STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235598	A. Building B. Wing	08/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Orchards at Niles	1333 Wells St Niles, MI 49120

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 - Many	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 maintain best practices in accordance with professional standards of food service safety. The deficient practice has the potential to result in food borne illness among all residents that consume food from the kitchen.Findings Include:On 8/25/25 at 9:36 AM, An interview with Dietary Manager D found that items in the kitchen are held for three days before being discarded. Observation of the three door True Cooler found a bag of shredded lettuce dated 8/18 to 8/20 with a best by date of 8/23. Further review of the unit found a box of Nutritional Mighty Shakes with no date to indicate discard, item states they are good 14 days from thaw. An interview with DM D found that when the Shakes get delivered, they place them directly into the refrigeration unit and go by the date the item was delivered. A review of the box of Shakes found that it was delivered on 7/31/25. About 24 shakes were left in the box. Next to the shakes were 8 small containers of Magic Cups with no date to indicate discard. The item states consume within 5 days under refrigeration. A further review of the cooler found a case of whipped cream bags. The box of whipped cream bags states to Keep Frozen and that the item is perishable after 2 weeks under refrigeration. A review of the delivery date of the box found it came in on 8/11/25.On 8/25/25 at 10:47 AM an interview with Dietary Manager (DM) D found that kitchen staff do not check resident refrigeration units at the nurses' stations. When asked where snacks are delivered, DM D stated that dietary staff bring carts down for snacks and do not stock refrigeration units at the nurses stations. On 8/25/25 at 11:23 AM, Observation of the [NAME] nurses station found the following items: an open container of Half and Half labeled and dated 8/9/25 with manufactures directions that state the item is only good for 7 days after opening, a ziplock bag with pizza labeled with no date to indicate discard, a ziplock bag with cut up vegetables labeled and dated for 8-14-25, and a cup of soup labeled with no date to indicate discard. On 8/26/25 at 9:20 AM, A review of the three door True Cooler found an open bag of shredded lettuce dated 8/25 to 8/28 with a best by date of 8/23/25. The box of whipped cream bags was still located in the same location inside of the unit. On 8/26/25 at 9:25 AM, A review of the two door True Cooler found a bag of sliced bologna with no date. A record review of the facility policy entitled Use and Storage of Food Brought in by Family/Visitors, Last revised 1/1/25, found that, The prepared food must be consumed by the resident within 3 days. And that If not consumed within 3 days, food will be thrown away by facility staff.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 (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	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 . According to the 2022 FDA Food Code section 3-501.18 Ready-to-Eat, Time/Temperature Control for Safety Food, Disposition. (A) A FOOD specified in 3-501.17(A) or (B) shall be discarded if it: (1) Exceeds the temperature and time combination specified in 3-501.17(A), except time that the product is frozen; (2) Is in a container or PACKAGE that does not bear a date or day; or (3) Is inappropriately marked with a date or day that exceeds a temperature and time combination as specified in 3501.17(A) . On 8/25/25 at 10:03 AM, An interview with DM D found that their sanitizer is typically 200 parts per million (ppm). Upon checking a sanitizer bucket near the dish machine, with facility test strips, it was found to be between 0-50 ppm. A further review of the three-compartment, which contains a sanitizer pre-dispense unit, found that it was also dispensing between 0-50 ppm. An interview with DM D found that she was going to call the vendor and have it checked out. On 8/26/25 at 11:13 AM, A follow up interview with DM D found that the sanitizer has been fixed and that the vendor stated the eyelet that determines the concentration of sanitizer was broken and needed to be changed. According to the 2022 FDA Food Code section 4-501.114 Manual and Mechanical Warewashing Equipment, Chemical Sanitization - Temperature, pH, Concentration, and Hardness. A chemical SANITIZER used in a SANITIZING solution for a manual or mechanical operation at contact times specified under 4-703.11(C) shall meet the criteria specified under S7-204.11 Sanitizers, Criteria, shall be used in accordance with the EPA-registered label use instructions, P and shall be used as follows: (C) A quaternary ammonium compound solution shall: (1) Have a minimum temperature of 24oC (75oF), P (2) Have a concentration as specified under S 7-204.11 and as indicated by the manufacturer's use directions included in the labeling, P and (3) Be used only in water with 500 MG/L hardness or less or in water having a hardness no