

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235615	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/23/2024
NAME OF PROVIDER OR SUPPLIER Caretel Inns of Brighton		STREET ADDRESS, CITY, STATE, ZIP CODE 1014 E Grand River Brighton, MI 48116	

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 30675</p> <p>Based on observation, interview and record review, the facility failed to maintain a clean, comfortable and homelike environment, affecting multiple residents throughout the facility.</p> <p>Findings include:</p> <p>On 10/21/24 at 11:00 AM, 3:00 PM and 10/22/24 at 8:45 AM and 1:30 PM, the 200 hallway was observed to have multiple areas of live spiders and webs on and around the hallway love seat, and there were multiple live sewer flies observed on the walls, baseboards and more heavily at the base of a door that was locked and marked for employees only. There were multiple (eight) dead sewer flies observed on the window ledge in the hallway across from room [ROOM NUMBER].</p> <p>On 10/22/24 at 2:30 PM, an interview was conducted with the Maintenance Director (Staff 'A') who reported they began to work at the facility on 4/24/24. They also reported they had recently taken over as the Housekeeping Manager in August. When asked about their housekeeping staff, Staff 'A' reported they were short three housekeepers and have a few starting in the next week but they also needed to go through several weeks of orientation before they started work on the floor. They also indicated the housekeeping staff worked between both the facility's long term and assisted living.</p> <p>During an observation of the 100, 200, and 300 hallways with Staff 'A' the same observations of the live spiders, and sewer flies were confirmed. When asked how those items were not identified despite observing housekeeping in the hallways on both 10/21/24 and 10/22/24, Staff 'A' reported they had no explanation for that.</p> <p>Upon observation of the 300 hall, Staff 'A' confirmed the loveseat was heavily soiled with darker colored stains and debris and they reported that should've been taken care of. The walls and baseboards were also observed to have several areas soiled with what appeared to be dried food and liquid debris.</p> <p>On 10/22/24 at 4:13 PM, an interview was conducted with the Administrator who reported he began working at the facility about three weeks ago. When asked about the concerns with the environment, they reported they were aware of the concerns observed with Staff 'A' and would be addressed.</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49083</p> <p>Based on interview and record review, the facility failed to complete an annual OBRA (Omnibus Budget Reconciliation Act) Level II Evaluation for one resident (R27) of one resident reviewed for PASARR (Preadmission Screen and Resident Review).</p> <p>Findings include:</p> <p>Clinical record review revealed R27 was admitted to the facility on [DATE] with heart disease, hypertension, and stroke. Psychiatric history included anxiety, depression and bipolar disorder. A Brief Interview for Mental Status (BIMS) evaluated on 8/17/24 score totaled 15/15 indicating R27 was cognitively intact.</p> <p>On 10/21/24 at 1:13 PM, a record review of the available PASSAR dated 11/11/23 revealed R27 was a Thirty Day-Hospital Exemption Discharge. There was no evidence a Level II evaluation was completed (given the resident's recent mental status exam which indicated intact cognition) R27 would likely require a Level II evaluation for a psychiatric history anxiety, depression and bipolar disorder.</p> <p>On 10/22/24 at 3:15 PM, an Interview with the Facility Transition Care Coordinator A acknowledged a Level II was not completed for R27.</p> <p>Facility Transition Care Coordinator A revealed the OBRA Coordinator was scheduled to assess R27 on Monday 10/28/24 but now that the State Agency (SA) was on site, the evaluation was expedited, and the Facility was in the process of collecting the required documentation for the evaluation.</p> <p>Review of the facilities Policy title; PASARR Policy No: 5011 Dated 5.2024, documented:</p> <p>.If the resident needs nursing care beyond the thirty (30) days permitted by a Hospital Exempted Discharge ([NAME]), the nursing facility must notify the local Community Mental Health Services Program (CMHSP) .</p>

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49083</p> <p>Based on observation, interview and record review, the facility failed to obtain physician orders for one resident (R32) of one reviewed for oxygen use, and not monitoring oxygen delivery equipment for proper fit, resulting in the potential for respiratory distress, and undetected respiratory status changes.</p> <p>Findings include:</p> <p>A clinical record review revealed R32 was admitted on [DATE] for skilled nursing and rehabilitation related to a fall at home and required left femoral hip surgery. Diagnoses included a stroke resulting in right sided weakness, hypertension, and COPD (Chronic Obstructive Pulmonary Disease). The Brief Interview of Mental Status (BIMS) score assessment on 10/2/24 was 5/10 indicating R32 had moderate cognitive impairment.</p> <p>On 10/21/24 at 10:13 AM, during initial introduction, R32 was observed lying in bed wearing a nasal cannula (medical device that delivers oxygen into the nostrils) incorrectly, observed only right nares receiving oxygen dispensing two liters of oxygen.</p> <p>On 10/21/24 at 10:40 AM, R32 was visiting with family and the nasal cannula remained only administering oxygen to the right nares.</p> <p>On 10/22/24 at 9:31 AM, R32 was observed asleep with the nasal cannula incorrectly placed into the nose.