STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235700	A. Building B. Wing	01/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Willows at East Lansing	3500 Coolidge Road East Lansing, MI 48823

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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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record reviews, the facility failed to effectively clean and maintain food service equipment affecting 64 residents, resulting in the increased likelihood for cross-contamination and bacterial harborage.Findings include:On 01/06/2026 at 11:15 A.M., An initial tour of the food service was conducted with Director of Food Service K. The following items were noted: The Globe stand mixer was observed soiled with accumulated and encrusted food residue. 2 of 2 South Bend oven interior and exterior surfaces were observed soiled with accumulated and encrusted food residue. The South Bend char broiler grill plate, backsplash, side panels, and front splash were observed heavily soiled with accumulated and encrusted food residue. Director of Food Service K stated: I will have staff clean the soiled equipment as soon as possible. The 2022 FDA Model Food Code section 4-601.11 states: (A) EQUIPMENT FOOD-CONTACT SURFACES and UTENSILS shall be clean to sight and touch. (B) The FOOD-CONTACT SURFACES of cooking EQUIPMENT and pans shall be kept free of encrusted grease deposits and other soil accumulations. (C) NonFOOD-CONTACT SURFACES of EQUIPMENT shall be kept free of an accumulation of dust, dirt, FOOD residue, and other debris. The [NAME] air handler intake filter and exit ports (7) were observed heavily soiled with accumulated and encrusted dust/dirt deposits. Director of Food Service K stated: I will place the concern into TELS. The 2022 FDA Model Food Code section 6-501.14 states: (A) Intake and exhaust air ducts shall be cleaned and filters changed so they are not a source of contamination by dust, dirt, and other materials. (B) If vented to the outside, ventilation systems may not create a public health HAZARD or nuisance or unLAWful discharge. On 01/06/2026 at 1:35 P.M., A comprehensive tour of the food service was conducted with Director of Food Services K. The following items were noted: The Mechanical Dish Machine final rinse temperature gauge was observed to read 168-170 degrees Fahrenheit at the manifold, during the final rinse cycle. The final rinse temperature gauge should read a minimum of 180 degrees Fahrenheit, during the final rinse cycle. Thermometer tape was utilized to determine the accuracy of the final rinse temperature gauge. The thermometer tape turned black during the final rinse cycle, indicating the final rinse temperature at the dish surface was at least 160 degrees Fahrenheit. Director of Food Services K stated: I will enter the temperature gauge replacement into TELS. Note: There is a 20-degree Fahrenheit variance between the mechanical dish machine manifold and dishware surface. The 2022 FDA Model Food Code section 4-501.11 states: (A) UTENSILS shall be maintained in a state of repair or condition that complies with the requirements specified under Parts 4-1 and 4-2 or shall be discarded. (B) FOOD TEMPERATURE MEASURING DEVICES shall be calibrated in accordance with manufacturer's specifications as necessary to ensure their accuracy. (C) Ambient air temperature, water pressure, and water TEMPERATURE MEASURING DEVICES shall be maintained in good repair and be accurate within the intended range of use. On 01/06/2026 at 1:45 P.M., An interview was conducted with Assistant (Interim) Director of Maintenance M regarding the [NAME] air handler filter replacement schedule. Assistant (Interim) Director of Maintenance M stated: We change the filters quarterly. On 01/07/2026 at 1:30 P.M., Record review of the Direct Supply TELS Work History Report for the last 12 months regarding air (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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	handler filter replacement, revealed the last filter replacement was completed on 12/8/2025. On 01/07/2026 at 1:45 P.M., Record review of the Policy/Procedure entitled: Grill dated (no date) revealed the following cleaning procedure: (1) Use a small amount of water (not cold) with the grill brick. (2) Scrub grill with grill brick scraping excess into drain. (3) Rinse surface clean. (4) Before next use, season the grill with a small amount of oil. On 01/07/2026 at 02:00 P.M., Record review of the Policy/Procedure entitled: Mixer dated (no date) revealed the following cleaning procedure: (1) Disassemble removable parts. (2) Wash all non-electrical parts in the three-compartment sink. (3) Wash non-removable parts of the mixer with a solution of pot & pan detergent. (4) Wash handle and underneath where paddle attaches. (5) Rinse with fresh water and wipe dry. (6) Using a different wiping cloth, apply sanitizing solution to the mixer. (7) Allow to air dry. (8) Reassemble.

