Findings include: Resident #9 On 9/02/2025, at 1:26 PM, Resident #9 was sitting at their bedside. They had a large band aid to their right elbow. The band aid was undated and appeared old. Resident #9 offered that they had fallen at home prior and that was why they went to the hospital prior to the long-term care unit. On 9/03/2025, at 8:30 AM, a record review of Resident #9's electronic medical record revealed an admission on [DATE] with diagnoses that included generalized weakness, gastrointestinal bleeding and chronic kidney disease. Resident #9 required assistance with activities of daily living and had a slight cognitive deficit. A review of the skin care plan revealed Other: ST (skin tear) to R (right) Lower arm. A review of the physician orders revealed no order to assess the skin or change the bandage to their right elbow/lower arm. On 9/03/2025, at 12:35 PM, a record review of Resident #9's physician orders along with Nurse A was conducted. Nurse A offered, I don't think (Resident #9) has any wound care due. There was no physician order to assess the right elbow or change the band aid. On 9/03/2025, at 1240 PM, an observation of Resident #9's right elbow and bad aide along with Nurse A was conducted. Nurse A removed the old band aid from their right elbow which revealed a dried scabbed area measuring approximately 2 centimeters by 2 centimeters. Nurse A assessed the area and left the band aid off as the area appeared healed. Resident #32 On 9/02/2025, at 10:05 AM, Resident #32 was sitting at their bedside. They had an undated pressure dressing noted to their right upper arm. They had a large band aide to their left forearm with the date 8-31 written on it. Resident #32 offered that when they were in the hospital, they had a skin tear from a bandage removal. On 9/03/2025, at 9:32 AM, Resident #32 was sitting at their bedside. The bandages remained untouched from the day prior. On 9/03/2025, at 10:00 AM, a record review of Resident #32's electronic medical record revealed an admission on [DATE] with diagnoses that included acute blood loss anemia, generalized muscle weakness and Lymphoplasmacytic lymphoma. Resident #32 required assistance with activities of daily living and had intact cognition. A review of the physician orders revealed no order to assess or change the bandages to their right upper arm and their left forearm. On 9/03/2025, at 11:03 AM, a record review of Resident #32's physician orders along with Nurse A revealed no order to assess or change the bandages to the right arm or left forearm arm. Nurse A was asked when the resident was admitted and Nurse A stated, the 22nd (August 22nd). On 9/03/2025, at 11:05 AM, an observation along with Nurse A of Resident #32's bandages and skin was conducted. Nurse A removed the pressure dressing to their right upper arm. There was a small, dried scab from an intravenous site noted. Nurse A removed the bandage to the left forearm which revealed two dry scabbed areas; one linear and raised approximately 1 inch long, and the other was approximately 1 centimeter by 2 centimeters long. Resident #32 offered to Nurse A that they felt more comfortable keeping the scabs covered as they had a bleeding problem. On 9/04/2025, at 8:00 AM, a further record review revealed a physician order Wound Care Instructions 09/03/2025 . Foam, Daily, change foam to left lower forearm skin tear change daily. A review of the initial nursing assessment revealed Number of Sites . Arm Left Other: Forearm . Present on admission 8/22/2025. On 9/04/2025, at 9:12 AM, The Director of Nursing (DON) was asked for updated physician orders for Resident #32. The DON was alerted of the undated bandage to Resident #32's right upper arm and the 8/31 dated bandage to their left forearm and the lack of physician orders to assess the skin and change the bandages.