

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235593	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/22/2024
NAME OF PROVIDER OR SUPPLIER  Allegria Village		STREET ADDRESS, CITY, STATE, ZIP CODE  15101 Ford Rd Dearborn, MI 48126	

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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47964</b></p> <p>Based on observation, interview, and record review the facility failed to provide a clean and comfortable environment for one resident (R291) out of one resident reviewed for safe, clean, homelike environment resulting in resident dissatisfaction and a tripping hazard.</p> <p>Findings include:</p> <p>On 8/20/24 at 10:32 AM, R291 was observed in bed. When asked about living conditions in the facility R291 said there is a hole in the floor near my bed and my tray table keeps getting stuck in it. I'm afraid when I start to walk more, I will trip because of the hole. When asked if R291 reported the hole in the flooring to staff members R291 reported Yes, the facility is aware of it. There was an approximate four by eight-inch patch of missing floor covering observed near R291's bed.</p> <p>On 8/21/24 at 9:33 AM, R291 was observed sitting in a wheelchair next to bed with bedside table wheel resting in hole in the flooring. R291 demonstrated tipping bedside table in the hole in the flooring.</p> <p>Record review of R291's Electronic Health Record (EHR) revealed admission to the facility on [DATE] with diagnoses which included muscle weakness and seizures.</p> <p>Review of R291's Brief interview for Mental Status (BIMS) assessment performed on 8/19/24 revealed a BIMS of 15/15 intact cognition. Review of R291's Fall risk assessment dated [DATE] revealed a score of 19 indicating at risk for falls.</p> <p>On 8/21/24 at 2:01 PM in an observation of R291's floor with Licensed Practical Nurse (LPN) G, it was reported the facility was aware of the hole in the flooring.</p> <p>On 8/22/24 at 3:12 PM Maintenance Director (MD) E was interviewed and said when a resident discharges from a room, maintenance completes a room audit and completes any repairs needed. MD E stated, I'm aware that there is a hole in the floor. When asked for the maintenance room audit for June, July and August of 2024 MD E was not able to produce the documentation. MD E agreed the hole in the flooring was a tripping hazard and cannot be properly cleaned.</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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 8/22/24 at 1:09 PM the Director of Nursing (DON) was interviewed and agreed the hole in R291's room floor was a trip hazard and infection control concern since the flooring could not be cleaned properly.</p> <p>Review of the facility policy titled Maintenance Service revised 2009 revealed in part . Maintenance service shall be provided to all areas of the building, grounds, and equipment. Maintenance personnel maintain the building in good repair and free form hazards.</p>		

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<p>F 0676</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure residents do not lose the ability to perform activities of daily living unless there is a medical reason.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 47964</p> <p>Based on observation, interview and record review, the facility failed to provide a toilet transfer for one resident (R291) of four residents reviewed who were dependent on staff for performance of activities of daily living (ADLs), resulting in unmet care needs and resident dissatisfaction.</p> <p>Findings include:</p> <p>On 8/21/24 at 1:08 PM, R291 was interviewed about care in the facility and stated, The aide last night Certified Nursing Assistant (CNA) H told me I couldn't use the toilet and to pee on myself instead. So, I wet myself. It's embarrassing and I'm upset. R291 was observed crying and stated, I can use the toilet with help, but she didn't want to help me.</p> <p>Record review of R291's Electronic Health Record (EHR) revealed admission to the facility on [DATE] with diagnoses which included muscle weakness and seizures.</p> <p>Review of R291's Brief interview for Mental Status (BIMS) assessment performed on 8/19/24 revealed a BIMS of 15/15 intact cognition. Review of R291's Fall risk assessment dated [DATE] revealed a score of 19 indicating at risk for falls.</p> <p>Review of R291's physical therapy note dated 8/20/24 revealed:</p> <p>Bed Mobility Roll left and right = Partial/moderate assistance</p> <p>Sit to lying = Substantial/maximal assistance</p> <p>Lying to sitting on side of bed = Substantial/maximal assistance</p> <p>Transfers Sit to stand = Partial/moderate assistance</p> <p>Chair/bed-to-chair transfer = Substantial/maximal assistance</p> <p>Toilet transfer = Partial/moderate assistance</p> <p>Ambulation Walk 10 feet = Partial/moderate assistance</p> <p>Gait Distance = 40 feet; Assistive Device = Two-wheeled Walker</p> <p>Review of R291's ADL Task- Toilet form revealed one-person physical assist for toilet transfer on 8/20/24. On 8/21/24 at 1:51 AM not applicable was documented by CNA H and at 8:14 AM set up help was documented by CNA K.</p> <p>On 8/21/24 at 2:09 PM Licensed Practical Nurse G was interviewed and said CNAs should assist R291 to the toilet.</p> <p>(continued on next page)</p>		

