STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235599	A. Building B. Wing	05/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Carriage House Nursing and Rehabilitation	2394 Midland Road Bay City, MI 48706

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. Based on observation, interview, and record review, the facility failed to maintain best practices in the food service area resulting in the potential to spread food borne illness to all residents who consume food from the kitchen. Findings include: On 05/11/2026 at 5:37am during the initial kitchen tour, shredded lettuce with a best buy date of 5/5/26 was observed in the walk-in cooler. On 05/11/2026 at 5:37am parmesan cheese blend with a use by date of 5/10/26 in walk in cooler was observed. During this observation, Dietary Manager S was interviewed on how long the parmesan cheese blend is kept and he stated it's kept for a week.According to the 2022 Food Code, 3-501.18 Ready-to-Eat, Time/Temperature Control for Safety Food, Disposition, Time/temperature control for safety refrigerated foods must be consumed, sold or discarded by the expiration date.On 05/11/2026 at 5:45am chlorine to the low temperature dishwasher was tested and the result was zero. The sanitizer bucket feeding the dishwasher was very low and Dietary Manager S replaced the sanitizer bucket with a full one. During this observation, Dietary Manager S was interviewed on the process of changing out the sanitizer bucket to the dishwasher and he stated he usually checks the sanitizer when he first gets to work, but today he didn't get a chance to check it yet. According to the FDA 2022 Food Code, 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.According to the facility's policy on sanitizing, sanitizing of environmental surfaces must be performed with one of the following solutions: 50-100 ppm chlorine solution . On 05/11/2026 at 5:53am a tray of corn bread and blueberry muffin left uncovered was observed in the dry storage room. During this observation, Dietary Manager S was interviewed on whether food is normally kept uncovered and he stated no. According to the FDA 2022 Food Code, 3-305.11 Food Storage, Except as specified in (B) and (C) of this section, food shall be protected from contamination by storing the food: in a clean, dry location; where it is not exposed to splash, dust, or other contamination; and at least 15 cm (6 inches) above the floor.On 05/11/2026 at 5:57am the drain line to the ice machine was observed sitting inside drain in the main dining room.According to the 2022 FDA Food Code, 5-402.11 Backflow Prevention, (A) Except as specified in (B), (C), and (D) of this section, a direct connection may not exist between the SEWAGE system and a drain originating from equipment in which food, portable equipment, or utensils are placed.On 05/11/2026 at 5:59am built up residue near the blade of the meat slicer was observed stored in the office adjacent to the kitchen area. During this observation Dietary Manager S was interviewed on how often the slicer is used and he said it hasn't been used for a long time, and it would be cleaned before use. On 05/11/2026 at 6:03am undated yogurt outside of its original container was observed in the kitchenette refrigerator on unit 5 and 6. During this observation, Dietary Manager S was interviewed on how long food in the fridge is kept for and he stated 3 days. On 05/11/2026 at 6:09am black splotches and calcification was observed on the interior walls of the ice machine located in the kitchenette on unit 1 and 2. During this observation, Dietary Manager S was asked how often the ice machine is cleaned and he (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
	235599	A. Building B. Wing	05/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Carriage House Nursing and Rehabilitation	2394 Midland Road Bay City, MI 48706

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	stated it's cleaned at least once a month. According to the FDA 2022 Food Code, 4-601.11 Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils, Equipment food-contact surfaces and utensils shall be clean to sight and touch, the food-contact surfaces of cooking equipment and pans shall be kept free of encrusted grease deposits and other soil accumulations, nonfood-contact surfaces of equipment shall be kept free of an accumulation of dust, dirt, food residue, and other debris. On 05/11/2026 at 6:11am a bacon, broccoli, and cheese meal left undated was observed in the fridge in the kitchenette located on unit 1 and 2.According to the 2022 Food Code, 3-501.17 Ready-to-Eat, Time/Temperature Control for Safety Food, Date Marking, 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.On 05/11/2026 at 6:51am the sanitizer bucket was tested using quaternary sanitizer test strips and the result was 50 parts per million (ppm). During this observation, Dietary Manager S was interviewed on how often the sanitizer bucket is changed and he stated every two hours. Instructions for use of sanitizer at the 2-compartment sink stated the sanitizer should read between 150-400 ppm with a 200 ppm target. According to the facility's policy, Sanitizing of environmental surfaces must be performed with one of the following solutions .150-200 ppm quaternary ammonium compound (QAC) .According to the FDA 2022 Food Code, 3-304.14 Wiping Cloths, Use Limitation, Cloths in-use for wiping counters and other equipment surfaces shall be .Held between uses in a chemical sanitizer solution at a concentration specified under S 4-501.114 and The sanitizing solution must be changed as needed to minimize the accumulation of organic material and sustain proper concentration. Proper sanitizer concentration should be ensured by checking the solution periodically with an appropriate chemical test kit.On 05/11/2026 at 6:56am ice was observed sitting inside the basin in the hand sink in the dining area. According to the FDA 2022 Food Code, 5-205.11 Using a Handwashing Sink.A handwashing sink may not be used for purposes other than handwashing.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235599	A. Building B. Wing	05/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Carriage House Nursing and Rehabilitation	2394 Midland Road Bay City, MI 48706

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	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 follow Infection Control Practices for enhanced barrier precautions (EBP) during high contact cares for two residents (Resident #3, Resident #16) of two residents reviewed for EBP precautions; appropriately transport clean and dirty linen throughout the facility; and to have an active plan for reducing the risk of legionella and other opportunistic pathogens of premise plumbing (OPPP); resulting in the likelihood of contamination of the environment and the likelihood to spread multi-drug resistant organisms causing infection and an increased risk of respiratory infection among all residents in the facility. Findings include. On 05/12/2026 at 10:20am Maintenance Director T tested free chlorine residual on hot water, and the result was zero at the hand sink in lakeview room. In addition, Maintenance Director T tested free chlorine residual on cold water, and the result was zero at the same hand sink. On 05/12/2026 at 11:16am interview with Maintenance Director T on what is the desired range for free chlorine and he stated around 0.5. According to the facility's water management plan, The water management program includes the following elements: .A system to monitor control limits and the effectiveness of control measures .A plan for when control limits are not met and/or control measures are not effective . According to the Centers for Disease Control and Prevention, Controlling Legionella in Potable Water Systems dated January 3rd, 2025, Ensure disinfectant residual is detectable throughout the potable water system. On 5/11/2026, at 9:13 AM, an observation on the 200 hall was conducted. CNA W was observed to drag a large clear plastic bag on the floor in the hallway with a large amount of soiled linen inside. CNA W entered the dirty linen closet with the bag of soiled linen. CNA W was asked why they didn't separate the dirty linens into multiple bags and CNA W offered, that they didn't bag up the dirty linen. On 5/12/2026, at 2:07 PM, Resident #16's room was noted to have an enhanced barrier precaution sign on their entry door along with a caddy that housed PPE (gowns and gloves). Upon entry into Resident #16's room, CNA Y and CNA X were on either side of the bed with their uniforms touching the bedding. Resident #16 was unclothed and per CNA Y they had just received a bed bath. Both CNA's did not have gowns on. There was a pile of dirty clothing directly on the floor. CNA X was observed to toss wash clothes into the dirty pile. CNA X was asked if the wash clothes were dirty and CNA X stated, they are now. On 5/12/2026, at 2:19 PM, an observation of CNA X walking to and from the clean linen closet. CNA X exited the clean linen closet with a pile of uncovered clean bed linens in their left arm leaning on their uniform. CNA X entered Resident #16's room and a moment later exited the room with no linen. CNA X then returned to the clean linen closed then exited with an uncovered clean bed sheet tucked under their left arm. CNA X was observed moments later with another pile of uncovered clean linens in their left arm leaning on their uniform. CNA X flipped half of the clean linen onto their bare right arm, entered Resident #16's room (an enhanced barrier precautions room) with both arms full of linen. CNA X then exited with the clean linens in their right arm walked down the hallway and entered room [ROOM NUMBER]. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235599	A. Building B. Wing	05/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Carriage House Nursing and Rehabilitation	2394 Midland Road Bay City, MI 48706