greater than specified by the EPA-registered label use instructions.According to the 2022 FDA Food Code section 7-204.11 Sanitizers, Criteria. Chemical SANITIZERS, including chemical sanitizing solutions generated on-site, and other chemical antimicrobials applied to FOOD-CONTACT SURFACEs shall: (A) Meet the requirements specified in 40 CFR 180.940 Tolerance exemptions for active and inert ingredients for use in antimicrobial formulations (Food-contact surface sanitizing solutions)P, or (B) Meet the requirements as specified in 40 CFR 180.2020 Pesticide Chemicals Not Requiring a Tolerance or Exemption from Tolerance-Non-food determinations. On 8/25/25 at 10:08 AM, Observation of the Juice dispenser found an accumulation of sticky debris on the underside of the unit near the base of the spouts. When asked if she could see the accumulation, DM D stated yes. On 8/25/25 at 10:12 AM, An interview with DM D found that maintenance takes care of the ice machine cleaning. Observation of the ice machine found a white slimy layer of accumulation near the bottom lip of the machine that was able to be wiped away with a clean paper towel. Further review of the ice machine area found the scoop and holder on the wall near a window air conditioning unit. The holder was found with some debris accumulation on the inside bottom as well as a beetle looking insect found dead in the bottom of the holder. On 8/26/25 at 9:50 AM, A review of the clean mechanical scoop drawer found three mechanical scoops with dried stuck on food debris stored with clean utensils. On 8/26/25 at 12:01 PM, a review of the clean pots and pans storage rack found a saucepan, stacked with clean pans, that had greasy sticky residue on the cooking surface of the pan. 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 accumulations. (C) NonFOOD-CONTACT SURFACES of EQUIPMENT shall be kept free of an accumulation of dust, dirt, FOOD residue, and other debris.

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F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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 interviews, the facility failed to maintain a safe, functional, sanitary, and comfortable environment. This resulted in an increased potential for contamination and a possible decrease in the satisfaction of living. Findings Include:On 8/25/25 at 2:08 PM, Observation of the Woods Spa room found chipping and bubbling of the wall surfaces behind the commode and along the wall leading to the sink. Further observations found portions of the wall had deteriorated and shown exposed drywall behind the commode with the vinyl coving coming off the wall. An interview with Maintenance Director (MD) I found that when the wall gets this way, she typically would scrape away the loose debris, skim coat the wall with plaster and repaint, but stated it comes right back overtime. When asked if they have ever used a non-porous wall covering in these problem areas, MD I stated she would look into using it. On 8/25/25 at 2:44 PM, Observation of the central supply room found two boxes of TwoCal nutritional supplements stored on the floor. When asked if this is where these are normally stored, MD I stated no. On 8/26/25 at 10:03 AM, Observation of the River Spa room found vinyl coving to the left of the shower coming off of the wall with excess bubbling and chipping of the wall surface. A review of the shower equipment found a padded seat cushion with brown and orange greasy debris on its side and a shower bed with leftover bits of hair shavings and an accumulation of white crusted debris on the underside mesh of the bed. A review of the cabinet found Comet Bleach cleaner comingled with body wash and other personal hygiene products. Further review of the room found that the call light located in the shower did not turn on the call light in the hallway when tested. On 8/26/25 at 11:20 AM, Observation of the Memory Unit found a foul odor upon walking into the unit and through the hall. A review of the exhaust ventilation in the soiled utility room found the exhaust vent above the cabinet was closed, not allowing odors to be efficiently removed from the room. Further review of the hall found a strong odor in the shared bathroom between resident rooms [ROOM NUMBERS]. Observation of the shared bathroom found it clean with no noticeable reason for the odor. At this time, the exhaust ventilation was not able to be audibly heard running or shown to attract suction when a piece of toilet paper was held near the duct. Observation of the bathroom of resident room [ROOM NUMBER] found no audible noise from the exhaust ventilation or the ability to show suction. On 8/26/25 at 1:33 PM, Observation of both outside trash dumpsters found them with the back sliding doors open leaving the ability for pests and precipitation to get inside.On 8/26/25 at 1:37 PM, Observation of the Oxygen tank storage found two storage containers with no conspicuous designation between full and empty tanks. Further observation found that the oxygen storage container on the left was found with 21 empty to near empty oxygen tanks standing upright that were not secure.