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<p>F 0676</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 8/22/24 at 11:22 AM Occupational Therapy Assistant I and Physical Therapy Assistant J were interviewed and said R291 required moderate assistance (50% assistance from staff) to transfer and can use the toilet with moderate assistance from an aide when using a wheelchair.</p> <p>On 8/22/24 at 1:07 PM the Director of Nursing (DON) was interviewed and said, CNAs should help R291 empower themselves to use the toilet.</p> <p>Review of the facility policy titled Activities of Daily Living (ADL), Supporting revised March 2018 revealed in part .Residents will be provided with care, treatment and services as appropriate to maintain or improve their ability to carry out activities of daily living (ADLs). Residents who are unable to carry out activities of daily living independently will receive the services necessary to maintain good nutrition, grooming and personal and oral hygiene.</p>

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 50634</p> <p>Based on observation, interview and record review the facility failed to provide meals that were palatable for three residents (R7, R9 and R22) out of three resident that consumed meals in rooms, resulting in cold and visually unappealing foods. This deficient practice had the potential to affect all residents that consume food from the kitchen.</p> <p>Findings Include:</p> <p>R9</p> <p>On 8/20/2024 at 11:20 AM, R9 was queried about meals. R9 said, that he does not care for the food and often skips meals. R9 explained, sometimes the food is cold and it does not taste that good.</p> <p>Record review revealed R9 was admitted into facility on 7/26/24 with a pertinent diagnosis of Type II diabetes. According to Brief Interview for Mental Status, (BIMS) dated 8/1/24, R9 scored of 15 out of 15 (intact cognition).</p> <p>R22</p> <p>On 8/20/2024 at 2:30 PM, R22 was interviewed and reported not being able to eat the food because it is cold.</p> <p>Record review revealed R22 was admitted into the facility on [DATE] with a pertinent diagnosis of necrotizing fasciitis(flesh eating bacteria). According to BIMs dated 7/18/24, R22 scored 15 out of 15 (intact cognition).</p> <p>15194</p> <p>R7</p> <p>On 8/20/24 at 11:30 A.M and on 8/21/24 at 1:10 P.M., R7 complained the food was cold and served with a clear piece of tightly, fitted wrap to cover the food. R7 stated, the clear wrap left food soggy at times. The resident indicated eating meals in the room and did not want to eat in the dining room.</p> <p>Review of the Admission Face sheet indicated R7 was admitted to the facility on [DATE] for hospice care with diagnoses that included: heart failure, hypertension, and Chronic obstructive pulmonary disease (COPD). R7 had a BIMS (Brief interview for status) of 13 of 15 for cognition and required one person assist to complete Activities of Daily living.</p> <p>On 8/22/24 at 1:00 P.M. a lunch test tray was performed on the First floor. Temperatures taken were as follows:</p> <p>Chopped Steak with gravy- 103.2 Degrees (D) Fahrenheit (F).</p> <p>(continued on next page)</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Au Gratin Potatoes -110 D.F</p> <p>Peas and Carrots-83- D.F</p> <p>Vanilla Pudding- 53.2-D.F.</p> <p>Each food item was served in Styrofoam containers and covered with clear saran wrap. The saran wrap was tightly wrapped over the entree causing excess condensation (water) and food to appear mashed and merged. Supervisor A who was present during the testing was queried concerning the use of any heating element used to maintain the food temperature. The supervisor reported the heating system previously used to maintain the food temperature was broken for approximately two years and was unsure of the status of repair or replacement.</p> <p>Supervisor A was informed of the food complaints received related to cold food and food served smashed from the tight saran wrap, particularly residents who ate their meals in their rooms. Supervisor A reported the status of the equipment repair would have to be addressed with the administrator in the absence of the Director of the department.</p> <p>On 8/22/24 at 2:15 P.M. the Administrator was made aware of the concerns related to the cold food but provided no evidence when the heating unit would be repaired or replaced.</p> <p>On 8/22/24 at 2:00 P.M. and 3:30 P.M. a policy was requested but not provided. Upon exiting the facility at 4:35 P.M. no other information was presented pertaining to the cold food.</p>		