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	On 5/12/2026, at 3:30 PM, a review of Resident #16's Physician orders revealed Enhanced Barrier Precautions every shift for H/O (history of) MRSA (a multi drug resistant organism) Start Date 12/8/2025. On 5/13/2026, at 10:48 AM, During Infection Control Task, Infection Control (IC) Nurse L was alerted of the observations of multiple staff not wearing gowns during resident cares and was asked what the facility's expectation was for enhanced barrier precautions (ebp) and IC Nurse L offered, the staff have been reeducated to look at the sign and ebp should be followed for any high contact care. A review of the facility provided policy Laundry and Linen revealed . the purpose of this procedure is to provide a process for the safe and aseptic handling, washing, and storage of linen . all soiled linen must be placed directly into a bag . ensure clean linen will remain hygienically clean . Resident #3 (R3): According to a review of R3's medical record, the resident was admitted to the facility on [DATE] for skilled nursing care related to medical diagnoses of Acute respiratory failure, bacteremia (infection in the blood), endocarditis (inflammation of the lining of the heart) and Sepsis enterococcus (infection with gram positive bacteria) with a percutaneous inserted central catheter (PICC) present for receiving intravenous (IV) antibiotics. A record review of R3's Minimum Data Set (MDS) record dated 04/30/2026 revealed Brief Interview of Mental Status (BIMS) assessment score of 15/15 indicating the resident was cognitively intact. Indicated in a record review of survey 23055F-H1 infection control task notes, 'On 05/11/2026 at ~ (approximately) 8:15/8:30 AM, during an observation of (R3), (Nurse I) in (R3's) room, the residents IV pump had alarmed that the line had air in it. (Nurse I) donned gloves and disconnected the line from the running from the percutaneous inserted central catheter (PICC), (Nurse I) used a swab and then reattached it' and further revealed At no time did (Nurse I) have on a gown or mask. On 05/11/2026 at 12:03 PM, an observation of enhanced barrier precautions was posted outside R3's door. During an observation of medication administration, R3 received intravenous (IV) medication, Nurse I donned PPE of gloves to access the residents PICC line. Afterwards, Nurse I was queried if she should have additionally worn the personal protective equipment (PPE) of a gown when she handled R3's IV PICC since R3 was in EBP, she said yes, I should have. On 05/11/2026 at ~12:03 PM, during an interview R3 was asked if the staff commonly wore gowns when they accessed her IV PICC line she stated, no they do not, but they did not at the hospital either. On 05/11/2026 at 12:30 PM, during an interview with the infection control prevention (ICP) Nurse L when queried about the observation said she was aware the Nurse I had not worn proper PPE during IV PICC medication administration and that she had be re-educated on it. ICP Nurse L verified that PPE for the IV PICC line minimally included that a gown and gloves was to be worn during an IV medication administration. According to the facilities policy titled Medication administration revealed: the policy statement: medications are administered in a safe and. with the interpretation and implementation. 26. Staff (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235599	A. Building B. Wing	05/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Carriage House Nursing and Rehabilitation	2394 Midland Road Bay City, MI 48706

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	follows established facility infection control procedures (e.g., handwashing, antiseptic technique, gloves, isolation precautions, etc.) for the administration of medications, as applicable. On 05/13/2026 at 08:42 AM, during an observation of medication administration, R3 received intravenous (IV) medication, Nurse J donned PPE of gloves to access the residents PICC line. Afterwards, Nurse J was asked why R3 was in EBP to which she replied, it was because of her PICC line. Nurse J was queried weather she had worn the proper PPE during the IV PICC line medication administration and she stated No, I guess not and I didn't think I needed to when I gave the IV medication just if I was changing the PICC dressing. On 05/13/2026 at 12:19 AM, during a follow up interview with ICP Nurse L she was asked if she had re-educated only Nurse I on EBP and IV PICC lines and she said, no that she had re-educated all the nursing staff about it. ICP Nurse L was made aware of additional observation of nursing staff and replied, Oh no, I will address this right now. ICP Nurse L was asked if EBP was to be followed with PPE worn when both the PICC line dressing was changed and medication was administered through the PICC line, and she stated Yes, absolutely. According to the facilities policy titled Enhanced barrier precautions revealed: the policy statement: Enhanced barrier precautions (EBPs) are utilized to prevent the spread of multi-drug-resistant organisms (MDROs) to residents. with the interpretation and implementation: 1. Enhanced barrier precautions (EBPs) refer to infection prevention and control interventions designed to reduce the transmission of multi-drug-resistant organisms (MDROs) during high contact resident care activities; 2. apply when: b. A resident. has a wound or indwelling medical device.; 5. Indwelling medical devices include central lines, urinary catheters, feeding tubes, and tracheotomies.7. EBPs employ targeted gown and glove use in addition to standard precautions during high contact resident care activities when contact precautions do not otherwise apply: a. gloves and gown are applied prior to performing the high contact resident care activity; 8. Examples of high-contact resident care activities requiring the use of gown and gloves for EBPs include: i. device care or use (central line, urinary catheter, feeding tube, tracheostomy/ventilator, etc.); 12. Enhanced barrier precautions are in place for the duration of the resident's stay or until resolution of the wound or discontinuation of the indwelling medical device that place that at higher risk; 16. Staff are trained prior to caring for residents on EBPs.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235599	A. Building B. Wing	05/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Carriage House Nursing and Rehabilitation	2394 Midland Road Bay City, MI 48706