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to prevent the development of a pressure ulcer in 1 Resident (#10) of 5 residents reviewed for pressure ulcers resulting in Resident #10 developing a stage 2 (a partial-thickness loss of skin; open wound; bedsore) pressure ulcer on her right shoulder.Findings include:Resident #10Review of an admission Record revealed Resident #10 was a female who originally admitted to the facility on [DATE] and had pertinent diagnoses which included: displaced fracture of the greater trochanter of the right femur (fractured hip), muscle weakness, and unspecified fall.Review of a Minimum Data Set (MDS) assessment for Resident #10, with a reference date of 8/20/2025 revealed a Section GG - Functional Ability- Mobility- score of 02- (Substantial/maximal assistance- Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.) A. Roll left and right: the ability to roll from lying on back to left and right side and return to laying on back.In a telephone interview on 8/25/2025 at 2:01 pm, Family Member (FM) Y reported that Resident #10 had taken a turn for the worse and was now on hospice services. FM Y reported Resident #10 now had a bedsore but the details of where it came from or how it happened were vague, and he was unsure of the details. Review of Social Service Progress Note for Resident #10 dated 8/13/2025 at 15:14 pm, (3:14 pm) revealed .Res (Resident) admitted to Name Omitted hospice today.Review of Nursing Progress Note for Resident #10 dated 8/15/2025 at 11:08 am, revealed .Resident has had a significant decline.Review of Nursing Note for Resident #10 dated 8/19/2025 at 12:18 pm, revealed Late Entry: Resident #10 acquired in-house pressure wound stage 2 to right posterior shoulder: measurements 1.5 cm x 1.0 cm x 0.1 cm.Review of Weekly Wound/Ulcer Observation for Resident #10 dated 8/22/2025 at 11:18 am, revealed .weekly observation of pressure ulcer/injury. Location: Right shoulder (rear) - Pressure: Length = 1.5, width = 1.5, depth = 0.1 - Stage II (2) Light amount of serous (thin, clear, and watery type of liquid that leaks from a wound) drainage noted. care plan has been reviewed/revised as indicated based on assessment finings.Review of Care Plan for Resident #10 revealed .Focus Resident #10 has limited physical mobility r/t (related to) impaired physical mobility, generalized weakness.Intervention: .observe for any s/sx (signs and symptoms).skin-breakdown.Date initiated 3/03/2025. provide supportive care, assistance with mobility as needed.Date initiated 3/03/2025.has potential impairment to skin integrity r/t general weakness, impaired physical mobility. Date initiated 2/12/2025.will remain clean and intact skin.Date initiated on 2/12/2025.Keep skin clean and dry.use draw sheet or lifting device to move resident. Date initiated 2/12/2025. No care plan was noted related to Resident #10's wounds.During an observation on 8/26/2025 at 9:50 am, Registered Nurse (RN) R with the assistance of RN Q were noted to turn Resident #10 in bed, assisting Resident #10 to hold the position, up on her left side, to expose her right shoulder for a dressing change. Resident #10 did not assist with turning in bed. No draw sheet was present under Resident #10 for staff to use during repositioning and/or lifting. Following the completion of the dressing change, Resident #10 was positioned onto her left side with the assistance of both RN R and RN Q and the use of pillows for Resident #10 to maintain the position in bed. Resident #10 did not actively assist to reposition self or resist care during the observation. In an interview on 8/26/2025 at 10:00 am, RN R reported Resident #10's was not able to reposition herself in bed at this time and RN R reported the wound on Resident #10's right shoulder was pressure related.Review of UDA Note for Resident #10 dated 5/12/2025 at 10:08 am, revealed .BRADEN Scale (a standardized, evidence-based assessment tool used in healthcare to assess a patient's risk for developing pressure injuries) completed today with a score of 15.0 (15-17 moderate risk) indicating that Resident #10 is at AT RISK for pressure injury/wound development. In an interview on 8/27/2025 at 9:53 am, Certified Nurse Assistant (CNA) II reported Resident #10 had a decline about a month ago, and she now needed more help from staff. CNA II reported Resident #10 needed staff to provide all her care including repositioning in bed. CNA II (continued on next page)

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	reported Resident #10 was no longer getting out of bed.In an interview on 8/27/2025 at 10:10 am, RN Q reported Resident #10 was weak and now bed bound. RN Q reported Resident #10 was dependent on staff for all cares.In an interview on 8/27/2025 at 11:03 am, RN R reported care plans are completed by floor nurses and the management nurses. RN R reported wound specific care plans should be created, and that she may be responsible for creating them. RN R reported turning and repositioning a resident was a standard of care and was not always listed as an intervention on a care plan. RN R reviewed Resident #10's care plan and reported Resident #10 did not have pressure ulcer prevention interventions in her care plan. RN R confirmed that Resident #10's pressure wound on her right shoulder was facility acquired and was pressure related.In an interview on 8/27/2025 at 11:26 am, MDS Nurse (MDSN) XX reported the wound nurse should create care plans related to wounds and skin. MDSN XX reported the nurse managers collaborated on care plans during IDT (interdisciplinary Team) meeting and made changes as needed. MDSN XX reported that Resident #10 had recently had a significant change and her care plan was reviewed and updated last week. MDSN XX reported Resident #10's care plan was updated after her pressure wound was found.In an interview on 8/27/2025 at 11:38 am, Director of Nursing (DON) B reported the IDT team does a clinical review of care plans, and that MDSN XX manages care plans. DON B reported the IDT team was reviewing a few care plans at each meeting.In an interview on 8/27/2025 at 11:44 am, Unit Manager (UM) S reviewed Resident #10's care plan and stated .skin on page 4 and she has gone hospice since that. use a draw sheet. I need to update this one too. In an interview on 8/27/2025 at 11:48 am, DON B reported her expectations were that a resident's care plan was a direct reflection of the resident's current condition.

