STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235622	A. Building B. Wing	02/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Qualicare Nursing Home	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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide and implement an infection prevention and control program. Based on observation, interview and record review, the facility failed to have an active 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 waterborne pathogens to exist and spread in the facility's plumbing system and an increased risk of respiratory infection among all residents in the facility. Findings Include:On 02/24/2026 at 10:02 AM, observation of the kitchen found a faucet on the back wall of the cookline. When the cold and hot handles were turned no water came out, Certified Dietary Manager (CDM) B stated it is not used by kitchen staff.On 02/24/2026 at 10:45 AM, observation of the first-floor tub room revealed a domestic water fixture above the tub faucet. When turned on, slightly discolored water was released from the domestic water fixture for a few seconds before running clear.On 2/24/2026 at 11:08 AM, observation of the second-floor tub room found a domestic water fixture above the tub faucet. When the domestic water fixture was turned on, yellow discolored water was observed coming from the faucet for a few seconds before running clear.On 2/24/2026 at 12:07 PM, observation of the kitchen revealed a faucet located on the side of the three-compartment sink. At this time an interview conducted with CDM B found it is not used by the kitchen.On 02/24/2026 at 2:21 PM, an interview was conducted with Maintenance Supervisor (MS) D this interview identified flushing water fixtures as a control measure in low flow areas (tub room, boiler). MS D stated there are no low flow areas other than the tub rooms. When questioned on the frequency of flushing, MS D stated flushing occurs once a month for three minutes at each intended fixture.On 02/24/2026 at 2:28 PM, a follow up interview was conducted with the MS D regarding the faucet on the back wall of the cookline in the kitchen as well as the faucet located on the side of the three-compartment sink. MS D was unaware of the fixtures and did not know if the fixtures were cut off six inches from the main line or turned off at the fixture allowing for stagnant water in the line.On 02/25/2026 starting at 9:40 AM, a tour of the facility was conducted with maintenance supervisor MS D with the following observations:On 02/25/2026 at 9:42 AM, observation of the first-floor tub room found water spraying out of the vacuum breaker and multiple nozzles when the domestic water fixture was turned on. At this time an interview was conducted with MS D and indicated that the domestic water fixture located above the tub is not flushed when the tub fixture is flushed.A record review of the facility provided Water Management Plan last reviewed 2/11/26 identifies tub rooms as an area where Legionella could grow and spread. The plan states Because it is not in use at this time so flush at least once a month.

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 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. Based on observation and interview the facility failed to maintain general cleanliness and repair of the premises. This resulted in an increased potential for contamination and a possible decrease in satisfaction of living, affecting all residents. Findings Include:On 02/24/2026 at 10:35 AM, the Kitchen Supervisor (KS) C was observed draining sanitizer from the three-compartment sink. As the sink drained, the discharge pipe began dripping onto the floor. At this time an interview conducted with Certified Dietary Manager (CDM) B revealed that they were aware of the problem and had entered it into the maintenance repair system. When asked how long the issue had been documented in the system, no answer was provided.On 02/24/2026 at 10:53 AM, observation of the first-floor biohazard room found that the foot pedals that activate the sink faucet leaked when engaged.On 02/24/2026 at 11:01 AM, observation of the second-floor shower room revealed that the shower was missing the fixture cover leaving rough edges open and exposed.On 02/24/2026 at 11:02 AM, observation of the second-floor shower room revealed a hole in the wall with two tiles missing. Further observation inside the hole found a water line with a shut off valve.On 02/25/2026 at 9:00 AM, observation of the three-compartment sink located in the kitchen was found to have a steady stream of water dripping onto the floor and traveling into the floor drain.On 02/25/2026 at 9:20 AM, observation of the third-floor tub room found the toilet observed with dried yellow droplets on the rim and a brown stain along the back inside bowl.On 02/25/2026 at 9:29 AM, observation of the third-floor shower room found the hand sink faucet loose to mount.On 02/25/2026 starting at 9:40 AM, a tour of the facility was conducted with maintenance supervisor (MS) D with the following observations:On 02/25/2026 at 9:42 AM, observation of the first-floor tub room found water spraying out of the vacuum breaker and nozzles when the domestic water fixture was turned on.On 02/25/2026 at 9:45 AM, observation of the first-floor biohazard room revealed the foot pedals that activate the sink faucet leaked when engaged. An interview conducted at this time with MS D indicated they were unaware of the leak.On 02/25/2026 at 10:13 AM, an interview conducted with MS D regarding the toilet in the third-floor tub room found that housekeeping is responsible for cleaning it, and these rooms are only used for resident care.On 02/25/2026 at 10:15 AM, observation of the third-floor shower room found the air duct soiled with an accumulation of dust. Further observation found the hand sink loose to mount.On 02/25/2026 at 10:26 AM, observation of the second-floor shower room found the shower was missing the fixture cover leaving rough edges open and exposed. An interview conducted at this time with MS D found they were unaware that the cover was missing. When asked how they are notified of needed repairs in the facility, MS D stated that issues are either entered into the maintenance repair system or identified during detailed walkthroughs conducted three times per week.On 02/25/2026 at 10:28 AM, observation of the second-floor shower room found the sink faucet loose to mount.

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F 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to ensure timely follow-up of a PASSAR referral and level II evaluation for one resident (R13) of two residents reviewed for PASSAR requirements. This failure placed (R13) at risk for not receiving specialized services and supports recommended for individuals with serious mental illness or cognitive impairment.Findings include:Record review revealed that R13 was admitted to the facility on [DATE] with the diagnosis as follows: Metabolic Encephalopathy, Vascular Dementia, Delusional Disorder and Major Depressive Disorder.Review of Quarterly Minimum Data Set (MDS) dated for 2/11/2026 revealed R13 Brief Interview for Mental Status (BIMS) was an 8 out of 15, which indicated R13 was moderately impaired.On 02/26/2026 10:12 AM, Social Worker (SW) A was interviewed and said they were new to the position and acknowledged that (R13) should have been referred for a PASSAR II from when they were admitted back in August of 2025.On 02/26/26 at 11 AM, an interview with the Nursing Home Administrator (NHA) to discuss PASARR expectations. The NHA stated, PASARR's are expected for everyone with a mental health diagnosis and who receives psych meds. It's my expectation that Social Services provides adequate follow-up including documentation to ensure these are current. Review of R13's Level 1 Pre admission Screening indicated the document was completed on 8/4/2025. The Level 1 screening indicated that a PASSAR II needed to be completed for R13. Review of Document titled Pre-admission Screening and Guest/Resident Review- PASSAR Michigan last reviewed on 11/12/2021 documented, All Level 1 screenings and communication between the facility and local community mental health program, regarding a specific guest/resident, are to be maintained in the guest/resident electronic medical record.