

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235622	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/14/2026
NAME OF PROVIDER OR SUPPLIER Qualicare Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 695 E Grand Blvd Detroit, MI 48207	
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 0687 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate foot care. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** This citation pertains to Intake 3065458. Based on observation, interview and record review, the facility failed to ensure podiatry care was provided to one (R101) of three residents reviewed for foot care. Findings include: A complainant reported to the State Agency that the facility failed to obtain podiatry services for R101. On 07/14/2026 at 11:35 AM, R101 was interviewed at the facility. R101's feet were observed with long, hard, discolored, dry and brittle toenails which extended beyond his toe bed. Flaking debris, which resembled dead skin, was observed on the white bed sheet underneath R101's feet. R101 stated, Yes when asked if R101 wanted to see a Podiatrist to have his toenails cut. Record review revealed R101 was admitted to the facility on [DATE] with a diagnosis of Alzheimer's, Moderate Malnutrition, Adjustment Disorder, Kidney Failure and Diabetes. R101 is wheelchair/bed bound and requires assistance for positioning, toileting and hygiene/grooming tasks. Record review of care plan dated 04/15/2026 revealed the following: Turn/reposition resident every two hours. Personal hygiene assistance needed for combing hair, shaving, nail care, and washing drying face and hands. On 07/14/2026 at 11:40 AM, Charge Nurse A was interviewed and queried as to who is responsible for coordinating podiatry services for the residents. Charge Nurse A stated, The Social Worker (SW) is responsible and has been informed of (R101's) podiatry needs. Charge Nurse A further stated, (R101) is in need of podiatry services but when the podiatrist visits, he never has (R101) on the list to be seen. On 07/14/2026 at 2:20 PM, SW B was interviewed and stated, I have referred (R101) for podiatry services several times, but the podiatrist never has (R101) on the list during facility visits. SW B said R101 was referred for podiatry services in October 2025, February 2026 and June 2026. Queried about the four-month delay in follow up between each referral and the expectations of ancillary services, SW B stated, It's expected that the service provider would add him to the list once referred. I've been emailing the provider and sending (R101's) face sheet. I don't know what else can be done. On 07/14/2026 at 3:00PM, Podiatry Customer Service Representative E was telephoned and said R101 is on a DO NOT TREAT LIST due to the lack of adequate documentation including a current request for service form, an up-to-date medical order along with a face sheet. The Podiatry Customer Service Representative E further stated, An email requesting service along with a face sheet is insufficient and we must receive the required forms in order to provide service. On 07/14/2026 at 3:30PM, the Nursing Home Administrator (NHA) was interviewed regarding expectations of ancillary services. The NHA stated, It is expected that podiatry services be provided in a timely manner including any follow up services needed by the Social Worker. The Electronic Health Record (EHR) revealed a medical order for Podiatry Services dated 10/6/2025. Review of the facility's policy entitled, Social Services Referral to Outside Providers last revised on 10/27/2023, read in part: Referrals to ancillary providers will be made in order to meet the concrete needs of the resident.		

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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