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 0806 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and records review, the facility failed to 1) Provide palatable food products for 8 of 10 residents during the dining task, 2) Follow resident preferences in choices in dining for one resident (Resident #13) of 10 residents reviewed for food quality and preferences and, 3) Address food complaints received during resident council meeting, resulting in multiple food/meal complaints of cold food, no condiments with meals, poor taste and appearance of meals and one resident R13 not receiving the meal choice ordered timely. Findings include: Record review of the facility 'Tray Line Service' policy/procedure undated revealed that select menu (which is now the meal ID card/ticket) will be placed on the tray to be used by other tray line associates to complete meal assembly. Accuracy of meals according to the menu will be checked. In an observation and interview on 05/11/2026 at 8:04 AM-Observation of breakfast trays on the 500/600 units was performed. A resident in room [ROOM NUMBER] was seated up in wheelchair in his room and was asked about his meal. The resident stated that the food was either overcooked or under cooked most of the time. An observation on 05/11/2026 at 1:06 PM of the noon meal in the main dining room revealed a Meal was served of Chilli and corn bread, with a baked potato. Beverages were served with meals. A surveyor tested sample tray noted that the tray came with a dollop of sour cream. There was no butter, salt or pepper noted on the tray. Observation and interview on 05/12/2026 at 7:37 AM with Registered Nurse [NAME] LPN on 400 hall-breakfast is in room trays mostly, observed dining room at end of 400 hall unit, no residents in dining room. Observed large stainless steel meal boxes with trays being passed by staff with doors left open to the hallway. Observation on 05/12/2026 at 7:42 AM-Observed main dining room breakfast meal, only 3-4 residents present. Oatmeal, bacon, hard boiled eggs, toast jelly and beverages. Observed tray meal prep in the main dining room into hot boxes and then taken to resident care units. Meal comes directly off the seam table line onto plates from plate warmer. Boxes hold 20 trays. A lot of management noted in hallways passing trays. Certified Nursing Assistance anonymously reports that the management do not help with meal trays when state is not in the building. Observation on 05/12/2026 at 8:01 AM- surveyor observed meal trays being passed on 500/600 halls. Hall staff stated that trays do not get passed this fast unless state is in the building. Observation and interview on 05/12/2026 at 11:55 AM of the noon meal- Observed lunch meal being plated for hall carts. The bottom thermal plate warmer was not being used during this meal. Dietary server F was plating the meal. Food items of grilled chicken patties with a slice of cheese on a bun and Tator tots with cinnamon apple slices. There was no mayonnaise, or sauces dipping on the chicken sandwich. The sandwich appeared dry. Residents in the dining room requested mayonnaises packets or mustard packets for sandwich and extra ketchup for Tator tots. Observed Room trays to have a single ketchup packet for 6-10 total tots, and no other condiments. Resident interviews: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235599	A. Building B. Wing	05/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Carriage House Nursing and Rehabilitation	2394 Midland Road Bay City, MI 48706

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 0806 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	In an interview on 05/13/2026 at 7:43 AM with Resident #36 was seated up in soft straight back chair in room with breakfast meal. Resident #36 stated that the food is not good. She does eat in her room, and the food is cold when she gets it. The food texture is too hard for her to chew or cut, and she stated that she is old and needed softer food items. In an interview on 05/13/2026 at 7:45 AM with Resident #89 stated that staff just don't read the meal tickets, He does not get what he ordered, then the aide must run back to the kitchen to get what was ordered to correct it. The Condiments are not on the trays. The residents must request condiments of ketchup, Mustard, Mayonnaise, whatever and the aides have to run back to the kitchen to get it. The meal trays stand in the hallways and get cold while the aides run back to the kitchen. This week it's been better because you have been here, and there's more people passing trays. In an interview on 05/13/2026 at 7:48 AM with Resident #1 when asked about his meals stated It's nothing to brag about the meals. The resident did take the meals in his room, and the trays are the same thing for breakfast every day. The meat sandwiches are very little meat and a whole lot of bread with no mustard or mayonnaise, when he asks for condiments the aide has to run to the kitchen to get it. In an interview on 05/13/2026 at 7:52 AM Resident 1#3 stated that the food is bad. The manager came down yesterday and spoke with him. The surveyor asked about Choices. Resident stated, no, they don't give what is ordered, yesterday he ordered 2 cheeseburgers, and he got a chicken sandwich, he does not like chicken. Sometimes when he orders they come back and tell him that they ran out of the food items. Condiments are only provided if you ask for them and the aides have to run to the kitchen while the food sits on the plate and gets cold. In an interview on 05/13/2026 at 7:54 AM with Resident #109 noted the resident was seated up in Wheelchair in her room. When asked about her meals she stated that the chicken is dry and too often served. Resident stated that she does eat in her room and the meal trays are cool when she gets it. This week the meals have been better because they have more people passing meal trays, so they are not sitting in the hall for so long. Choices? She stated that sometimes she does not get what she orders and the aides must go get the right items and it's a waste of food and time. Condiments? She stated that we have to ask for them and again the staff have to run back to the kitchen to get it. In an interview on 05/13/2026 at 8:05 AM with Resident #3 was seated up in a recliner in room, she stated that she does get her meals in her room. She stated that the food is cold at times, the plate is not warm, the food will be somewhat warm, but if she touches the plate, it's cold. It's institutional food, and she gets that for a facility this size. One day she got chicken parmesan, and it tasted good, but it was cold, and the Penne pasta was not cooked all the way. Until yesterday no one came to ask about my order, she has been at he facility two and half weeks and it was the first time the kitchen had talked to her. Prior to yesterday she would not get what she ordered, the meal ticket items would not match what they brought on the tray, so staff has to run to the kitchen to get the right foods. Condiments offered? She stated that again the staff have to run to the kitchen to get it, they do not come on the meal trays. Yesterday the chicken cheese sandwich? was dry and could have used mayonnaise or sauce, just something. Anonymous interviews with Certified Nurse Assistants (CNA's) and Nurses: Did not want their names used. CNA -stated we always have run back to the kitchen for the correct food items ordered. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235599	A. Building B. Wing	05/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Carriage House Nursing and Rehabilitation	2394 Midland Road Bay City, MI 48706

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 0806 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	CNA- Yes, we are always every day at every meal running to the kitchen. Two nurses- both stated, the meals are with the staff running back and forth to the kitchen, no there are not this many staff that pass trays, no management only helps when state is in the building. The state surveyors during survey observed multiple management to be in hallway passing meal trays but are looking at door room names to find the residents. In an interview on 05/13/2026 at 8:09 AM with a non-verbal resident was alert and oriented. Surveyor introduced self and resident responded with head shakes. Resident was asked about Cold food he shook head yes vigorously. Resident was asked if he gets what he orders on his meal trays he shook his head no. Resident was asked about condiments- He shook his head no. In an interview on 05/13/2026 at 8:28 AM with Resident #26 when asked about his meals stated, Don't ask about the food. The resident did choose to eat meals in his room. When asked if he gets what he orders the resident stated that it depends on what day it is. Sometimes he gets what was order. The resident stated that he always orders milk with his meals and he only receives it on the breakfast tray. Then to appease him they will bring both white milk and chocolate milk back from the kitchen. The surveyor asked about condiments. Resident stated that No, if he needs mustard the aide has to go to the kitchen to get it, while my food gets cold Observation on 05/13/2026 at 8:35 AM of the 500/600 hall kitchenette observation revealed peanut butter and jelly packets, fudge round cookie things, freezer with ice cream, and refrigerator with large pitchers of juice's dated 4/11/2026, and gallon of Milk manufacture date 5/19/2026. In the lower drawers were pop and other snacks. Observation and interview on 05/13/2026 at 8:44 AM of the serving tray line area with dietary server F and Dietary manager E, demonstrated the bottom plate warmer function, and surveyor touched the bottom gray/tan thermal plate warmer when heated and the thermal bottom was warm to the touch. The bottom thermal plate warmer was functional and working. The large plate warmer cabinet held a stack of white/cream color ceramic/glass plates that were being During Resident Council meeting held on 5/12/2026 at 9:30 AM, the 11 residents in attendance reported the following regarding meals provided at the facility: Grilled cheese sandwich is not grilled and like just eating two pieces of bread (out of the bag) with cheese in-between it. Vegetables served are either overcooked or undercooked; there is no consistency. Some of the meats are hard to chew. Many times, they are not being delivered what is placed on their meal ticket. The gravy on the hot turkey sandwich served on Sunday was thick, lumpy and cold as if it had been spread onto the bread from the can. R13: According to a review of R13's medical record, the resident was admitted to the facility on [DATE] (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235599	A. Building B. Wing	05/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Carriage House Nursing and Rehabilitation	2394 Midland Road Bay City, MI 48706

