STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235617	A. Building B. Wing	06/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Regency Manor Nursing & Rehabilitation Center	7700 McClellan Utica, MI 48317

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49699 This citation is related to Intake MI00144653. Based on observation, interview, and record review facility failed to obtain resident representative contact for one of one resident (R29) who has had multiple hospitalization s. Findings include: On 6/11/2024, record review revealed R29 was admitted on [DATE] at 10:22 PM. On 6/12 2024 Nurse Practitioner (NP) M identified diagnoses included Advanced Dementia, History of Covid, Dysphagia with Chronic PEG (Percutaneous Endoscopic Gastrostomy) tube for primary nutrition, Labile Hypertension, Chronic Obstructive Pulmonary Disease, History of Pulmonary Embolism with Atrial Fibrillation, Gastro Esophageal Reflux Disease, Debility. A record review on 6/12/2024 revealed R29 had an Emergency Contact L. Phone calls to that emergency contact as R29's representative were incomplete and contact with the responsible party was not made. On 7/18/2023 at 3:46 PM, the record revealed a note by social worker B that the listed emergency contact was attempted several times with no answer and no ringing tone and that R29 is not able to make medical decisions at this time. On 7/23/2023 at 10:42 PM, Nurse C revealed that they notified the Director of Nursing (DON), Medical Doctor (MD) and Responsible Party (RP) of R29's newly developed wound. On 9/16/2023 at 8:09 AM, Licensed Practical Nurse (LPN) D revealed R29's emergency contact was attempted to be reached via phone, but the line was busy. On 10/10/2023 at 8:36 AM, LPN E documented R29 was transferred to the hospital for suspected aspiration pneumonia. DON, (power of attorney) POA informed of transfer to (name) Hospital, [NAME]. On 10/12/2023 at 11:28 PM, LPN F documented, R29 returned to facility at 6:15 PM with (medical doctor) MD and DON being notified. (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

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 10/16/2023 at 4:24 PM, Social Work (SW) B documented an attempt to contact emergency contact. Phone had a busy signal. Will attempt to call later. It appears R29 has no legal oversight; own RP (representative). R29 appears alert and oriented times one, not able to make needs/or medical decisions at this time. On 10/18/2023 at 10:22 AM, the progress notes documented Activities Director J attempted to contact guardian and phone went to voice mail. A message was left about change in doctors. On 10/24/2023 at 12:37 AM, LPN F documented R29 was transferred to (name of local hospital) via 911; MD and DON notified, unable to reach guardian. On 10/24/2023 at 4:06 PM, SW B attempted to call family responsible person few times to day to schedule quarterly care conference, however line was busy. On 11/12/2023 at 9:01 AM, LPN G documented R29 had tested positive for COVID with respiratory distress. An order was received from Nurse Practioner (NP) to transfer R29 to (name of local hospital). Unable to notify emergency contact, received busy signal. On 11/21/2023 at 3:46 PM, a readmission note by SW B, revealed R29 code status to remain a full code at this time. NO legal noted. May need to be followed up on review with family. To refer to psych once legal is in place to eval if as indicated. On 1/16/2024 at 2:12 PM, SW B revealed they will follow up again on legal guardianship matters and will purse a public (legal guardian) LG in the future. R29 code status is full code at this time. On 4/5/2024 at 3:57 PM, LPN K progress notes revealed R29 was sent to hospital for replacement of [feeding] tubing. Emergency contact called but did not answer and no voice mail set up. On 5/19/2024 at 11:29 PM, LPN D progress notes revealed R29 was sent to the emergency room at (name of local hospital) for possible aspiration/ileus. Documentation revealed guardian on file has an inoperative phone number. No other contacts listed. On 6/12/2024 at 11:00 AM, SW B reported they were filling in for the last 9 months, 1 day per week. They revealed R29 should have had guardianship filed in 2021, and it was not. They revealed the process as long and time consuming with a filing fee that they would need to be requested from corporate. They also indicated it is a long process that they did not have time for. On 6/13/2024 at 11:15 AM, the DON revealed that their expectation for individuals whose identified emergency contact or guardian cannot be reached by numerous staff members should contact social work so that the proper steps can be taken to obtain legal representation for the resident. On 6/13/2024, a search of the (Local County) Probate Court revealed (case #) that guardian L was suspended effective 11/18/2022. The case was administratively closed on 12/16/22.

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F 0553 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Allow resident to participate in the development and implementation of his or her person-centered plan of care. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32220 Based on interview and record review, the facility failed to ensure care conferences were conducted regularly for four residents (R2, R8, R20, and R23) of five reviewed for care conferences. Findings include: R2 A review of the clinical record for R2 revealed, R2 was admitted into the facility on [DATE]. Diagnoses included High Blood Pressure, Stroke, Paralysis of one side, Schizoaffective/Bipolar Disorder. A review of the care plan documented I have verbal behavioral symptoms .requires assist with (activities of daily living) ADL's .at risk for bowel and bladder decline .at risk for adverse consequences related to antipsychotic and antianxiety medication . A review of the Minimum Data Set (MDS) assessment dated [DATE] indicated intact cognition with 15/15 Brief interview for mental status score (BIMS). The MDS further documented dependence for ADL care. A review of the medical record documented the most recent care conferences were dated 04/05/23 and 09/26/23 and the next care conference was documented as due 01/14/24. A review of the progress notes documented no additional care conferences were completed. R8 A review of the clinical record for R8 revealed R8 was admitted into the facility 04/28/22. Diagnoses included Schizoaffective Disorder Bipolar type, Anxiety, Dementia and Depression. A review of the care plan documented, .had a recent fall .self care deficit .has impaired vision .at risk for nutritional decline . A review of the MDS dated [DATE] indicated impaired cognition with a 7/15 BIMS score and the need for supervision to substantial assistance for ADLs. R8 had a Guardian for care need decision making. A review of care conference documentation for R8 revealed the last documented care conference was dated 02/28/23 and the next care conference was indicated due on 05/29/23. Further review of the progress notes and care conference plan documentation revealed no further care conferences had been completed. R20 A review of the clinical record for R20 revealed R20 was admitted into the facility 09/20/19. Diagnoses included Schizoaffective Disorder Bipolar type, Diabetes, Dementia and Parkinson's Disease. A review of the care plan documented, .requires assistance with care needs .requires feeding tube .has history of being non compliant .receives anti psychotic medications . (continued on next page)