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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 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure Grievance/Concern forms were readily available to residents and families to file concerns anonymously and failed to follow facility Grievance policy, resulting the likelihood of unresolved concerns and frustration.During a confidential resident group meeting on 1/07/2026 at 1:31 PM, nine of nine residents reported the facility did not offer an option to complete a grievance confidentially and reported were not aware they had access or where to locate survey results. Residents reported if anyone had a concern they had to report to staff and they would complete form electronically. Residents reported they no longer have an option to complete a paper form. During an observation on 1/7/26 at about 2:30 PM, Tour of facility with no observed grievances available for resident/family use. During an interview on 1/07/2026 at 3:25 PM Registered Nurse (RN) C was quarried about facility grievance process. RN C reported residents and family verbally report concerns to staff who report to Director of Nursing (DON) B. RN C reported facility also had paper concern forms and observed looking for at [NAME] Nurse Station filing cabinets and took over 10 minutes attempting to locate. DON B arrived and located in file cabinet behind nurse station and reported was unsure if available without asking. During an interview and observation and record review on 1/07/2026 at 3:40 PM, Executive Director (ED) A reported the facility grievance process was for staff to complete forms electronically or paper copies were also available. ED A reported paper copies were available in same binder as survey results. ED A opened binder, labeled Survey Results located just outside ED A office, verified one copy of Resident Concern form in the binder, several pages in, inside page protector. ED A reported residents know grievance forms are available there and verified the outside of the binder was labeled survey results. (Resident [NAME] meeting attendees were not aware of survey results or concern form were available or located in the facility). ED A reported compliance poster posted in common area, observed about 6 foot high, with complaint number for corporation in a 3 inch by 2 inch square (very small print) and 1 inch QR code to Kentucky corporation.(not accessible or readily available to facility population who may have visual or physical limitation or have access to cell phone technology or knowledge for use of QR codes). ED A reported anyone has access to the poster and can call number or use QR code anonymously and verified corporation out of Kentucky shares information with her unless ED A and unable to say how facility tracks and trends corporation complaints. During an interview and observation on 1/07/2026 at 3:50 PM Social Work (SW) H and I reported Resident Concern forms should be available to residents and families at the Nurse Station without asking. SW H and I observed looking and Nurse station and reported were unable to locate. Review of the facility, Grievance-Resident Concern Policy, dated 12/16/24, reflected, Purpose: To provide a process for handling, tracking and resolving customer concerns to provide excellence in customer service.The facility will provide an open and customer friendly atmosphere for residents and their families and representatives to voice concerns and problems with the assurance that their concerns will be heard and acted upon.5. Enter the concern using the desktop icon labeled Resident Concern Form. All concerns should be entered electronically, however Environmental and Dining departments may use a paper Resident Concern form, submitted to their supervisor who will enter. We never ask a family member to complete the form.Resident rights for filling a grievance.Executive Director has been appointed as the Grievance Officer.Grievances or concerns can be filed verbally, in writing or anonymously. The resident or his/her representative has the right to receive a copy of the written grievance.

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F 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, and record review, the facility failed to ensure the Advanced Directive was completed appropriately for one (Resident #4) out of one reviewed for advanced directives. Findings include: Review of the medical record reflected R4 was admitted to the facility on [DATE], with diagnoses that included chronic atrial fibrillation. The Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 11/14/25, reflected R4 scored 4 out of 15 (severe cognitive impairment) on the Brief Interview for Mental Status (BIMS-a cognitive screening tool). Review of the medical record revealed R4 had a medical power of attorney. Review of R4's Advanced Directive revealed a signature on the declarant signature line did not match the name of the appointment medical power of attorney. In an interview on 1/8/26 at 9:23 AM, Social Services H verified that the signature on the Advanced Directive was incorrect and should have been signed by the medical power of attorney.

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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 confirm that the Pre-admission Screening And Resident Review (PASARR Level I determination request was sent to the Community Mental Health Service Program (CMHSP) for a level II Omnibus Budget Reconciliation Act (OBRA) evaluation for 2 residents (#4 and 8) of 3 reviewed. Findings include: Review of the medical record reflected R4 was admitted to the facility on [DATE], with diagnoses that included chronic atrial fibrillation. Review of the medical record revealed R8 was admitted to the facility on [DATE] with diagnosis that included type 2 diabetes mellitus. During the record review, the PASARR Level I was located in the medical record for R4 and R8, however, no level II Omnibus Budget Reconciliation Act (OBRA) evaluation was able to be located. In an interview on 01/08/2026 at 9:10 AM, Social Services staff member H stated that R4 and R8 should have had a Level II OBRA evaluation completed, however, it was not completed for either resident.