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 0806 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	for skilled nursing care related to medical diagnoses of toxic encephalopathy (diffuse brain disfunction) due to lithium (antipsychotic medication), protein calorie malnutrition, dyskinesia (uncontrollable movement), schizophrenia, bipolar. A record review of R13's Minimum Data Set (MDS) record dated 04/22/2026 revealed Brief Interview of Mental Status (BIMS) assessment score of 11/15 indicating the resident had moderate cognitive impairment. On 05/11/2026 at 06:40AM, during an interview with R13 when asked about food, he said the food is so-so and seems to be getting worse rather than better. R13 was asked to clarify, and he said that the flavor is and the temperature of the food is cold. R13 said his bigger concern was that he rarely got what he ordered and that when he asked the staff about that he said they told him, 'Well, we are out of that' as a standard answer. R13 said the grilled cheese was soggy and greasy, and that it was the standard replacement they would offer him. On 05/12/2026 at 02:27PM, during an interview with R13 he said he was very upset, when asked for clarification he said, 'I ordered 2 of the cheeseburgers for lunch and they brought me a chicken sandwich; I don't like chicken and they know that'. R13 said that he sent the tray back to the kitchen and requested the 2 cheeseburgers he had ordered. R13 said look this is what they brought back. Observation of R13's meal tray revealed an untouched grilled cheese sandwich and a meal ticket that said chicken sandwich and tater tots. R13 said he was sending it back and that CNA O had re-ordered his 2 cheeseburgers. R13 said he had only eaten the pear slices from the first tray and had no other food for lunch. R13 was on his way to physical therapy and said he would eat his lunch there; he said therapy was his way to get back home so he did not want to miss it. The CNA O was present during the interview and verified that was the residents second meal tray, the first was a chicken sandwich and tater tots and the second was a grilled cheese sandwich. CNA O said that she re-ordered the third lunch meal tray for R13's 2 cheeseburgers and would make sure that he got them. According to a record review of the facilities menu provided on Tuesday 05/12/2026 for lunch service: Turkey burger patty melt, tater tots, ketchup, cinnamon apple slices, sandwich bread, coffee/tea and condiments. According to a record review of the facilities alternate lunch-dinner menu indicated availability of sandwiches: deli meat/tuna, grilled cheese and grilled ham and cheese; hamburger/cheeseburger on a bun; chicken nugget Nuggets with ranch/BBQ sauce. According to the facilities spoken menu program it is revealed: meals and beverage orders are taking ahead of time; residents choices are based on their food and beverage preferences, likes and dislikes diets and food restrictions such as allergies; Residents have a choice to choose from the main meal from the daily menu or from the main meal from always available menu; residence always has a choice to change his meal choice after the order was taken. According to a record review of R13's progress notes dated 05/11/2026 at 14:01 revealed: Nutrition Note Text: RD follow up for weight loss. Resident and provider notified. Weight: (5/6) 143#(pounds), Previous weights: (4/29) 151# (4/20) 149# Resident admitted with. severe PCM. Diet: Liberal/general diet ordered, appetite is good, po intake averages 75-100% of meals. Food preferences honored. Dislikes chicken, rice, and all veggies. According to a record review R13's care plan indicated: Focus: I have a nutritional problem r/t (related to) diagnoses of severe PCM (protein calorie malnutrition) w/ weight loss, toxic encephalopathy. with interventions: Diet as ordered: General, regular texture, thin liquids; Honor preferences as able. See (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235599	A. Building B. Wing	05/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Carriage House Nursing and Rehabilitation	2394 Midland Road Bay City, MI 48706

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 0806 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	tray card for preferences. On 05/12/2026 at 4PM, during an interview with Corporate Registered Dietician (RD) N she was asked about meal service and tray preparation. Corporate RD N said that the tray line is completed by the kitchen staff and loaded onto the carts to go to the halls, the CNA's deliver the trays to the residents dining in room. Corporate RD N said the tray and ticket should be checked at the kitchen level for accuracy and preferences before trays were sent to the halls. Corporate RD N was asked about R13's lunch meal tray, his concerns and his preferences. Corporate RD N verified that R13's preferences state dislikes: chicken, rice, and all veggies and that she has no idea why they would serve it or why his meal ticket would not be read and followed, or how he got chicken then got grilled cheese when he requested 2 cheeseburgers. Corporate RD N said she was going to follow up with R13. And agreed he was already at risk with his diagnosis of PCM and weight loss.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235599	A. Building B. Wing	05/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Carriage House Nursing and Rehabilitation	2394 Midland Road Bay City, MI 48706

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 0582 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered. Based on interview and record review, the facility failed to provide Advanced Beneficiary Notice of Non-coverage (ABN) notices for 2 residents (#7 & #87) of 3 residents reviewed, resulting in the lack of disclosure related to Medicare rights and the inability to appeal the discharge in the time frame allotted by Medicare. Findings include: Record review of the facility-provided 'For Instructions Advance Beneficiary Notice of Non-coverage (ABN,) pages 1 through 7, revealed when Medicare is not likely to cover a specific item or service, health care providers and suppliers must use ABN to let patient (residents) know whey may be financially liable before they get the items or services. Notifiers must: Deliver the ABN to the patient or their representative before providing the items or services; review the ABN with the patient or their representative and answer any questions before it's signed; deliver the ABN far enough in advance that the patient or representative has time to consider the options and make an informed choice; give a copy to the patient or representative, if requested, once all blanks are completed and the form is signed; and retain a copy of the completed, signed ABN on file. Record review of the Beneficiary Notice discharge form within the last six months revealed 35 residents' names. A sample of 3 (#7, #87, #111) residents were chosen. In an interview and records review on 05/12/2026 at 12:45 PM with Registered Nurse/Minimum Data Set (MDS) assessment nurse H revealed that the appropriate Notice of Medicare Non-coverage (NOMNC) was issued to the sampled residents. When asked, RN/MDS H stated that she only does NOMNC's and that the financial Advanced Beneficiary Notices are financial and are issued by the business office person. In an interview on 05/12/2026 at 1:05PM with the business office person G the surveyor requested the Advance Beneficiary Notices for the three sampled residents and the business office person had no answer or documents. In an interview on 05/12/2026 at 1:24 PM the state surveyor had a Meeting in the front office with Nursing Home Administrator (NHA) and business office person G that the Advanced Beneficiary Notices (ABN's) that none were found in residents' charts. The NHA acknowledged that the ABNs are to be issued to the client so that they know of the possible amount due, and it is supposed to be issued after the resident comes off Medicare Part A. The NHA stated that there are none, and the staff have not done them, stating usually, therapy does the ABNs. Business office person G stated that it fell through the cracks and was missed. In an interview on 05/12/2026 at 1:30 PM the Nursing Home Administrator stated that the business office will be doing Advance Beneficiary Notices from now on. The facility had therapy services doing them, but there had been some position changes in therapy. The NHA did not know when the ABN's stopped being issued. The facility was not cited last year at annual recertification survey, so sometime in the last year. Record review of an audit of residents residing within the facility with no Advanced Beneficiary Notices (ABN) issued included six residents. The discharged residents that did not receive ABN notices were not counted.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235599	A. Building B. Wing	05/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Carriage House Nursing and Rehabilitation	2394 Midland Road Bay City, MI 48706