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F 0553 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	A review of the MDS dated [DATE] indicated severely impaired cognition and the need for substantial assistance to dependent on staff for ADLs. R20 had a guardian for care need decision making. A review of care conference documentation for R20 revealed the last documented care conferences were dated 11/17/22 and 02/28/23. Further review of the progress notes and care conference plan documentation revealed no further care conferences had been completed. On 06/13/24 at 10:11 AM, documentation of care conferences for R2, R8 and R20 was requested. No additional completed care conference documentation was provided. On 06/13/24 at 11:15 AM, the Director of Nursing (DON) was asked about the expectation for resident care conferences and the DON reported social work should set them up and they should be held quarterly. 40384 R23 A review of R23's medical record revealed that they were admitted into the facility on [DATE] with diagnoses that included Chronic Kidney Disease, Diabetes, Chronic Pulmonary Disease and Vascular Dementia. Further review revealed that the resident was severely cognitively impaired and required extensive assistance of one person for Activities of Daily Living. Further review of the resident's medical record revealed that the resident had a public guardian in place for healthcare decisions. Further review of the medical record revealed missing care conferences, with the resident's last quarterly care conference being held on 10/30/23, and the next noted care conference to be held on 1/28/24. On 6/12/24 at 3:50 PM, a telephone interview was conducted with Social Worker B regarding missing care conferences. Social Worker B admitted ly explained the facility has not been completing care conferences, but have been working on getting them scheduled this month. On 6/13/24 at 1:00 PM, the Nursing Home Administrator (NHA) was asked about her expectations for the completion of care conferences, and she explained that it is her expectation that care conferences be scheduled and held timely. A review of the facility policy titled, Care Planning-Resident Participation revised 02/22/24 revealed, Policy: This facility supports the resident ' s right to be informed of, and participate in, his or her care planning and treatment (implementation of care). Policy Explanation and Compliance Guidelines: (continued on next page)

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F 0553 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	1. The facility will inform the resident, in a language he or she can understand, of his or her rights regarding planning and implementing care, including the right to be informed of his or her total health status. 2. The physician, other practitioner, or professional will inform the resident and/or resident representative of the risks and benefits of proposed care, of treatment, and treatment alternatives/options. 3. The facility will notify the resident and/or resident representative, in advance, of the care to be furnished and the type of caregiver or professional that will furnish care, as well as changes to the plan of care. 4. The facility will encourage and assist the resident and/or resident representative to participate in choosing care and treatment options including: a. Initial decisions about treatment b. Decisions about changes c. The right to refuse treatment. 5. In the case of a resident who has impaired decision-making ability (or has been declared incompetent by a court), the facility will, to the extent practicable, consult with and keep him or her informed. 6. The care planning process will include an assessment of the resident ' s strengths and needs, and will incorporate the resident ' s personal and cultural preferences in developing goals of care. 7. The facility will honor the resident ' s choice in individuals to be included in the care planning process. 8. The facility will honor requests for care plan meetings and acknowledge requests for revisions to the person-centered plan of care. 9. The facility will honor the resident ' s right to participate in establishing the expected goals and outcome of care, the type, amount, frequency, and duration of care, and any other factors related to the effectiveness of the plan of care. 10. The facility will discuss the plan of care with the resident and/or representative at regularly scheduled care plan conferences, and allow them to see the care plan, initially, at routine intervals, and after significant changes. The facility will make an effort to schedule the conference at the best time of the day for the resident/resident ' s representative. The facility will obtain a signature from the resident and/or resident representative after discussion or viewing of the care plan. 11. If the participation of the resident and/or resident representative is determined not practicable for the development of the resident ' s care plan, an explanation will be documented in the resident ' s medical record.

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F 0655 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40384 Based on interview and record review, the facility failed to develop an elopement baseline care plan for one (R133) of one resident reviewed for care plans. Findings include: On 6/11/24 at 12:26 PM, R133 was observed sitting on their bed. Attempts to interview the resident was to no avail as they were pleasantly confused. A review of R133's medical record were reviewed and revealed they were admitted into the facility on [DATE] with diagnoses including Unspecified Dementia, Brief Psychotic Disorder, and Paranoid Personality Disorder. Further review of the medical record revealed that the resident was severely cognitively impaired, and required supervision for ambulation. Further review of R133's medical record revealed a Resident Elopement Assessment-assessment dated for 5/30/24 revealed that the resident was At Risk of Elopement. Further review of the medical record revealed the following progress note: 05/31/2024 11:26 PM Resident is confused and easily to redirect. [R133] left the facility and was found on the side of the building. resident is unharmed. Administrator and MD (medical doctor) was notified no new orders given . On 6/13/24 at 10:21 AM, an interview was completed with Licensed Practical Nurse (LPN A) regarding R133 leaving the building. She explained that a facility door alarm went off, and it was later determined that R133 had pushed an exit door until it opened and exited, in which he was located immediately. A review of R133's baseline care plan was reviewed, and did not reveal measurable goals and interventions that addressed the resident's priority risk factors and individual needs. On 06/13/24 at 12:34 PM, the Director of Nursing (DON) was interviewed regarding baseline care plans, and explained her expectations is that baseline care plans are completed. On 6/13/24 at 1:00 PM, the Nursing Home Administrator (NHA) was asked about her expectations for the completion of baseline care plans, and she explained that baseline care plans should be completed. A review of the facility's Baseline Care Plan Policy revealed the following, The facility will develop and implement a baseline care plan for each resident that includes the instructions needed to provide effective and person-centered care of the resident that meet professional standards of quality care. Policy Explanation and Compliance Guidelines: 1. The baseline care plan will: a. Be developed within 48 hours of a resident's admission. (continued on next page)