</p> <p>A clinical record review revealed there were no orders for R32 to receive oxygen. Further record review revealed no documentation in the Careplan for oxygen administration or monitoring.</p> <p>On 10/22/24 at 10:12 AM, R32's assigned Registered Nurse (RN) F was in the room and confirmed the nasal cannula was not placed correctly on R32 and then observed replacing the tubing so both nares were receiving oxygen and informing R32 the placement was incorrect.</p> <p>RN F was questioned if there were orders for R32 to be provided oxygen. RN F reviewed the electronic medical record and confirmed there were no orders from the Physician and indicated they would contact the Physician to obtain orders.</p> <p>On 10/22/24 at 10:54 AM, a telephone interview with Respiratory Therapist H confirmed orders should be written for R32 to receive oxygen. Therapist H commented recommendations are made to the Physician after their assessment and R32 should have orders for oxygen.</p> <p>On 10/23/24 at 10:20 AM, the Director of Nursing (DON) acknowledged orders from the physician were not obtained for oxygen administration and requires an order.</p>

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>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.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49272</p> <p>Based on observation, interview and record review, the facility failed to consistently ensure medications were properly secured and that expired medications were discarded.</p> <p>Findings include:</p> <p>On 10/21/2024 at 11:38 AM an oblong-shaped, white tablet was observed on the floor in a resident's room (visible upon entering the room, located near his bed). The tablet was observed to still be on the floor at 3:11 PM. At 4:39 PM. LPN J was shown the tablet and reported that they believed it was a Tylenol. LPN J reviewed the resident's medication record which showed the last documented dose was on 10/2/2024. The tablet had L484 imprinted on one side, which is consistent with a generic 500 mg (milligram) Tylenol. A review of the resident's orders revealed an order for Tylenol 325 mg.</p> <p>On 10/22/24 at 8:30 AM, the Director of Nursing (DON) was informed of the medication observed on the floor of R16's room. The DON reported that they had discussed this with the resident, who reported they had brought in the Extra Strength Tylenol. R16 had not been approved for self-administration.</p> <p>On 10/23/24 at 10:43 AM, the 300 hall medication cart was reviewed with LPN B. An unidentified round, white pill was observed to be loose in the second drawer. LPN B picked up the medication with an ungloved hand and placed the medication in a drug buster bottle. A second pill was observed loose in the third drawer. It was observed to be white, rectangular and scored with the number 555 on one side and TV1003 on the opposite side. These markings are consistent with Buspar 15mg. Also observed loose in the third drawer was a round, white pill with SPIT on one side and 25 on the opposite side. These markings are consistent with spironolactone 25mg. In the fourth drawer an albuterol inhaler was observed outside of the box and without a cap (covering the mouthpiece of the inhaler, that comes in contact with the resident's mouth). In the bottom drawer of the cart there was a dried red substance which appeared to be from the bulk bottle of an oral protein supplement. LPN B was unsure whose responsibility it was to check and clean the medication carts.</p> <p>On 10/23/24 at approximately 10:55 AM LPN B informed Assistant director of nursing (ADON) C of loose medications and inquired how to handle the albuterol inhaler that was found outside of its box and without a cap. At that time she was queried on who is responsible for ensuring the medication carts are clean, organized and free of deficiencies. ADON C reported that each nurse assigned to the cart is responsible for their cart being clean/organized and that each nurse manager is assigned to a cart and should perform a medication cart audit.</p> <p>On 10/23/24 at 11:18 AM the facility's main medication room was reviewed with LPN B. A pack of albuterol nebulizer ampules were observed in a drawer which contained blood pressure cuffs. LPN B acknowledged that the medication should not be in that drawer and placed the medication in the bin of medications to be returned to pharmacy.</p> <p>(continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 10/23/24 at 11:28 AM, the backup medication room was reviewed with RN D. On the floor was a large, gray, plastic tote, that appeared to be locked with a pad lock, however the lock was locked without securing the box closed. Observed inside the box were several plastic bags containing various intravenous solutions. A large plastic baggie of sterile water vials was observed with an expiration date of August 2024 (approximately 2 months past their expiration). RN D reported that pharmacy checks for expired medications, as well as floor staff.</p> <p>Review of the facility's policy titled Medication Use, Medication Storage, (no revised date/updated date was included on the policy) documented in part Medications will be stored in a manner that maintains the integrity of the product ensures the safety of the residents and is in accordance with Department of health guidelines . all medications will be stored in a locked cabinet, cart or medication room that is accessible only to authorized personnel .Medications will be stored in an orderly, organized manner in a clean area . Medications will be stored in the original, labeled containers received from the pharmacy .Expired, discontinued and/or contaminated medications will be removed from the medication storage areas and disposed of in accordance with facility policy .