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to monitor dietary recommendations and swallowing precautions for one Resident (#59) of 18 residents reviewed for dietary orders/needs. Findings include:Resident #59 (R59)Review of R59's medical chart revealed diagnoses including spastic quadriplegic cerebral palsy (severe form of cerebral palsy that affects all four limbs caused by damage to the brain during or shortly after birth with symptoms that include difficulty with feeding and swallowing), epilepsy (neurological disorder causing abnormal electrical activity in the brain), intellectual disabilities and Rett's syndrome (rare genetic mutation affecting brain development). Review of R59's medical chart revealed the following:-Order Summary dated 5/1/2024, revealed, Regular diet pureed texture, thin liquids consistency, fortified foods at each meal. -Care Plan Swallowing date initiated 10/15/24, indicated the resident was at risk for swallowing issues/aspiration related to family non-compliance with prescribed diet. Family has brought in outside foods not noted on resident diet. The goal was for the resident to be compliant with diet using interventions that included educate the family on diet Give diet as ordered -Care Plan Nutritional Potential Nutritional Problem revision date 2/6/25, indicated a pureed diet to ease chewing/swallowing while dependent on staff for feeding. The goal was for R59 to maintain adequate nutritional status by tolerance of diet consistency using interventions that included providing and serving diet as ordered general puree diet with thin liquids -Nutritional assessment dated [DATE] indicated a pureed diet was needed with total feeding assistance. According to Centers for Disease Control and Prevention, cdc.gov/nutrition, A pureed diet consists of smooth, pudding-like foods that require no chewing and are easy to swallow, typically used for individual with difficulty chewing or swallowing. For general pureed diets, foods should be blended until no lumps remain, ensuring moisture and cohesive consistency. On 8/25/25 at 1:20 PM, Family Member (FM) AAA was observed with R59 in the courtyard with no staff visible. Observed FM AAA using a clear plastic spoon to feed R59. Mechanically altered pieces/lumps of pasta in an orange sauce were observed on the spoon. FM AAA also was observed giving R59 a straw to drink from a cup. A visitation restriction for R59 was implemented by the Guardian for FM AAA to have supervised visits. During an interview on 8/25/2025 at 1:47 PM, FM U stated, When family first started visiting (R59), guardianship started the agreement (referring to the Visitation Requirement). There was a list of things family was supposed to follow. The facility did not like that (FM AAA) was not following policy and was being disruptive. They did not want her to visit unless there were supervised visits. I was the 3rd party to supervise visits between (R59 and FM AAA). I needed a break and have not been in a while, probably the last I was there was in May 2025. I did not talk to the Social Worker and told her I was no longer coming. (FM AAA) would sometimes bring food from home. There were food texture issues because (R59) had a hard time swallowing. Every time I went (FM AAA) would feed her lunch. During an observation on 8/25/25 at 2:00 PM, the Nursing Home Administrator (NHA) A observed with surveyor R59 with FM AAA in the dining room by front desk. No staff were visible in the dining room. During an interview on 8/25/25 at 2:18 PM, R59's Guardian VV stated, (R59) still has a visitation agreement in effect. I lifted the supervision visits with her mother and stepfather a while ago. I sent the facility a letter. I allow the mother to come Monday through Friday but not on the weekends. One time the mother undid the safety harness from the wheelchair. (R59) wiggles around and she could have fallen out of her wheelchair. The mother can come around for lunch because she likes to feed (R59). She can go into the public dining room and outside. (R59) is on certain dietary restrictions. I heard today that the mother was feeding (R59) a thick pasta-like food. That is not on the approved food list. (R59) produces thick secretions and the thick pasta-like food could cause her to choke. The RD (Registered Dietician) should know what foods (R59) can eat. The mother should be checking in the food with the (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	facility when she