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F 0655 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	b. Include the minimum healthcare information necessary to properly care for a resident including, but not limited to: i. Initial goals based on admission orders .

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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** 49699 Based on observation, interview and record review, the facility failed to implement care plan interventions for behavioral management of individuals on psychotropic medication for one of one resident (R17) reviewed. Findings include: On 6/11/2024 at 8:42 AM, observed R17 in bed on their right side, bedding covers below waist, in a loose brief. Upon entering and introducing self, R17, turned onto their left side, answered yes to my query if the care they received was good and pulled a sheet over their head. On 6/11/2024 at 11:30 AM, observed R17, in activities/dining room watching television. A record review revealed R17 was admitted on [DATE] with relevant diagnoses of Schizophrenia, Malignant Neoplasm of Brain, Benign Neoplasm of Left Adrenal Gland, Anemia, Multinodular Goiter, Diabetes Type 2, and Hyperlipidemia. R17's Basic Interview for Mental Status (BIMS) score was an 8 suggesting moderate cognitive impairment. R17's Minimum Data Set Assessment (MDS) Mood and Behavior scores indicated there were no concerns. On 6/11/2024, record review revealed R17 was ordered an antipsychotic medication as needed with a start date of 6/7/2024. On 6/11/2024, a record review revealed R17 was ordered an as needed antianxiety medication with a start date of 6/10/2024. A review of the care plans revealed that there was not a care plan regarding psychiatric behaviors or behavior related to the administration of antipsychotic/antianxiety medications. On 6/12/2024 at 2:20 PM during Resident Council, R17 became restless. At that moment R17 was told their sister was there to visit and they calmed down and was escorted to their room to meet with her. On 6/13/2024 at 11:15 AM, the Director of Nursing (DON) was queried regarding documentation of alternative measures for behavior management, they revealed alternative measures to pharmacological intervention should be tried and documented prior to administration of antipsychotic medication and care planned. The policy Behavioral Health Services Implemented 11/1/2024 and reviewed/revised on 3/13/2024 revealed, Use pharmacological interventions only when non-pharmacological interventions are ineffective or when clinically indicated.

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F 0661 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure necessary information is communicated to the resident, and receiving health care provider at the time of a planned discharge. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40384 Based on interview and record review the facility failed to thoroughly complete a discharge summary for one resident (R32) of one resident reviewed for discharge. Findings include: A review of R32's medical record revealed they were admitted into the facility on [DATE] with the following diagnoses, Alzheimer's Disease, Heart Disease and Hypertension and discharged to another long-term nursing facility on 4/11/24. Further review of the medical record revealed the following progress notes: 04/09/2024 03:20 PM (3:20pm). Resident will be transferring to [nursing facility] on Thursday morning. The son POA (power of attorney) will be picking [R32] up early. The reason for transfer is the son reported he has a family friend who works at that facility plus the son feels like resident needs more activity and more space to get around. Resident is not happy being here. 04/11/2024 09:13 AM (9:13am). Resident transferred to [nursing facility] in private vehicle with guardian (son) @ (at) 9:07 am . Further review of the medical record did not reveal a discharge summary or recapitulation of stay for the resident. On 6/12/24 at 9:47 AM, a discharge summary for R32 was requested from the facility. On 6/12/24 at 12:37 PM, the Nursing Home dministrator (NHA) emailed and confirmed the facility did not have a discharge summary for R32 and she explained the expectation the discharge summary be completed. A review of the Discharge Planning Process policy revealed the following, .11. The evaluation of the resident ' s discharge needs and discharge plan will be completely documented on a timely basis in the clinical record. 12. The results of the evaluation and the final discharge plan will be discussed with the resident or resident ' s representative. All relevant information will be provided in a discharge summary to avoid unnecessary delays in the resident ' s discharge or transfer, and to assist the resident in adjustment to his or her new living environment. 13. Education needs, as identified in the discharge plan, will be provided to the resident and/or family member prior to discharge.