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and records review, the facility failed to follow the comprehensive care for post fall interventions for 1 resident (Resident #7) of 2 residents reviewed, resulting in Resident #7's post fall interventions of monitoring every 2 hours and PRN (as needed) with no documentation of the actual monitoring being performed by facility staff. Resident #7:Observation and interview on 05/11/2026 at 9:24 AM of Resident #7 revealed a right wrist with black splint in place. Resident #7 stated that she did fall but does not remember how it happened. In an interview on 05/11/2026 at 9:35 AM, Licensed Practical Nurse (LPN) V stated that Resident #7 had a fall in April 2026 right at shift change. Resident #7 herself transferred and had fallen and fractured her right wrist. The right wrist started to swell so we sent her out to the hospital. Record review of Resident #7's fall incident reports: 12/20/2025 at 6:30AM found on floor by bathroom, stool noted on floor, no injuries. 1/8/2026 at 7:00AM found on floor, no injuries.4/3/2026 at 5:00AM fall in bathroom reported by resident to staff. Right wrist pain, sent to ER, Fractured wrist. New diagnosis of A. fib and dizziness. Record review of Resident #7's comprehensive care plans pages, 1 through 13, revealed that on 4/4/2026 interventions to monitor every two hours and PRN (as needed) for compliance with soft cast and sling, ensure resident assist with all her needs. An interview and record review was conducted on 05/13/2026 at 11:32 AM with Registered Nurse/Unit manager A of Resident #7's repeat falls:Fall on 12/20/2025 at 5:30AM of Resident #7 found on floor by staff in room, no injury, but on 12/21/2025 was sent to hospital for shortness of breath. re-admitted on [DATE], new care plan intervention to monitor and assess. BIMS on 12/21/2025 of 3 severely impaired. Fall on 1/8/2026 at 7:00AM of Resident #7 found on floor in room. The new care plan intervention was a sleep study. Fall on 4/3/2026 at 5:00AM fall of Resident #7 in bathroom reported by resident to staff. Right wrist pain, sent to ER, Fractured wrist. New diagnosis of A. fib and dizziness. Record review of new intervention on 'Fall' care plan dated 4/4/26 to Monitor every 2 hours and PRN (as needed) for compliance with soft cast and sling. Record review of Medication Administration Record (MAR)& Treatment Administration Record (TAR) of April and May 2026 records did not have any monitoring documentation, record review of documentation tab in electronic medical records. RN A found no documentation to support any monitoring. RN/MDS A stated that intervention was missed, we only monitored post fall for 3 days. Usually there is an order put into the physician orders, and it carries over to the MAR/TAR. The monitoring should have been continuous every 2 hours and PRN. We missed it. Care plan was not followed. Record review of the facility 'Care Plans, Comprehensive Person-Centered', dated 1/2026, revealed person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident. Care plan interventions are chosen only after data gathering, proper sequencing of events, careful consideration of the relationship between the resident's problem areas and their causes, and relevant clinical decision making.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235599	A. Building B. Wing	05/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Carriage House Nursing and Rehabilitation	2394 Midland Road Bay City, MI 48706

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to provide adequate grooming/showers per residents' preferences for three residents (#7, #16, #75) of 6 residents reviewed for Activities of Daily Living (ADL), resulting in resident complaints and unkempt appearances. Findings include: Resident 7: Observation on 05/11/2026 at 5:52 AM of Resident #7 was asleep with rolling walker at bedside with room door closed. Observation revealed an elderly resident asleep with hair that appeared uncombed and a right-hand black splint. Record review of resident #7's medical diagnosis list included: adult failure to thrive, moderate protein-calorie malnutrition, dementia, fracture wrist, anxiety, psychotic disturbance, unsteadiness on feet, personality disorder. Record review of Resident #7's resident care guide Kardex for Bathing/Showering: requires set-up assistance by 1 staff with bathing/showering. Prefers a shower. Record review of Resident #7's care plans revealed that the resident preferred to shower but may refuse. Record review of the Resident #7's task tab in point click care revealed on 4/29/2026 no shower was given. Record review of the residents' progress notes revealed no documentation why shower was not given. On 5/3/2026 no shower given and no progress notes at all. On 5/6/2026 no shower given and there was documentation of attempted shower. On 5/10/2026 no shower was given and the resident received antifungal powder under bilateral breast for redness. Resident 75: In an interview on 05/11/2026 at 10:58 AM with Resident #75 revealed that showers are not the best, not twice, less. no hair washing. In an interview on 05/11/2026 1at 1:08 AM Resident #75 stated that she gets a shower/bath once a week, they try to give bed bath wash-ups that's not a shower, resident would prefer a shower. Once a week wash-up was not enough. Record review of Resident #75's medical diagnosis included: end stage renal disease, dependence on renal dialysis, hypertensive heart and chronic kidney disease, malignant neoplasm of the right breast, heart failure, muscle weakness, diabetes Record review of Resident #75's resident care guide Kardex for Bed Shower/Bed bath Sunday Wednesday afternoons and as needed. : requires 1 assist with bathing after 2 assists for transfer using mechanical lift. Record review of Resident #75's care plans for Activities of Daily Living dated 4/21/2024 revealed self-care deficient related to weakness, gout, pain, decreased mobility, and diabetic neuropathy. I prefer bed baths, showers on occasion. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235599	A. Building B. Wing	05/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Carriage House Nursing and Rehabilitation	2394 Midland Road Bay City, MI 48706