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<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47964</b></p> <p>Based on interview and record review, the facility failed to ensure three residents (R4, R18, and R25) out of five residents reviewed for immunizations were provided pneumococcal and influenza vaccination and education, resulting in the potential for development and spread of influenza and pneumonia among vulnerable residents in the facility.</p> <p>Findings include:</p> <p>On 8/22/2024 at 10:08 AM the Infection Preventionist (IP) D was interviewed and reported the following residents R4 and R18 did not have documentation of a current pneumococcal immunization or refusal and R25 did not have documentation of current influenza immunization or refusal.</p> <p>Review of the Electronic Health Record (EHR) for R4 revealed admission to the facility on [DATE] with diagnosis of dementia and cerebral infarction (stroke). Further review of EHR revealed R4 did not have documentation to indicate that the pneumococcal vaccine was offered or was contraindicated.</p> <p>Review of the EHR for R18 revealed admission into the facility on [DATE] with diagnosis of muscle weakness and dementia. Further review of EHR revealed R18 did not have documentation to indicate that the pneumococcal vaccine was offered or was contraindicated.</p> <p>Review of the EHR for R25 revealed admission into facility on 8/22/2022 with diagnosis of hypertensive heart disease and cerebral infarction. Further review of EHR revealed R25 did not have documentation to indicate that the influenza vaccine was offered or was contraindicated.</p> <p>On 8/22/2024 at 1:12 PM the Director of Nursing (DON) was interviewed and agreed both R4 and R18 should have been educated and offered the pneumococcal vaccine and that R25 should have been offered the influenza vaccine for the 2023/2024 flu season.</p> <p>Review of the facility policy titled Vaccine Policy and Procedure undated, revealed in part: .The facility is required to offer the Flu, Covid-19, and Pneumonia vaccines to residents during the flu season, providing education on these vaccines to those who decline them.</p>		