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40384 Based on observation, interview, and record review, the facility failed to follow a hospital recommendation, follow a physician's order, and follow up on a dental consultation for two residents (R8 and R23) of two residents reviewed for Quality of Care. Findings include: R23 On 6/11/24 at 12:30 PM, R23 was observed sitting in a wheelchair the dining room eating lunch, pleasantly confused. A review of R23's medical record revealed they were admitted into the facility on [DATE] with diagnoses that included Chronic Kidney Disease, Diabetes, Chronic Obsructive Pulmonary Disease, and Vascular Dementia. Further review revealed the resident was severely cognitively impaired and required extensive assistance of one person for Activities of Daily Living. Further review of R23's medical record revealed hospital documents noting they were admitted into the hospital from 3/2/24 to 3/14/24, and noted the following, .Neurology consulted for increased falls and confusion-consistent with Parkinsonism (A disorder of the central nervous system that affects movement, often including tremors) . MRI (Magnetic Resonance Imaging) brain ordered-okay to have as OP (outpatient) per neurology. Re-ordered . Further review of R23's medical record revealed a physician's order dated 3/15/24 outlining the following, F/U (follow-up) with Neurology in 1 week [physician's name, address and phone number]. On 6/12/24 at 1:03 PM, a request for R23's MRI was requested from the facility. On 6/12/24 at 1:26 PM, the Nursing Home Administrator (NHA) confirmed via email, We do not have a MRI for [name of R23]. On 6/13/24 at 12:34 PM, the Director of Nursing (DON) was asked about the missing MRI for R23, and explained her expectation is that the order should have been followed. On 6/13/24 at 1:00 PM, the NHA was asked about her expectation regarding physician orders being followed, and she explained her expectation is that physician orders being carried through. 32220 R8 A review of the clinical record for R8 revealed R8 was admitted into the facility 04/28/22. Diagnoses included Schizoaffective Disorder Bipolar type, Anxiety, Dementia and Depression. A review of the care plan documented, .self care deficit .has impaired vision .at risk for nutritional decline . A review of the MDS dated [DATE] indicated impaired cognition with a 7/15 BIMS score and the need for supervision to substantial assistance for ADLs. R8 had a Guardian for care need decision making. (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A dental visit noted dated 04/29/24 documented .Patient scheduled for denture step one but still has teeth. Extractions must be completed prior to impressions for dentures .Action required by nursing home staff: Refer to MD/OS (oral surgeon) for full mouth extractions. All remaining teeth. Recommended treatment: Refer to Oral Surgeon . A review of the progress notes, consults and orders did not reveal documentation of contact of the responsible party and or a consult to the oral surgeon. A call to the responsible party on 06/12/24 was not returned. On 06/13/24 at 10:11 AM a request for documentation of the referal for the tooth extraction was requested and at 11:35 the Administrator documented, there was No consultation/refer for (R8).

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40384 Based on observation, interview, and record review, the facility failed to supervise and assess the effectiveness of interventions for one sampled resident (R23) of two residents reviewed for falls resulting in, multiple falls and transfers to the hospital. Findings include: On 6/11/24 at 12:30 PM, R23 was observed sitting in a wheelchair the dining room eating lunch, pleasantly confused. A review of R23's medical record revealed that they were admitted into the facility on [DATE] with diagnoses that included Chronic Kidney Disease, Diabetes, Chronic Pulmonary Disease and Vascular Dementia. Further review revealed that the resident was severely cognitively impaired and required extensive assistance of one person for Activities of Daily Living. A review of R23's progress notes revealed the following 12 falls: 01/04/2024 03:53 AM (3:53am) Observed resident on the floor at the foot of the bed. resident assessed, ROM (range of motion) to all extremities, WNL (within normal limits) for resident. Assisted the resident up and transferred to bed. skin assessment completed; no injury noted. neuro checks started .plan of care ongoing. 02/06/2024 02:30 AM (2:30am) At 0215 (2:15am) nurse was called to room [ROOM NUMBER] to observed resident sitting on the floor on [their] buttocks next to [their] bed. Resident assessed. No Physical injury noted. Resident was able to move all extremities and was able to perform ROM . 02/26/2024 01:38 PM (1:38pm) Writer observed resident sitting on buttocks on the floor in the hallway 02/29/2024 05:21 PM (5:21pm) Writer observed resident lying on the floor on [their] left side. Patients fall was witnessed by roommate but declined to give statement Assessment completed and resident c/o pain in left shoulder and limited ROM . 03/02/2024 03:10 AM (3:10am) Resident observed on floor in bedroom lying on [their] right side near the end of the bed. rom to all extremities. [R23] c/o (complaint of) pain in right upper extremity. and neck pain. neuro checks started . orders to transfer to the hospital . 03/17/2024 05:24 PM (5:24pm) Resident noted on floor in hallway bathroom, from attempting to self-transfer out of bed to use bathroom .small abrasion noted to back of skull, scant amount of blood noted . new order for LABS and UA/CNS (urinalysis and culture and sensitivity) on lab day, PT/OT (physical therapy/occupational therapy) evaluation, and psych to assess for compulsive behaviors . 03/30/2024 03:51 PM (3:51pm) Resident noted getting up unattended from w/c (wheelchair) and observed on floor witnessed with no injuries noted .POC continues. 04/22/2024 12:24 AM [Recorded as Late Entry on 04/22/2024 12:28 AM] (continued on next page)

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Regency Manor Nursing & Rehabilitation Center	7700 McClellan Utica, MI 48317