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Record review of Resident #75's shower/bath task tab revealed Showers were given on 4/15/2026 and 5/6/2026 Bed bathes were given on 4/19/2026, 4/22/2026/, 4/26/2026, 4/29/2026, 5/3/2026 and 5/10/2026. Resident #16 On 5/11/2026, at 9:06 AM, Resident #16 was lying in bed. Their nails were long and jagged with brown residue. Their facial hair was unshaven. Resident #16 stated they sometimes get a bed bath and not a shower. They offered that their shower days were Tuesday and Friday and needed a shave. On 5/12/2026, at 10:45 AM, a record review of Resident #16's electronic medical record revealed an admission on [DATE] with diagnoses that included Bipolar Disorder, Anemia and Diabetes Mellitus. Resident #16 required assistance with Activities of Daily Living and had intact cognition. A review of the Kardex revealed PATIENT CARE . PERSONAL HYGIENE/ORAL CARE: I require assistance by (1) staff with personal hygiene and oral care . A review of Shower/Bed Bath Look Back: 30 Day revealed no refusals to showers/bathing. On 5/12/2026, at 3:13 PM, Resident #16 was in bed and had just received a bed bath. An observation of their bilateral feet revealed gross amounts of dry skin build up. CNA X and CNA Y were on either side of bed without gowns on and their uniforms were touching the bed. CNA Y provided that they had lotion to provide for the resident's feet and was unsure when their feet were last cleansed. On 5/13/2026, at 11:32 AM, Resident #16 was lying in bed. An observation along with Unit Manager (UM) A revealed their nails were clipped and clean although the resident remained unshaven. Resident #16 complained they still needed a shave. On 5/13/2026, at 11:42 AM, an interview with CNA X was conducted regarding Resident #16. CNA X was asked if they gave the resident a bed bath the day prior and CNA X stated, yes. CNA X was asked if they shaved the resident and CNA X offered, his brother comes in and shaves him. On 5/13/2026, at 11:55 AM, A review of the care plan revealed no intervention listed that Resident #16's brother visits to shave them. A review of the facility provided Fingernails/Toenails, Care of policy revealed . Nail care includes regular cleaning and regular trimmer/filing . A review of the facility provided Shaving the Resident revealed The purpose of this procedure is to promote cleanliness and to provide skin care . Review the resident's care plan to assess for any special needs of the resident . Documentation . If the resident refused the treatment, the reason (s) why and the intervention taken .

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235599	A. Building B. Wing	05/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Carriage House Nursing and Rehabilitation	2394 Midland Road Bay City, MI 48706

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 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to prevent the formation of a contracture for one resident (Resident 9) of four residents reviewed for range of motion. Findings Include:Resident #9: On May 12, 2026, at approximately 1:30 PM, a review was conducted of Resident #9's medical record and it revealed he was admitted to the facility on [DATE] with diagnoses that included, Hemiplegia and Hemiparesis, Dysphagia, Acute Respiratory Failure, Aphasia and Hypertension. Further review of the chart yielded the following:There was nothing located in Resident #9's Care Plan, Kardex or Progress Notes that indicated any decline, formation of stiffness or contractures.Room Change:Upon admission Resident #9 was placed in room [ROOM NUMBER]-1. On 10/13/25 he was relocated to room [ROOM NUMBER]-1 and he remained there until 12/9/2025 when he was moved back to room [ROOM NUMBER]-1.On 5/13/2026 at 8:51 AM, PT (Physical Therapist) DD stated when Resident #9 discharged from therapy services in the winter he was flaccid (affected muscles are limp, weak and without resistance to movement) on his stroke affected side. PT DD explained his right side upon initial discharge from therapy as a wet noodle. Resident #9 was placed back on therapy services about one month ago with the primary goal of stretching and improving his ability to assist with bed mobility and transfers. She added his right hamstring area is very tight. Upon doing his measurements for his right leg contracture he was -70 flexion (quantity how much a joint can bend with normal ranges). It was not indicated for him to be referred to the restorative program as his unaffected side was within normal limits upon his discharge from therapy services in November 2025.It can be noted -70-degree flexion is indicative of a significant limitation in joint bending, as normal flexion [NAME] are typically positive and much higher depending on the joint. On 5/13/2026 at 12:00 PM, an interview was conducted with Therapy Director CC regarding Resident #9. She reported they (therapy) do not complete baseline measurements of newly admitted residents as they are focused on function in this setting. Resident #9 was flaccid on hit stroke effected side and measurements would not have been completed at discharge due to this reason and his goal was to return home.They are currently working with Resident #9 to get him back to 0 degrees as he is at -70 flexion. Director CC explained the worst a patients contracture measurement could be is -120 . Resident #9's strength is 3/5 and it is the measurement of how they move against gravity if someone was pushing their extremity. He has moderate strength but if someone gave resistance, he would not be able to push back. Resident #9 did develop a right leg contracture after his discharge from therapy services.Therapy screens are completed based on the residents' MDS (minimum data set) assessment schedule. The therapy staff assigned to complete the screen will talk to facility staff members and the residents (if able) to see if there have been any changes that would warrant the resident being evaluated for therapy services. The screens are hands off and it is a fact gathering process. Further review was completed of Resident #9's records:Referral Screen dated 1/9/2026: Resident is not indicated at this time per CNA no changes. 4/2/2026: Per staff noted change to mobility specifically transfers.The form had the following checked, increased difficulty getting in & out bed, increased difficulty transferring to & from w/c (wheelchair). Physical Therapy Discharge summary dated [DATE]: Prognosis to Maintain CLOF (current level of functioning)= good with consistent staff follow-through. PT Evaluation & Plan of Treatment dated 4/8/2026: .Requested referral for an assess of patient due to declining mobility, reduced strength in LUE (left upper extremities)/LLE and contracture formation on RLE (right lower extremity) . R flexion contracture. Physical Therapy PT Recert, Progress Report & Updated Therapy PlanCertification period: 5/5/2026-5/3/2026Pt (patient) will perform STS (sit to stand) mod (moderate) x2 with // (parallel) or bilateral platform RW to improve weightbearing acceptance, reduce tone and improve active participation with upright standing. PLOF(prior level of functioning- at discharge from therapy): 2 (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235599	A. Building B. Wing	05/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Carriage House Nursing and Rehabilitation	2394 Midland Road Bay City, MI 48706