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<p>F 0887</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Educate residents and staff on COVID-19 vaccination, offer the COVID-19 vaccine to eligible residents and staff after education, and properly document each resident and staff member's vaccination status.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47964</b></p> <p>Based on interview and record review, the facility failed to ensure two residents (R4 and R18) out of five residents reviewed for immunizations were provided Covid-19 vaccinations and education resulting in the potential for development and spread of Covid-19 among vulnerable residents in the facility.</p> <p>Findings include:</p> <p>On 8/22/2024 at 10:08 AM the Infection Preventionist (IP) D was interviewed and reported the following residents R4 and R18 did not have documentation of a current Covid-19 immunization or refusal.</p> <p>Review of the Electronic Health Record (EHR) for R4 revealed admission into the facility on [DATE] with diagnosis of dementia and cerebral infarction (stroke). Further review of EHR revealed R4 did not have documentation to indicate that the Covid-19 vaccine was offered or was contraindicated.</p> <p>Review of the EHR for R18 revealed admission into the facility on [DATE] with diagnosis of muscle weakness and dementia. Further review of EHR revealed R18 did not have documentation to indicate that the Covid-19 vaccine was offered or was contraindicated.</p> <p>On 8/22/2024 at 1:12 PM the Director of Nursing (DON) was interviewed and agreed both R4 and R18 should have been educated and offered the Covid-19 vaccine.</p> <p>Review of the facility policy titled Vaccine Policy and Procedure undated revealed in part .The facility is required to offer the Flu, Covid-19, and Pneumonia vaccines to residents during the flu season, providing education on these vaccines to those who decline them.</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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 15194</p> <p>Based on observation, interview and record review the facility failed to maintain functional equipment and a sanitary environment 1) Replace the floor carpeting of the halls on the first, second and third floor of the facility 2) Clean the ceiling air vents in three kitchenettes, 3) replace and or repair the broken heating system for resident's food and 4) Ensure functional water faucets were attached to the hand washing sinks properly. These deficient practices had the potential to affect all 69 residents in the facility.</p> <p>Findings include :</p> <p>On 8/20/24 at 9:00 A.M. through 8/22/24 at 3:20 P.M. the carpeting on the first, second and third floor was observed heavily soiled, stained and severely worn. Visible collections of dust and lint were noted around the edges of the flooring.</p> <p>On 8/22/24 at 11:08 A.M. Maintenance Director E was interviewed concerning the cleaning of the carpet and said his department was not responsible for cleaning of the carpet, however indicated the housekeeping department could address the concern.</p> <p>On 8/22/24 at 2:55 P.M. interview with Housekeeping Director C revealed the facility did not have a cleaning rotation for the carpet. In the past the carpet was cleaned every three months and as needed for stains. Housekeeping Director C indicated carpeting had been removed in the Assisted living of the building but had no specific time frame when the carpeting would be addressed in the long-Term Care portion of the building.</p> <p>On 8/21/24 at 1:00 P.M., during observation in the kitchen and kitchenette of the facility the following concerns were identified:</p> <ol style="list-style-type: none"> <li>1. In the main Kitchen area-a broken dish machine. Reported by Dining Supervisor A it was not replaceable or repairable since it broke on July 11,2024.</li> <li>2. Approximately 4 Missing Freezer curtain slots in the main freezer near the dock area, no rubber gasket around lower bottom of the freezer door, causing accumulated ice and frost on the door and entry. The missing bottom rubber gasket allowed potential entry of rodents and foreign matter</li> <li>3. Broken heating system (Conduction system) used to maintain resident food temperatures during serving. Dining Supervisor reported heating system had not been functional and used in 2 years.</li> <li>4. Floor ceiling plate cover in the kitchen area adjacent to the B elevator was detached leaving an opening in the floor.</li> </ol> <p>Kitchenettes</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>1. Ceiling vents in two of three kitchenettes (First and third floor) were heavily soiled with lint, dust and grease. On the first-floor visible spider webs were noted suspended over the food cart during service.</p> <p>2. Second floor coffee machine- broke.</p> <p>3. Ice machine on the third floor not functioning.</p> <p>4. On the first and third floor the left hand faucet of the hand washing sinks and eye washing apparatus was not working properly.</p> <p>50634</p> <p>R9</p> <p>On 8/20/2024 at 11:20 AM, R 9 was queired about if he had any concerns with the facility. R9 explained they had previously been a resident of the facility and it has gone down in the upkeep. R9 said, it used to be much cleaner now it appears that the staff do not clean the way they use to. R9 said sometimes things are dropped on the floor and staff just walk over them intead of picking them up.</p> <p>Record review revealed R9 was admitted into facility on 7/26/24 with a pertinent diagnosis of Type II diabetes. According to Brief Interview for Mental Status, (BIMS) dated 8/1/24, R9 scored of 15 out of 15 (intact cognition).</p> <p>R22</p> <p>On 8/20/2024 at 2:30 PM, R22 was inteviwed and explained staff could do a better job of cleaning.</p> <p>Record review revealed R22 was admitted into the facility on [DATE] with a pertinent diagnosis of necrotizing fascitis(flesh eating bacteria). According to BIMs dated 7/18/24, R22 had scored 15 out of 15 (intact cognition).</p> <p>On 8/22/24 At 2:56 P.M. the Administrator was interviewed concerning the broken equipment. The Administrator said, a requisition for replacement/rental contract of the dish machine had just been approved (8/15/24), however review of the document revealed there was no evidence of any implementation date of service or installation. The Administrator acknowledged concerns related to the other broken equipment but provided no explanation when the facility would address the issues observed during the tour.</p>		