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	[R23] had an unwitnessed fall in the dinning (dining) area. resident was in [NAME] (geriatric) chair and was seen sitting on the floor in front of it . DON (Director of Nursing) notified and Nuro checks started. Resident has no bumps scraps or burses and is now resting at nurses station . 05/06/2024 04:27 AM (4:27am) Resident had a unwitnessed fall in [their] room approximately around 3:45. when staff arrived resident was seen laying on the floor slightly positioned under roommates bed. With help resident was placed in a wheelchair and assessed. resident has red mark across right mid back. resident claimed [they] bumped [their] head .staff ordered to send resident out to hospital . 05/13/2024 11:25 PM Resident had a fall in the shower room. resident prior to fall was in wheelchair. took it upon [themselves] to ambulate to the bathroom without assistance where [they said their] legs gave out on [them], and [they] fell to the grown. resident has no scars or bruises, speaks clearly .Resident has been placed beside the nurses station for observation 05/23/2024 12:10 AM observed resident on the floor in the bathroom, sitting on buttocks. ROM to all extremities, WNL for resident, [R23] denies any pain or discomfort, assisted into wheelchair .Abrasion noted to the left buttock, site cleansed, no bleeding noted . plan of care ongoing. 05/23/2024 06:24 AM Resident sitting in wheelchair in front of nursing desk, writer was documenting and looked up and resident was on the floor lying on [their] left side. ROM WNL for resident. assisted back into wheelchair. noted abrasion to left elbow and left knee .new orders for 1 time dose of Xanax (anti-anxiety) 1 mg (milligrams) PO (by mouth) and increase Xanax to 1mg po BID (two times a day). also consult PT/OT and have social worker consult for hospice .plan of care ongoing. A review of R23's care plan revealed the following care plan interventions without revisions: Problem Start Date: 11/05/2020 Category: Falls [R23] is at risk for falling R/T (related to): impaired mobility , impaired balance, and a HX (history) of falls. [R23] is also on an antidepressant which poses a risk for falls. [R23] requires limited to extensive assistance with transfers, and ambulation. [R23's]safety awareness is poor, and [they] will attempt to stand or ambulate without assistance. [R23] also uses [their] w/c to ambulate while walking and pushing the w/c from behind . Approach: Approach Start Date: 07/05/2022 Provide toileting assistance at 9PM Approach Start Date: 06/26/2022 assist resident to the bathroom every morning Approach Start Date: 02/21/2022 Anti rollbacks to wheelchair Approach Start Date: 02/03/2022 Educate staff regarding locking bed brakes Approach Start Date: 02/03/2022Keep bed in lowest position with brakes locked. Approach Start Date: 01/03/2022 Encourage resident to use urinal with each interaction and ensure urinal is emptied promptly. (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Approach Start Date: 12/27/2021 Assist resident with locomotion when leaving the dining room via wheelchair. Approach Start Date: 12/27/2021Assure the floor is free of glare, liquids, foreign objects. Approach Start Date: 11/01/2021 Bariatric bed when available to allow more room for positioning self Approach Start Date: 03/29/2021 Encourage resident to use environmental Approach Start Date: 03/29/2021 Remind resident to ask for assistance Approach Start Date: 11/24/2020 Mattress on bed was switched out Approach Start Date: 11/24/2020 Resident was re-educated on call light use and to pull call light before trying to transfer and wait on staff to assist to avoid falls Approach Start Date: 11/20/2020 Change bed to larger bed Approach Start Date: 11/20/2020 Give resident verbal reminders not to ambulate/transfer without assistance. Approach Start Date: 11/05/2020 Keep bed in lowest position with brakes locked. Approach Start Date: 11/05/2020 Keep call light in reach at all times. Approach Start Date: 11/05/2020 Keep personal items and frequently used items within reach. Approach Start Date: 11/05/2020 Leave night light on in room. Approach Start Date: 11/05/2020 MONITOR FOR MEDICATION RELATED SIDE EFFECTS Approach Start Date: 11/05/2020 Provide proper, well-maintained footwear. Approach Start Date: 11/05/2020 Provide resident an environment free of clutter. Approach Start Date: 11/05/2020 Provide toileting assistance as needed In addition, another fall care plan was initiated and revealed the following: Problem Start Date: 03/01/2024 Category: Falls Resident attempting to self-toilet staff to toilet resident after meals q (each) daily Approach Start Date: 03/01/2024 Staff to toilet resident after meals q daily (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	After Meals; 09:00 AM, 01:00 PM, 07:00 PM. Further review of R23's medical record revealed there were no revisions following R23's falls, nor was there documentation addressing effectiveness of interventions already in place. On 6/13/24 at 12:23 PM, the DON was interviewed regarding falls and the effectiveness of interventions in place. The DON explained that fall events are brought to the Interdisciplinary Team to address and explained the Minimum Data Set nurse updates the care plans, and not the nurses following falls. Regarding the effectiveness of the interventions, she acknowledged this is an area that needs improvement. On 6/13/24 at 1:00 PM, the Nursing Home Administrator was asked about fall care plans and revisions, and explained her expectation is care plans are revised following a fall, and interventions implemented. A review of the facility's Fall Prevention Program policy revealed the following, 8. Each resident ' s risk factors and environmental hazards will be evaluated when developing the resident ' s comprehensive plan of care. a. Interventions will be monitored for effectiveness. b. The plan of care will be revised as needed .

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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** 49699 Based on interview and record review, the facility failed to obtain orders for indwelling catheter care for one (R17) of one residents reviewed for catheters. Findings include: Record review revealed R17 was admitted on [DATE] with relevant diagnoses Chronic Schizophrenia, Depression/Anxiety, Dementia, Obstructive Uropathy with Urinary Retention, Diabetes and Anemia. R17's Brief Interview for Mental Status (BIMS) score was an 8 suggesting moderate cognitive impairment. On 6/11/2024 at 8:52 observed R17 in bed with intact indwelling catheter, with bag on the bed. On 6/12/2024 a record review revealed an order Change (name of urinary cather) catheter PRN (as needed) 18 FR (French). With 10 cubic centimeter (cc) balloon, initiated on 4/30/24 and discontinued on 6/7/2024. On 6/12/2024 a record review revealed an order (name of catheter) cath care every shift, initiated on 4/20/2024 and discontinued 6/7/2024. On 6/12/2024, the Medication Administration Record (MAR) revealed an order, Change indwelling catheter as needed. 16Fr/10cc balloon indwelling catheter for obstructive uropathy Q (every) monthly. The order was initiated 5/14/2024 and discontinued 6/7/2024. On 6/12/2024 at 2:22 PM R17 was observed in dining/activities room with catheter intact and catheter bag concealed in the pocket of the reclining chair. On 6/13/2024 record review revealed that as of 6/7/2024 there was not an order for changing the indwelling catheter when needed, nor was there an order for catheter care. On 6/13/2024 at 4:20 PM the Director of Nursing (DON)was queried regarding the need for an order for an indwelling catheter. The DON reported the expectation was that whenever a resident has a indwelling catheter there should be an order for the care of the catheter, an order to be changed if/when needed and that catheter care should be documented in the medical record.