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 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	personsBaseline (4/8/2026): unable/medical due to R (right) knee flexion tonePatient will improve R knee extension PROM (passive range of motion) -50 degrees in order to increase ability to perform STS and assist with bed mobility independence.PLOF: WNL (within normal limits)Baseline 5/5/2026: -75 deg (degrees) PROM at baseline. No AROM (active range of motion) noted in RLE (right lower extremity) at this time. Goal originally created to demonstrate improvement in ROM, reduction in flexion contracture.Patient will increase AROM right knee extension to -70 degrees in order to increase ability to perform scotting/bridging in bed and facilitate balance during functional mobility. Extension (average range = 0 degrees)PLOF: WFL (within functional limits)Baseline 4/8/2026: -75 degreesPt will improve generalized LLE (left lower extremities) strength to 3+/5 to improve ability to assist with bed mobility and standing transfers to reduce caregiver assistance required:PLOF: WFLBaseline 4/8/2026: 3/5 grossly On 05/13/2026 at 1:40 PM, Resident #9 was observed watching television in bed. He was able to answer simple questions regarding his contractures. He reported he is currently working with therapy, and he does get out of bed sometimes. His right leg was observed to be bent at the knee with his leg/foot resting on his stomach/chest area. On 05/13/2026 at 1:49 PM, CNA Z reported Resident #9 initially admitted to 400 unit and was moved to 200 unit and placed in isolation. Upon returning to their unit, he had the right leg contracture.On 05/13/2026 at 2:11 PM, Nurse J shared Resident #9's hand and foot have been contracted since she started at the facility which was in mid-January 2026. On 05/13/2026 at 2:17 PM, PTA (Physical Therapy Assistant) AA was interviewed regarding Resident #9. She reported they complete therapy screens on a quarterly basis and each month the screens are divided equally amongst therapy staff. For the screens they do not physically touch the resident but will speak to the resident (if able) and their aides. They will ask if they noticed the resident getting weaker, difference in transfers, rolling in bed and walking (if applicable).In January 2026 when PTA AA completed the screen for Resident #9 and spoke to either CNA Z or BB (but could not recall which aide she spoke too) and there were no concerns reported at that time. PTA AA stated she did not observe or speak to Resident #9 for the January 2026 screen. In April 2026 either CNA Z or BB reported during the screen that Resident #9 was having difficulty getting in/out the bed and with transfers. There was no mention of stiffness in his leg or arm. If that was mentioned she would have checked the box on the screen for stiffness. A review was conducted of the facility policy entitled, Functional Impairment reviewed 1/26. The policy stated, .The staff will monitor and document the resident/patient's function (for example, evidence of reduced ADL dependency, improved ambulation, improved balance and gait, etc.) and will discuss this with the physician periodically in conjunction with a discussion of medical interventions and plans of care.A review was conducted of the facility policy entitled, Specialized Rehabilitative Services, reviewed 1/26.The policy stated, .Once a resident has met his/her care plan goals, a licensed professional can either discontinue treatment or initiate a maintenance program which either nursing or restorative aides will implement to assure that the resident maintains his/her functional and physical status.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235599	A. Building B. Wing	05/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Carriage House Nursing and Rehabilitation	2394 Midland Road Bay City, MI 48706

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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to timely notify the physician of a positive urine sensitivity result for one resident (Resident #107) of one resident reviewed for Urinary Tract Infections (UTI), resulting in complaints of stomach pain, and a positive urine culture going untreated for approximately 24 hours. Findings include:Resident #107: On 5/11/2026, at 5:55 AM, Resident #107 was resting in their bed. On 5/11/2026, at 11:30 AM, Resident #107 was sitting in their wheelchair in their room. Resident #107 complained that they recently had went to the hospital. On 5/12/2026, at 9:30 AM, a record review of Resident #107's electronic medical record revealed an readmission on [DATE] with diagnoses that included acute cystitis, Diabetes Mellitus and unsteadiness on feet. Resident #107 required assistance with activities of daily living and had intact cognition. A review the progress notes revealed the following: 4/22/2026 . resident stated he was not feeling well at 1355 (1:55 PM). He states is stomach hurt . 4/25/2026 00:23 (12:23 AM) . Physician notified of UA results; waiting on C&S results . 4/26/2026 04:14 (4:14 AM) . Received culture results from UA. Physician notified, waiting for sensitivity. 4/27/2026 09:51 . Resident sent to hospital due to chest pain. All paperwork done and all parties aware of transfer. 5/1/2026 14:35 (2:35 PM) Physician/Practitioner Progress Note .who is being readmitted to SNF following hospitalization. Patient was sent to from SNF to the ED on 04/27/2026 via EMS . Urine culture grew organism resistant to ceftriaxone (Rocephin); antibiotics were changed to cefepime . A review of the Urinalysis Routine . 4/24/2026 1200 Received . Fax Server 4/24/2026 9:09:27 PM . revealed a handwritten message Waiting for C&S per (physician) 4/25/26 A review of the Urine Culture 4/24/2026 1200 Received . Positive Culture > (greater than) 100,000 CFU/ml Proteus Mirabilis . revealed a handwritten message Waiting on Sensitivity Per (physician) 4/25/26 A review of the Urine Culture Final result Verified 4/26/2026 0710 Fax Server 4/26/2026 1:03:07 PM . Susceptibility Proteus mirabilis . revealed a handwritten message hospital on it. A review of the hospital Patient Discharge Summary 04/30/2026 revealed . Discharge Diagnosis: . 9. Acute cystitis (a type of urinary tract infection) . On 5/12/2026, at 3:57 PM, Infection Control (IC) Nurse L was asked to explain the procedure for the facility to be notified of positive urine cultures and IC Nurse L stated, they fax them over to us when they're done. IC Nurse L was asked to clarify the positive UA results for Resident #107 and was the resident, physician and hospital notified of the positive lab. IC Nurse L offered the positive UA was noted to have a written message waiting for sensitivity on it and that they were waiting on the sensitivity before treatment. IC Nurse L was asked to clarify if the resident was treated prior to going to the emergency department/hospital. On 5/13/2026, at 10:40 AM, IC Nurse L offered clarification on Resident #107's positive urine culture. IC Nurse L stated, it was an ongoing assessment; we did the urine and the facility was following. IC Nurse L was asked if the facility was aware of the final culture and sensitivity/susceptibility on 4/26/2026 and why wasn't the doctor notified prior to the resident going to hospital and IC Nurse L offered, that the nurse placed the lab result in the doctors binder rather than calling the doctor right away. IC Nurse L offered, that they educated the nursing staff that anytime a sensitivity comes back you have to call immediately. IC Nurse L was asked if the hospital was ever notified of the positive Urine culture and susceptibility and IC Nurse L provided the hospital gave the resident antibiotics for it. IC Nurse L further explained they had discussed with the Nurse Practitioner and that they had given a copy of the positive lab to the resident to take to the hospital although the progress notes didn't document that. IC Nurse L further offered the lab did come to the facility via fax on 4/26/2026 although could not provide when the nurse took the lab off the fax machine. IC Nurse L was asked to provide any additional progress notes regarding the positive urine culture. There was no additional information shared by the facility prior to exit.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235599	A. Building B. Wing	05/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Carriage House Nursing and Rehabilitation	2394 Midland Road Bay City, MI 48706

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 0691 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate colostomy, urostomy, or ileostomy care/services for a resident who requires such services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to assess and monitor an ileostomy for one resident (Resident #108) of one resident reviewed for ostomy care, resulting in delayed physician's orders for assessment and care. Findings include: Resident #108: On 5/12/2026, at 9:54 AM, a record review of Resident #108's electronic medical record revealed an admission on [DATE] with diagnoses that included total colectomy with ileostomy, Left leg fracture and cerebral palsy. The resident required assistance with all Activities of Daily Living and had intact cognition. A review of the Physician orders revealed the following: Colostomy care every shift and as needed . Start Date 5/7/2026 Change colostomy appliance every 3 days & prn (as needed) . Start Date 5/7/2026 A review of the TREATMENT ADMINISTRATION RECORD 5/1/2026 - 5/31/2026 revealed the ostomy appliance was not changed until 5/8/2026; seven days after admission and colostomy care was not provided until the evening on 5/7/2026; 6 days after admission. A review of the progress notes revealed the following: On 5/12/2026, at 2:37 PM, an interview and record review with Wound Nurse (WN) B revealed Resident #108 was admitted on [DATE]. A review if the admission assessment revealed the resident had a right iliac crest ileostomy. WN B was asked where in the documentation the ostomy was assessed upon admission and WN B offered, the admission assessment. The admission assessment did not document the ostomy size, color, protrusion nor the skin surrounding the ostomy site. WN B was asked to provide ostomy assessment documentation located in the electronic medical record. WN B offered that the admission Minimal Data set assessment revealed the resident was admitted with a colostomy. On 5/13/2026, at 11:30 AM, An observation with Unit Manager (UM) A of Resident #108's ileostomy was conducted. Resident #108 was resting in bed. They had an appliance to their right abdomen, with small amounts of brown stool. The surrounding skin appeared slightly reddened with linear red areas. On 5/13/2026, at 11:40 AM, UM A was asked why the orders for care and ostomy changes were delayed after admission and UM A offered, that they went into the computer on Thursday (5/7/2026) and realized there were no orders (for the ileostomy) so they put them in. According to The National Alliance of Wound are and Ostomy, Nurses caring for patients with ostomies are responsible for: . Assessing the stoma, monitoring for complications, changing and emptying ostomy pouches, and maintain skin integrity around the stoma . According to [NAME], For an Ileostomy, the output is usually more liquid than with a colostomy, so both emptying and changing the pouching system require more frequent attention. Empty when the pouch is about 1/3 to 1/2 full . Changing the pouching system, change the entire appliance every 3 - 7 days, but for ileostomies, many people change it every 2 - 5 days . Some guidelines suggest at least twice a week .