</p> <p>49083</p> <p>R32, R46</p> <p>A clinical record review revealed R32 was admitted on [DATE] for skilled nursing and rehabilitation related to a fall at home and required left femoral hip surgery. Medical history included a stroke resulting in right sided weakness, hypertension, and COPD (Chronic Obstructive Pulmonary Disease). The Brief Interview of Mental Status (BIMS) score assessed on 10/2/24 was 5/10 indicating R32 had moderate cognitive impairment.</p> <p>On 10/21/24 at 10:13 AM, during initial introduction, R32 was observed lying in bed with their bedside tray table across their front. A Ventolin Inhaler (a medication that relaxes airway muscles for COPD) was identified in reach of the resident.</p> <p>On 10/21/24 at 10:40 AM, the family of R32 was visiting with the resident and interviewed. While conversing with the resident, the Ventolin medication remained at the bedside.</p> <p>On 10/21/24 at 11:01 AM, during initial introductions, R46 was observed in their bed watching television, and a red and white colored inhaler (medication not identified) on their right side bedstand table. Record review revealed there were no orders for an inhaler.</p> <p>On 10/22/24 at 09:25 AM, R46 was observed up the chair. The inhaler that was previously observed was no longer in sight. R46 acknowledged they take vitamin supplments and a green bottle labled Spirulina (an antioxidant from algae) was on the table in front of them. Record review revealed there was an order to self administer, however there were no orders written specific for an inhaler.</p> <p>On 10/22/24 at 9:31 AM, R32 was observed asleep and the Ventolin medication was observed on the counter under the residents television. A white round pill was observed lying on the floor next to the residents left side.</p> <p>(continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 10/22/24 at 10:12 AM, R32's assigned Registered Nurse (RN) F was in the room and questioned about the Ventolin inhaler. RN K confirmed they did not administer the inhaler, was unclear why it was at the bedside and that R32 did not have orders to self-administer. RN K was going to leave the medication in the room after commenting it was out of reach of the resident, then immediately stated . I better take it . and then was observed removing the medication from the counter.</p> <p>RN K was questioned about the white round pill, picked it up off the floor with their bare hand and commented there was no identifiers on it. RN K remarked that she observed all medications were administered that morning and the pill must have been given by another Nurse.</p> <p>On 10/23/24 at 10:20 AM, The Director of Nursing (DON) acknowledged medications should not be left at the bedside and residents must have an order and assessment to self-administer medications.</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>49083</p> <p>Based on observation, interview, and record review, the facility failed to maintain sanitary conditions in the kitchen, sub kitchen, and dining room counter resulting in the potential to affect all residents that consume food from the kitchen, sub kitchen, and dining room counter.</p> <p>Findings include:</p> <p>On 10/21/24 at 9:17 AM, during an initial tour of the kitchen, the following items were observed with Dietary Director I (DD I): 1. Dried Food debris on the bottom of multiple refrigerators. 2. Food debris and frozen vegetables (peas) on bottom of the freezers. 3. Food debris on top of the stove and dried splattering on side of the stove. 4. Moderate amounts of debris around entire kitchen floor. 5. Floor mats soiled with food debris and sticky when stepped onto mat.</p> <p>On 10/22/24 at 8:00 AM, an observation of the sub kitchen during breakfast service was conducted and revealed: 1. Back sink next to dishwashers revealed under the sink, a Styrofoam cup, red straw, condiment papers and a white brush. 2. Ice machine grate and basin revealed dried brown splattered matter. 3. Juice dispensing machine basin was observed with a brown colored liquid with a moderate amount of thick coagulated substance. 4. Two of Two enclosed serving carts were observed with dried food debris, and meal tickets on the inside. The exterior of both carts was observed with dried food, spill drips. 5. Floor mats were observed soiled with food debris and sticky when stepped on. 6. Stainless steel shelving above serving station moderate amounts of dried substance underneath shelving.</p> <p>On 10/22/24 at 8:50 AM, the main dining room kitchen counter surface and face of all cabinet's doors were observed with dried splattered matter. The left side of counter was observed as a self-serve coffee station. The right side of the service counter was observed with dirty dishes, cups, and delivery trays. A white square basin was observed on top of the counter filled with brown liquid.</p> <p>On 10/23/24 at 10:30 AM, DD I acknowledged the floors and freezers needed cleaning. When inquired about the counter in dining room, DD I acknowledged it was used as a coffee service station and shared the counter for dirty dish return after meal service, and the basin with the brown liquid contained unused liquids (milk, coffee, juices). When questioned if that was sanitary, DD I confirmed it was not, then was observed removing the liquid container and used dishes and moved onto and roll cart.</p> <p>According to the 2017 FDA (Food and Drug Administration) Food Code section 6-501.12 Cleaning, Frequency and Restrictions, (A) Physical facilities shall be cleaned as often as necessary to keep them clean.