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F 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32220 Based on interview and record review the facility failed to follow up and or document physician notification of pharmacy recommendations from the medication regimen reviews for four residents (R2, R8, R15, and R23) of four reviewed for unecessary medications. Findings include: R2 A review of the clinical record for R2 revealed, R2 was admitted into the facility on [DATE]. Diagnoses included High Blood Pressure, Stroke, Paralysis of one side, Schizoaffective/Bipolar Disorder. A review of the care plan documented .at risk for adverse consequences related to antipsychotic and antianxiety medication . A review of the Minimum Data Set (MDS) assessment dated [DATE] indicated intact cognition with 15/15 Brief interview for mental status score (BIMS). The MDS further documented dependence for ADL care. A review of the Medication Regimen reviews dated August 2023 and February 2024 revealed pharmacy identified concerns and to see the actual report for details. The actual reports were requested on 06/13/24 at 12:05 PM but not received prior to survey exit. R8 A review of the clinical record for R8 revealed R8 was admitted into the facility 04/28/22. Diagnoses included Schizoaffective Disorder Bipolar type, Anxiety, Dementia and Depression. A review of the care plan documented, .at risk for falls related to medications at risk for adverse consequence (related to) R/T receiving antipsychotic medication . A review of the MDS dated [DATE] indicated impaired cognition with a 7/15 BIMS score and the need for supervision to substantial assistance for ADLs. R8 had a Guardian for care need decision making. A review of the Medication Regimen reviews dated June 2023, August 2023 and February 2024 revealed pharmacy identified concerns and to see the actual report for details. The actual reports were requested on 06/13/24 at 12:05 PM, but not received prior to survey exit. Two Note to Attending Physician forms received had a printed date of 01/15/24. Neither was signed as acknowledged by the physician. It could not be determined if the identified pharmacy concerns were addressed. 40384 R15 A review of R15's medical record revealed that they were admitted into the facility on [DATE] with the folloiwng diagnosies, Dementia, Mood Disorder, and Adjustment Disorder with mixed anxiety and depressed mood. Further review revealed that the resident was severely cognitively impaired, and is independent for mobility and transfers. Further review of the medical record revealed the following pharmacy recommendation, 04/24/2024 10:43AM. Patient is on Depakote. Please check level now and monitor it every 6 months. (continued on next page)

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F 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 6/12/24 at 9:52 AM and 6/13/24 at 8:56 AM, all labs results for R15 were requested from the facility however, they were not received by the end of this survey. On 6/13/24 at 12:34 PM, the Director of Nursing (DON) was asked about R15's mssing labs per the pharmacist's recommendations, and explained she was not working in the building at the time the recommendations was made, but did acknowldge the expectation is that pharmacy reviews are completed, and followed up by the physician. On 6/13/24 at 1:00 PM, the Nursing Home Administrator (NHA) was asked about her expectation for pharmacy reviews, and she explained her expectation is they are completed timely and followed up on by the physician. On 06/13/24 at 10:11 AM, a policy related to pharmacy reviews was requested but not recieved prior to survey exit.

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F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49699 Based on observation, interview and record review, the facility failed to ensure as needed (PRN) psychotropic medication had adequate indication for use and a stop date for one resident (R17) of one reviewed for antipsychotic medications. Findings include: On 6/11/2024 at 8:42, R17 was observed to be in bed with the bedding covers below their waist. R17 answered yes to the query about whether the care they received was good and pulled a sheet over their head. On 6/11/2024 at 11:30 AM, R17 was observed in the activities/dining room watching television. A record review revealed R17 was admitted on [DATE] with relevant diagnoses of Schizophrenia, Malignant Neoplasm of Brain, Benign Neoplasm of Left Adrenal Gland, Anemia, Multinodular Goiter, Diabetes Type 2, and Hyperlipidemia. R17's Basic Inventory of Mental Status (BIMS) score was an 8 suggesting moderate cognitive impairment. R17's MDS (Minimum Date Set Assessment) Mood and Behavior scores indicated there were no concerns. On 6/12/2024 at 12:20 PM, record review revealed two (as needed) PRN antipsychotic medication orders one for Haldol and a second for Lorazepam. Both were without a reason for administration and a 14-day stop date. On 6/13/2024 at 11:15 AM, the DON (Director of Nursing) confrimed her expectation of nursing staff for incomplete orders received, (no rationale for order, and no stop dates on PRN antipsychotics and narcotics was that the nurse would obtain clarification of the order. On 6/13/2024 at 1:52 PM in an interview with Licensed Practical Nurse (LPN) N and LPN H stated that orders for antipsychotic medication should have a reason for them and should have a stop date. The nurse verifying the order should get clarification.