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235599	A. Building B. Wing	05/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Carriage House Nursing and Rehabilitation	2394 Midland Road Bay City, MI 48706

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 1) Label open biologic medications with resident and dates for two residents (Resident #113 and Resident #67) that were refrigerated in two of three medication rooms viewed for medication storage and 2) Secure medications stored in two of three carts reviewed for medication storage, resulting in the potential risk of resident safety, misappropriation and integrity of medications. Findings include: On 05/11/2026 at 5:29AM, Upon entry to the facility an observation was made of medication cart for 400 Hall residents, which was stationary in front of the nurses' station unattended and unlocked, all drawers were able to be accessed when pulled open. There was a medication cup sitting on top with applesauce in it and a crushed red substance swirled in it. There is an undated apple sauce sitting next to the cup. There was no staff in the area. Also located at the same nurses' station was the medication cart for the 300 hall residents, it was unattended and unlocked, all drawers were able to be accessed when pulled open. One resident was observed in hallway near carts; the resident was self-propelled in her wheelchair. On 05/11/2026 at 5:32AM, CNA K was observed in the hallway by the nursing station, she was asked what was in the medicine cup that was located on the top of medication cart 400, she stated I do not know, I am a CNA and I do not pass medications. She was asked if it was standard practice for the medication carts to be unlocked when no staff was present, she said no it is not and stated, let me get the nurse for you. On 05/11/2026 at 5:35AM, Observation of Nurse R approach the nursing station from the 400-hall direction. Nurse R was queried about the medication cup on top of the medication cart, and she said it was a medication that a resident refused. Nurse R was asked if it was ok to leave the medication unattended and not disposed of upon refusal, she said no that she had got called away and just left it out. Nurse R was asked if it was standard practice for the medication carts to be unlocked without staff present and she said ?I was in the middle of passing medications and got called away' so she left them unlocked. On 05/12/2026 at 1215PM, during an interview with Unit Manager (UM) A she was queried if it was standard practice for medication carts to be left unlocked and unattended, she said no it was not acceptable and she was aware of the observation made on 05/11/2026 and that the nurse had been written up for the incident yesterday. When UM A was asked if it was standard practice to leave medication out and assessable to other staff, residents and visitors unattended, she said no it was not acceptable and that the nurse had been written up for that incident as well.R113 According to a review of R113's medical record, the resident was admitted to the facility on [DATE] for skilled nursing care related to medical diagnoses of metabolic encephalopathy (diffuse brain disfunction), cystitis (bladder infection), diabetes mellitis type 2, anxiety and depression. R113's Minimum Data Set (MDS) record revealed Brief Interview of Mental Status (BIMS) assessment score of 15/15 indicating the resident was cognitively intact.On 05/12/2026 at 12 noon, during medication storage observation of the main medication room stored in the refrigerator there was a box labelled with R113's information that was open, the Ozempic pen (biologic medication) inside the box was open and partially use, the pen had no resident information label and no open date.A record review of R113's orders revealed: Ozempic (2 MG/DOSE)8 MG/3ML Solution pen-injector INJECT 2 MGSUBCUTANEOUSLYONE TIME A DAYEVERY SUNDAYFOR WEIGHT LOSS.R67 According to a review of R67's medical record, the resident was admitted to the facility on [DATE] for skilled nursing care related to medical diagnoses cerebral infarct (stroke), Parkison's disease (neurological disorder), diabetes mellitus type 2, drug induced obesity, anxiety and depression. R67's Minimum Data Set (MDS) record revealed Brief Interview of Mental Status (BIMS) assessment score of 15/15 indicating the resident was cognitively intact.On 05/12/2026 at 12:10PM, during medication storage observation of the main medication room stored in the refrigerator there (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235599	A. Building B. Wing	05/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Carriage House Nursing and Rehabilitation	2394 Midland Road Bay City, MI 48706

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	was a box labelled with R67's information that was open, the Ozempic pen (biologic medication) inside the box was open and partially use, the pen had no resident information label and no open date.On 05/12/2026 at 1215PM, during an interview with Unit Manager (UM) A she was queried about label and date missing from open biologics, she said the pen should have a label with resident information on it and be dated when it is open. UM A verified with SA the observed the open biologics in both medication rooms and had no explanation why they were not, she said she ?planned to re-educate staff' about the discovered deficiency. A record review of R67's orders revealed: Ozempic (0.25 or 0.5MG/DOSE) 2 MG/3MLSolution pen-injector INJECT 0.5 MG SUBCUTANEOUSLY ONE TIME A DAY EVERY MONDAY FOR DIABETES FOR 4 WEEKS MAYGIVE ZEPBOUND IF HERE UNTIL PHARMACY SENDS OZEMPIC.According to the facilities policy titled Storage of medications revealed: the policy statement: the facility stores all drugs and biologics in a safe, secure, and orderly manner. with the interpretation and implementation: 1. Drugs and biologics used in the facility are stored in locked compartments under proper temperature, light, and humidity controls; 8. Compartments (including, but not limited to, drawers, cabinets, rooms, refrigerators, carts.) containing drugs and biologics are locked when not in use; 9. Unlocked medication cards are not left unattended.According to the facilities policy titled Medication administration revealed: the policy statement: medications are administered in a safe and timely manner, and as prescribed with the interpretation and implementation: 1. Only persons licensed or permitted by the state to prepare, administer and document the administration of medications may do so; 12. The expiration slash beyond use date on the medication label is checked prior to administering. When opening a multi-dose container, the date open is recorded on the container; 17. Insulin pens are clearly labeled with the resident's name or other identifying information period prior to administering insulin with an insulin pen, the nurse verifies that the correct pen is used for that resident; 19. During administration of medications, the medication cart is kept closed and locked when out of sight of the medication nurse. no medications are kept on top of the cart. The cart must be clearly visible to the personnel administering medications, and all outward sides must be inaccessible to residents or other passers by.