STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235587	A. Building B. Wing	09/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Fountain Bleu Health and Rehabilitation Center	28910 Plymouth Road Livonia, MI 48150

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to date medication when opened in two (400B and 500B) of four medication carts reviewed for medication storage. Findings include:On [DATE] at 10:04 AM, during review of the storage in medication cart 400B with Licensed Practical Nurse (LPN) B, Latanoprost Opthalmic Solution was observed with an open date of [DATE], expired 30 days beyond the opened date. Further review of the storage in medication cart 400B, Fluticasone/ Salmeterol Diskus, and two tubes of Biofreeze Topical Gel, was observed without opened dates.On [DATE] at 10:10 AM, LPN B was queried and revealed the Latanoprost should be discarded, and the other opened medications should have been dated when opened.On [DATE] at 10:15 AM, during review of the storage in medication cart 500B with LPN C, ProSource Plus was observed with an opened date of [DATE], expired 30 days beyond the opened date. Further review observed Milk of Magnesia with an opened date of [DATE], 30 days beyond the opened date.Further review of medication cart 500B revealed an open bottle of Nystatin Suspension and Deep Sea Nasal Spray without an opened date.On [DATE] at 1:45 PM, an interview with Infection Control Practitioner (ICP) A revealed medication should be discarded after 30 days from the opened date and all multi-use medications should be dated when opened. On [DATE] at 1:45 PM, an interview with the Director of Nursing (DON) revealed all multi-use medications should be dated when opened and should be discarded after 30 days from the opened date.A review of the policy, Medication and Treatment Storage' Last reviewed on [DATE], revealed the following: Multi-use vials will be dated when the vial is first accessed. If a multi-dose vial has been opened or accessed (e.g., needle-punctured), the vial should be dated and discarded within 28 days unless the manufacturer specifies a different (shorter or longer) date for that opened vial. If a multi-dose vial has not been opened or accessed, (e.g., needle-punctured), it should be discarded according to the manufacturer's expiration date.

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
	235587	A. Building B. Wing	09/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure resident rooms had signage alerting of Enhance Barrier Precaution (EBP-precautions used to reduce the spread of infection for residents with medical devices or wounds) notices for two residents (R30 and R99) reviewed for infection control. Findings include:R30A review of R30's medical record revealed that R30 was admitted to the facility on [DATE] and readmitted on [DATE] with a diagnosis of Esophagitis. A review of R30's Minimum Data Set (MDS) assessment dated [DATE] noted, R30 with an intact cognition and required assistance to complete activities of daily living. R30's MDS noted, the presence of one stage three pressure ulcer (full-thickness skin loss, exposing the fatty tissue beneath) and one venous and arterial ulcer present. A review of the physician order revealed, Cleanse Right posterior lower leg open area with normal Saline, Pat Dry, Apply Xeroform gauze and Cover with ABD pad and Paper tape every day shift every Mon, Wed, Fri for wound care. Start Date: 8/15/25 - End Date: indefinite.On 9/08/2025 10:55 AM, and on 9/09/25 at 8:39 AM, R30's door was observed without a EBP sign posted. R30 was observed lying in bed watching TV.R99A review of R99's medical record noted, R99 was admitted to the facility on [DATE] with a diagnosis of Cerebral Infraction. A review of R99's MDS noted, R99 with an impaired cognition and required total assistance with activities of daily living. R99's MDS indicated, R99 had one unstageable pressure ulcer. Further review revealed, physician order: Cleanse Open area to Coccyx with Normal Saline, Pat Dry, Apply Medihoney to wound bed, then apply A Thin layer of Triad Cream to Dark discoloration to Surrounding tissue and Cover with ABD pad and Secure with Bordered Gauze dressing. every day shift for Wound care. Start Date: 8/26/25. - End Date: Indefinite.On 9/08/25 at 10:42 AM and 9/9/25 at 9:07 AM, R99's door was observed without a EBP sign posted. On both days R99 was observed in bed on a pressure reducing mattress. R99 could not be interviewed due to impaired cognition.On 9/09/2025 at 3:06 PM, the Director of Nursing (DON) was asked about the rooms. The DON returned and reported the resident's rooms should have EBP signage, due to the residents having wounds.