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F 0868 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Have the Quality Assessment and Assurance group have the required members and meet at least quarterly 40384 This citation pertains to Intake: MI00143867 Based on interview and record review, the facility failed to ensure that the Quality Assurance Performance Improvement (QAPI) committee met quarterly, and was composed of the required committee members, potentially affecting all 33 residents residing in the facility. Findings include: On 6/13/24 at 1:00 PM, during a QAPI review, the sign-in sheets for the QAPI committee meetings were reviewed with the Nursing Home Administrator (NHA), and the following was noted: -May 2023-There was no NHA or Director of Nursing present for the meeting. -June 2023-There was no NHA or Director of Nursing present for the meeting. -There were no sign-in sheets for a QAPI meeting for July 2023, August 2023, September 2023, and October 2023. -November 2023-The only QAPI members present were the Medical Director and a representative from Pharmacy. -December 2023: The only QAPI members present were the Medical Director and a representative from Pharmacy. -There were no sign-in sheets for a meeting that would have been held January 2024. -February 2024: The only QAPI members present were the Medical Director, Activities, Pharmacy, and the Minimum Data Set (MDS) nurse. The current NHA was asked about the missing meetings and required members and explained that she could not speak to why there are missing meetings and required members, as she acquired the NHA role 5/1/24. She further explained that the expectation is QAPI meetings are held quarterly with all required members. A review of the facility's Quality Assurance and Performance Improvement (QAPI) policy was reviewed and revealed the following, .2. The QAA Committee shall be interdisciplinary and shall: a Consist of a minimum of: i. the Director of Nursing Services; ii. The Medical Director or his/her designee; iii. At least three other members of the facility's staff, at least one which must be the Administrator, Owner, Board Member or other Individual in a leadership role; and the iv. The Infection Preventionist. b. Meet at least quarterly and as needed to coordinate and evaluate activities under the QAPI program .

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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** 32220 Based on observation, interview, and record review, the facility failed to ensure enhance barrier precautions were implemented for two residents (R17 and R12) identified with an indwelling urinary catheter device and skin impairment and failed to ensure infection control surveillance was documented. Findings include: On 06/11/24 at 12:51 PM, R17 was observed to be in their room. R17 was queried about their urinary catheter and it was determined an indwelling urinary catheter was present. No signage for enhanced barrier precautions and no personal protective equipment other than gloves was observed in or outside the room. A review of the record for R17 revealed R17 was admitted into the facility on [DATE]. Diagnoses included Obstructive Uropathy (unable to urinate independently). The care plan dated 04/30/24 documented, .requires an indwelling urinary catheter related to retention . On 06/11/24 at 3:52 PM, R12 was asked about the dressing on their lower legs dated for 06/11/24. R12 reported these were chronic wounds that would come and go. R12 also reported a wound to the right heel. R12 was not sure if they were still on an antibiotic. No signage for enhanced barrier precautions and and no personal protective equipment other than gloves was observed in or outside the room. A review of the record for R12 indicated R12 was admitted into the facility on [DATE]. Diagnoses included Cellulitis (skin infection) of Left Lower Limb, Pressure Ulcer of Right Heel and Chronic Venous Ulcer of Left Lower Extremity. The care plan dated 05/25/24 documented, .on antibiotic related to cellulitis of left lower extremity . On 06/12/24 at 9:49 AM, during a review of the Infection Control Program with the Director of Nursing (DON)/Infection Control Preventionist (ICP) identified they had been certified in June of 2024 and had been working with the Infection Control program for the facility since January 2024. A review of the infections for June 2024 identified R12 with cellulitis to wounds on the lower legs and was on and antibiotic for infection. A subsequent review of the program documentation for May 2023 through December 2023 revealed no departmental surveillance documentation. On 06/13/24 at 11:10 AM prior documentation surveillance documentation was requested. No further surveillance data was received. On 06/12/24 at 1:40 PM, R12 was observed laying in their bed with the nurse at the bedside. Licensed Practical Nurse (LPN) H reported wound care had been completed. No signage for enhance barrier precautions and no personal protective equipment other than gloves were present on the nurse, in or outside the room. On 06/13/24 at 1:18 PM, R17 was observed to be laying in bed. The catheter drainage bag was face down on the floor. R17 reported the urinary catheter was not to be removed. No signage for enhanced barrier precautions and no personal protective equipment other than gloves was observed in or outside the room. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	On 06/13/24 at 1:22 PM, the Director of Nursing (DON) reported they were aware of enhanced barrier precautions (EBP) and would in-service the staff and implement them going forward. On 06/13/24 at 2:35 PM, LPN H was asked about their knowledge of EBP and reported they were unaware of what they were and acknowledged the potential need for use on residents with wounds and indwelling urinary catheters. Review of the facility policy titled, Enhanced Barrier Precautions dated 11/01/22 revealed, Policy: It is the policy of this facility to implement enhanced barrier precautions for the prevention of transmission of multidrug-resistant organisms. Definitions: Enhanced barrier precautions refer to the use of gown and gloves for use during high-contact resident care activities for residents known to be colonized or infected with a MDRO as well as those at increased risk of MDRO acquisition (e.g., residents with wounds or indwelling medical devices). Policy Explanation and Compliance Guidelines: 1. Prompt recognition of need: a. All staff receive training on enhanced barrier precautions upon hire and at least annually and are expected to comply with all designated precautions. b. All staff receive training on high-risk activities and common organisms that require enhanced barrier precautions. c. Clear signage will be posted on the door or wall outside of the resident room indicating the type of precautions, required personal protective equipment (PPE), and the high-contact resident care activities that require the use of gown and gloves. 2. Initiation of Enhanced Barrier Precautions - a. Nursing staff may place residents with certain conditions or devices on enhanced barrier precautions empirically while awaiting physician orders. b. An order for enhanced barrier precautions will be obtained for residents with any of the following: i. Wounds (e.g., chronic wounds such as pressure ulcers, diabetic foot ulcers, unhealed surgical wounds, and chronic venous stasis ulcers) and/or indwelling medical devices (e.g., central lines, hemodialysis catheters, urinary catheters, feeding tubes, tracheostomy/ventilator tubes) even if the resident is not known to be infected or colonized with a MDRO. ii. Infection or colonization with any resistant organisms targeted by the CDC and epidemiologically important MDRO when contact precautions do not apply. 3. Implementation of Enhanced Barrier Precautions - a. Make gowns and gloves available immediately outside of the resident ' s room. Note: face protection may also be needed if performing activity with risk of splash or spray. b. Ensure access to alcohol-based hand rub in every resident room (ideally both inside and outside of the room). c. Position a trash can inside the resident room and near the exit for discarding PPE after removal, prior to exit of the room or before providing care for another resident in the same room. d. The Infection Preventionist will incorporate periodic monitoring and assessment of adherence to determine the need for additional training and education. e. Provide education to residents and visitors. f. Do not restrict room placement or out-of-room activities due to enhanced barrier precautions. 4. High-contact resident care activities include: a. Dressing b. Bathing c. Transferring d. Providing hygiene e. Changing linens f. Changing briefs or assisting with toileting g. Device care or use: central lines, urinary catheters, feeding tubes, tracheostomy/ventilator tubes (continued on next page)