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>49083</p> <p>Based on interview the facility failed to implement an active water management plan for reducing the risk of Legionella and other opportunistic pathogens of premise plumbing (OPPP) resulting in the potential for water borne pathogens to exist and spread in the facility's plumbing system and an increased risk of respiratory infection among residents in the facility.</p> <p>Findings include:</p> <p>On 10/23/24 at 1:45 PM, the facility's Water Management binder was reviewed with the Nursing Home Administrator (NHA), Maintenance Director A, and Corporate Director of Facility Management G was present to provide oversight.</p> <p>When questioned what measures were taken to monitor the water, the facility acknowledged only a quarterly water temperature monitoring was performed. The process involved the water being brought up to 140 degrees from the boiler and then let it flow.</p> <p>When questioned what measures were taken for the facility and monitoring for Legionella, the facility stated chlorine residuals are not measured, and unable to provide documentation of water monitoring.</p>

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 30675</p> <p>Based on observation, interview, and record review, the facility failed to maintain an effective pest control program, resulting in the presence of spiders and drain (sewer) flies throughout the facility. This deficient practice had the potential to affect all residents in the facility.</p> <p>Findings include:</p> <p>On 10/21/24 at 11:00 AM, 3:00 PM and 10/22/24 at 8:45 AM and 1:30 PM, the 200 hallway was observed to have multiple areas of live spiders and webs on and around the hallway love seat, and there were multiple live drain flies observed on the walls, baseboards and more heavily at the base of a door that was locked and marked for employees only. There were multiple (eight) dead drain flies observed on the window ledge in the hallway across from room [ROOM NUMBER].</p> <p>Review of the pest control logs provided by the facility revealed there were monthly visits with the most recent visit on 9/16/24 which identified only house mice pest type in the main building. The remaining main interior building identified No Activity Found. There was no documentation of any preventative perimeter maintenance provided.</p> <p>On 10/22/24 at 2:30 PM, an interview was conducted with the Maintenance Director (Staff 'A') who reported they began to work at the facility on 4/24/24. They also reported they had recently taken over as the Housekeeping Manager in August. When asked about their housekeeping staff, Staff 'A' reported they were short three housekeepers and have a few starting in the next week but they also needed to go through several weeks of orientation before they started work on the floor. They also indicated the housekeeping staff worked between both the facility's long term and assisted living.</p> <p>During an observation of the 100, 200, and 300 hallways with Staff 'A' the same observations of the live spiders, and drain flies were confirmed. When asked how those items were not identified despite observing housekeeping in the hallways on both 10/21/24 and 10/22/24, Staff 'A' reported they had no explanation for that. When asked if pest control was coming monthly, how were there so many live bugs/insects, Staff 'A' reported they didn't recall pest control providing routine inside preventative perimeter provisions. They further reported they were not aware of concerns reported by staff.</p> <p>Staff 'A' was asked to observe the locked room on the 200 hall that had many sewer flies. They reported that was one of their sewer rooms and upon opening the door, there were many live drain flies observed throughout the flooring and walls and on top of the floor drain. Staff 'A' reported the facility had recently installed sewer grinders to help since some residents were putting larger items down the toilets.</p> <p>On 10/22/24 at 4:13 PM, an interview was conducted with the Administrator who reported he began working at the facility about three weeks ago. When asked about the concerns with the facility's pest control, they reported they were aware of the concerns observed with Staff 'A' and would be addressed.</p> <p>According to the facility's policy titled, Pest Control dated 10/2024:</p> <p>(continued on next page)</p>		

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>.This facility maintains an on-going pest control program to ensure that the building is kept free of insects and rodents .Pest control services are provided by [Name Redacted] .Maintenance services assist, when appropriate and necessary, in providing pest control services.</p> <p>According to the facility's Commercial Pest Control Agreement dated 1/21/2005:</p> <p>.[Name Redacted] will perform regularly scheduled service at the above service address for the control of the following pests .Service Frequency Monthly .General Pest Control, Exterior & Interior Service .</p> <p>49083</p> <p>On 10/22/24 at 2:35 PM, an observation of the common area Mortlake Terrace revealed multiple areas of spider webs with live spiders in the corners of the right side of room around base boards, and around the base of the French doors. The picture window was observed with a dead wasp, and two dead flies.</p> <p>The fire extinguisher case mounted by the common door near room [ROOM NUMBER] was observed with dead insects and webs with live spiders around base of door.</p> <p>The glass showcase near room [ROOM NUMBER] was observed with dead insects resembling beetles scattered throughout, and spider webs.</p>