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F 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	PASARR screening for Mental disorders or Intellectual Disabilities **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to ensure a Preadmission/Annual Resident Review (PAS/ARR) was completed after the 30-day exemption period and failed to notify the State Agency Health Authority for 1 Residents (#7) of 3 residents reviewed for PAS/ARR from a total sample of 16.Findings include:According to the clinical record, Resident #7 (R7) was admitted on [DATE] with diagnosis that included acute and chronic respiratory failure, bipolar disorder, anxiety. Review of the Minimum Data Set (MDS) dated 12/09 revealed R7 scored 15 out of 15 on the Brief Interview for Mental Status. Review of R7's 3877 portion of PAS/ARR dated 12/4/25 revealed R7 had diagnosis that included bipolar disorder and was routinely prescribed an antidepressant or an antipsychotic medication within the last 14 days. Review of the 3878 portion of the PAS/ARR dated 12/05/25 revealed R7 was admitted to the facility with a 30-day exemption. There was no further PAS/ARR completed after R7 exceeded her 30 days at the facility. On 01/08/2026 at 9:17 AM, during an interview with facility Social Workers H and I it was acknowledged R7 was at the facility beyond the 30 day exemption period and had no follow up PAS/ARR. Social Worker H stated R7 was supposed to be discharged home before the 30 days but the discharge was delayed. When queried why a new 3877 wasn't completed and Community Mental Health notified, Social Worker H stated because R7 should be discharged soon.

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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** Based on interview and record review, the facility failed to develop and implement care plans for 1 resident (R# 7) of 16 reviewed.Findings include: According to the electronic medical record (EMR), Resident #7 was admitted on [DATE] with diagnosis that included acute and chronic respiratory failure, bipolar disorder, anxiety. Review of the Minimum Data Set (MDS) dated 12/09 revealed R7 scored 15 out of 15 on the Brief Interview for Mental Status. Review of R7's physician orders revealed R7 was admitted on an anti-psychotic medication. Review of physician orders dated 12/08/25 revealed 4 separate physician orders to monitor and track R7's mood and behavior (1. depression, 2. insomnia, 3. behavior related to psychosis 4. anxiety). Review of R7's care plans did not reflect any care plans in place to address R7's mood, behavior, psycho-social wellbeing or use on psychotropic medication. 01/07/2026 1:08 PM during an interview with Social Workers H and I, R7's the electronic medical record was reviewed and neither Social Worker H or I were able to locate a care plan that addressed R7's mental health concerns. Social Worker H stated given R7's diagnosis, psychotropic medication use and targeted behavior tracking, mood, behavior, and psychosocial wellbeing care plans should have been developed and implemented.

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to routinely complete and invite residents and their representatives, if applicable, to participate in care planning for one resident (R51) of 1 reviewed for care conferences, resulting in the increased likelihood of decline in physical, mental, or psychosocial functioning.Review of the Face Sheet and Minimum Data Set (MDS) dated [DATE], reflected R51 was a [AGE] year-old female admitted to the facility on [DATE], with diagnoses that Multiple Sclerosis. The MDS reflected R51 had a BIM (assessment tool) score of 15 which indicated her ability to make daily decisions was cognitively intact.During a confidential resident group meeting on 1/07/2026 at 1:31 PM, Confident group reported that they had not been invited to routine care conferences for several months.During an interview on 1/08/2026 at 1:45 PM, Social Worker (SW) H reported Care Conferences should occur quarterly including resident and/or responsible party and members of care team. SW H reported R51 last Care Conference was August of 2025 and should have had one November 2025. When queried why R51 did not have a quarterly care conference, SW H reported it must have gotten missed. SW H reported facility recognized that some residents had missed Care Conferences around November 2025 and thought they had a past non-compliance but was unsure when alleged compliance date was and verified R51's was currently late. During an interview on 1/08/2026 at 2:20 PM, Executive Director (ED) A and Director of Nursing (DON) B reported would expect Care Conferences to be completed at least quarterly. ED A reported facility had past non-compliance for care conferences with alleged compliance date of December 2025. ED A reported was unsure why R51 was currently out of compliance with last care conference from August 2025(currently about 2 months past due).During an interview on 1/08/2026 at 3:01 PM, ED A verified R51did not receive required care conference in November 2025 and should have. ED A reported the facility now knows that their action plan was not effective and plan to manually audit moving forward to make sure all residents are reviewed.