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Regency Manor Nursing & Rehabilitation Center	7700 McClellan Utica, MI 48317

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	h. Wound care: any skin opening requiring a dressing 5. Enhanced barrier precautions should be followed outside the resident's room when performing transfers and assisting during bathing in a shared/common shower room and when working with residents in the therapy gym, specifically when anticipating close physical contact while assisting with transfers and mobility, or any high-contact activity. 6. Examples of targeted and epidemiologically important MDROs include but are not limited to: a. Pan-resistant organisms b. Carbapenemase-producing carbapenem-resistant Enterobacterales c. Carbapenemase-producing carbapenem-resistant Pseudomonas d. carbapenemase-producing carbapenem-resistant Acinetobacter baumannii e. Candida auris f. Methicillin-resistant Staphylococcus aureus (MRSA) g. ESBL-producing Enterobacterales h. Vancomycin-resistant Enterococci (VRE) i. Multidrug-resistant Pseudomonas aeruginosa j. Drug-resistant Streptococcus pneumoniae 7. Enhanced barrier precautions should be used for the duration of the affected resident's stay in the facility or until the wound heals or indwelling medical device is removed. 22960 Based on interview and record review, the facility failed to implement an active water management plan for reducing the risk of Legionella and other opportunistic pathogens of premise plumbing (OPPP). This deficient practice has the increased potential to result in water borne pathogens to exist and spread in the facility's plumbing system and an increased risk of respiratory infection among any or all of the 33 residents in the facility. Findings include: On 6/12/24 at approximately 10:00 AM, the facility building water management plan was requested from the Administrator. On 6/12/24 at approximately 11:45 AM, the Administrator provided the following policy entitled Legionella Surveillance dated 11/1/22, which noted: 1. Legionella Surveillance is one component of the facility's water management plan for reducing the risk of Legionella and other opportunistic pathogens in the facility's water systems. At that time, when queried about the facility's water management plan, the Administrator stated that the policy provided was a company policy for Legionella surveillance, but that they do not currently have a water management program tailored to this specific building. On 6/12/24 at approximately 2:00 PM, the Maintenance Supervisor O was queried regarding his role in the facility's water management program. Maintenance Supervisor O was unable to provide any information. When queried if there was a water management team, the Maintenance supervisor O stated no. When asked if there was a description of the building's water system using text and flow diagram, the Maintenance Supervisor O stated no. When queried if there was a risk assessment done to determine areas that are vulnerable to Legionella growth, the Maintenance Supervisor O stated no.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0923 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Have enough outside ventilation via a window or mechanical ventilation, or both. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32220 This citation pertains to Intake: MI00143867 Based on observation, interview, and record review, the facility failed to ensure (urine) odors were limited and interventions and ventilation were adequate to resolve urine odors. Findings include: On entry 6/11/2024 at 8:00 AM, upon entry into the facility from the main door, there was a strong odor of urine and damp air. On 06/11/24 at 9:00 AM and 4:30 PM, in room eleven and the entry between rooms [ROOM NUMBERS], there was a strong odor of urine. The resident bathroom also had a pungent odor of urine. On 06/11/24 at 10:32 AM, R2 reported their room often smelled like urine. The odor was reported as chronic by staff. On 06/12/24 at 1:40 PM, room eleven had a urine odor upon entry. The vent in the bathroom did not actively draw air when tested with a tissue. A non sampled resident of the room acknowledged the urine odor and reported the odor comes and goes. At 2:00 PM the bathroom for room [ROOM NUMBER] and the resident hall bathroom were observed with the maintenance person and it was reported the vents are simply ducts which vent to the roof. On 06/12/24 at 4:30 PM, a vague urine odor was noted in the room of R2. This was noted as chronic by staff. The odor was observed to be stronger when the floor was mopped. On 06/12/24 at 4:39 PM, the housekeeping supervisor was observed to clean up a urine spill in room eleven. It was reported this was unexpected. On 06/13/24 at 9:42 AM, the urine odor remained in the room of R2 and in the main entry area. At 9:53 AM, standing at the door way of room eleven a stale urine odor was noted. On 6/13/24 at 1:00 PM, the Nursing Home Administrator was asked about her expectation regarding lingering urine odors within the facility, and she explained that she expects a clean and odor free environment. A review of the policy titled, Safe and Homelike Environment dated 11/01/22, revealed, .General Considerations: a. Minimize odors by disposing of soiled linens promptly and reporting lingering odors and bathrooms needing cleaning to Housekeeping Department .f. Report any unresolved environmental concerns to the Administrator. g. Have adequate outside ventilation by means of windows, or mechanical ventilation, or a combination of the two .