brings it in for intake purposes and dietary restrictions. The mother knows what food is on (R59's) list of foods. She knows what food (R59) can have and why she cannot have other foods. (FM AAA) should be feeding (R59) in the dining room for staff observation. I'm going to have to guess the mother snuck the pasta-like food in today. I've allowed the mother access of the foods (R59) can have and knows (R59's) dietary restrictions.During an interview and record review on 8/25/2025 at 2:42 PM Director of Nursing (DON) B stated while reviewing a letter from R59's Guardian VV dated 5/2/25 who made the decision for unsupervised visits Monday-Friday, 11 am-2pm in the dining room or outside in the visiting area, I've talked to the facility's (Social Worker T) who said she did not place the updated visitation agreement into R59's medical records. The facility has had the letter since the beginning of May (2025). The only way staff would know about the changes would be communication. I do not know what staff are communicating with each other. My expectation is that staff observe what (FM AAA) is feeding (R59). If (FM AAA) is not following dietary restrictions for (R59) then she should not bring in any food at all. I looked at the food and it did look like it was pureed. (R59) has thick secretions and she could choke on anything but pureed. During an interview and record review on 8/26/25 at 2:05 PM, Social Worker T stated regarding R59, (R59) had a visitation restriction put in place by her guardian as long as a 3rd party was in attendance. A new restriction was added the first part of May. It was not put into place but is uploaded now in (R59's) medical chart. (FM AAA) is difficult at times. She argues with staff over (R59's) care. Guardianship lifted supervised visits. The mother sometimes feeds her. Staff do not watch the mother feed (R59). I assume the mother knows what pureed food looks like. (R59's) diet restrictions include pureed food and thin liquids. It's hard to know what (R59) wants. I often see the mother bring in pudding but no other foods. Maybe the facility should check on what foods the mother brings in or not feed (R59) at all. The facility had not thought about inspecting food brought in. (R59) is a choking hazard. During an interview on 8/27/25 at 12:58 PM, Speech Therapist (SLP) BB stated, (R59) was on mechanical soft (food that is soft, moist, and tender but still requires chewing) when she was first admitted . But she was not chewing well so she was placed on pureed foods. She has some things going on now with her swallowing and is scheduled to be seen by therapy. Her mother feeds her sometimes. Review of R59's Progress Note dated 8/20/25 at 2:07 PM, revealed a CNA (certified nursing assistant) notified licensed staff R59 was having a hard time swallowing and hardly ate anything. The resident was also noted to be coughing when she was eating and holding food in her mouth. Speech therapy was notified to screen.

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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)
F 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures for flu and pneumonia vaccinations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to track and offer the pneumococcal vaccine for 1 Resident (#4) of 5 residents reviewed for immunizations. Findings include: Resident #4: Review of an admission Record revealed Resident #4 was a male with pertinent diagnoses which included diabetes, dialysis, high blood pressure, acute respiratory failure with hypoxia (impaired ability to transfer oxygen into the blood and eliminate carbon dioxide). Review of Centers for Disease Control (CDC) Vaccine Schedules says, .For Adults 50 years or older: Previously received both PCV13 and PPSV23 but NO PPSV23 was received at age [AGE] years or older: 1 dose PCV20 or 1 dose PCV21 at least 5 years after the last pneumococcal vaccine dose . Review of Resident #4's immunization status revealed, .PCV (Prevnar) 13 was administered on 12/22/2015 .Pneumococcal PPSV23 was administered on 08/06/2014 . In an interview on 08/27/2025 at 10:24 AM, Unit Manager (UM) S reported there was no refusal noted in the medical record and he should have had the booster for the pneumococcal or been offered. UM S reviewed the medical record to determine if there was a declination and there was not a declination in the record. UM S reviewed the immunization binder in case it was not scanned in and was unable to locate it.