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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235646 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 01/23/2025 |
| NAME OF PROVIDER OR SUPPLIER Caretel Inns of Linden | | STREET ADDRESS, CITY, STATE, ZIP CODE 202 South Bridge Street Linden, MI 48451 | |

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

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| (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** 37666</p> <p>This Citation Pertains to Intake Numbers MI00149339 and MI00149518.</p> <p>Based on observation, interview, and record review the facility failed to provide a clean, comfortable and home like environment by failing to ensure that residents' rooms were clean, for two resident's (#1 and #5) and there was enough linen to accommodate residents' needs, resulting in an unclean physical environment, resident dissatisfaction and complaints regarding the lack of cleanliness and linen.</p> <p>Findings Include:</p> <p>Resident #1:</p> <p>A record review of the Face sheet and Minimum Data Set/MDS assessment indicated Resident #1 was admitted to the facility on [DATE] with diagnoses: Dementia, Schizophrenia, diabetes, COPD, Cognitive communication deficit, Depression, and a history of falls. Hospice care began 12/16/2024. The MDS assessment dated [DATE] indicated Resident #1 had full cognitive abilities with a Brief Interview for Mental Status score of 14/15 and needed assistance with all care.</p> <p>During a tour of the facility on 1/22/2025 at 9:40 AM, Resident #1 was observed lying in bed, awake and alert. There were 4 large clear bags of clothes and towels in the room: 3 were in a metal cart and one was on the floor. The resident was asked why the bags were sitting there and she said she thought Hospice had brought them in. There were colored/patterned towels in one bag. Resident #1 was asked about it, and she said she wasn't sure why she had the towels.</p> <p>Upon observation of Resident #1's bathroom on 1/22/2025 at 9:45 AM, the resident's toilet bowl was unclean with a ring stained orange-brown at the edge of the water and orange brown stains around the upper area of the bowl. The floor beneath the sink had bright yellow stains in an approximately 1-foot x 1-foot area surrounding the sink pipe. The waste basket was full and there was something scattered on the floor.</p> <p>(continued on next page)</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>On 1/22/2025 at 10:00 AM, during a tour of the laundry room with the Director of Nursing/DON it was noted there were no clean towels or wash clothes stored in the Clean laundry area. The DON said they could be in the wash. The 100 hall, 200 hall and 300 hall were toured with the DON beginning at approximately 10:04 AM. The DON said each hall had a clean linen storage closet. Between the 3 resident hallways, there was 1 clean towel and 1 clean wash cloth, available for resident use.</p> <p>On 1/22/2025 at 10:10 AM, during an observation of Resident #1's room with the Director of Nursing/DON, Nurse Aide E was observed sorting one of the large plastic bags of clothes. She was sorting each item and asking the resident if it was hers. The DON was asked about the large bags of clothes and towels. She said the resident had moved into a private room when she was diagnosed with Covid-19 in December 2024 and they hadn't been put away in the resident's room. The DON was asked why the resident had the colored towels and she said she didn't know but thought they came from her home. Reviewed the resident said Hospice brought them and she stated, I don't think so.</p> <p>During the observation, on 1/22/2025 at 10:10 AM, Resident #1's bathroom was viewed with the DON. The toilet bowl was still soiled with orange-brown stains, there was debris on the floor and the floor underneath the sink was still soiled with a yellow substance. The DON said the bathroom wasn't used often and someone would be in to clean it.</p> <p>On 1/22/2025 at 11:34 AM, the Administrator was interviewed about the lack of clean towels and washcloths for resident use. He provided a copy of an order form for new towels and wash cloths dated 1/22/2025 at 9:57 AM. Reviewed with the Administrator that Resident #1's bathroom was very soiled and had not been cleaned in some time, but the resident had resided in the room for several weeks. He said they had staff turnover in the Housekeeping and Maintenance departments and had recently hired new staff. Requested a copy of the Housekeeping schedules, assigned duties and Housekeeping policy and Linen policy at this time.</p> <p>Resident #5:</p> <p>A record review of the Face sheet and MDS assessment indicated Resident #5 was admitted to the facility on [DATE] with diagnoses: Dementia, kidney disease, history of falls, heart disease, anxiety, and hypothyroidism. The MDS assessment dated [DATE] revealed the resident had severe cognitive deficits with a BIMS score of 0/15 and the resident needed assistance with all care.</p> <p>On 1/23/2025 at 12:35 PM, Resident #5's bathroom was observed to have a large dark orange stain in the sink. It covered approximately 1/2 of the sink basin. The toilet was also observed to have dark orange stains and the floor in the bathroom was soiled, with yellow stains underneath the sink. An unlabeled bed pan was sitting on a commode chair in the bathroom.</p> <p>A policy for Housekeeping/Cleaning for daily cleaning was requested and not received. A policy for Terminal cleaning on discharge was received. A policy for Linens was requested and not received.</p> | | |