

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235714	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/30/2025
NAME OF PROVIDER OR SUPPLIER Windemere Park Health and Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 31800 Van Dyke Avenue Warren, MI 48093	

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)
<p>F 0808</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure therapeutic diets are prescribed by the attending physician and may be delegated to a registered or licensed dietitian, to the extent allowed by State law.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49699</p> <p>Based on observation, interview, and record review, the facility failed to ensure one resident (R35) of two residents reviewed for altered diet consistency, received the prescribed therapeutic diet. Findings include:</p> <p>On 4/28/25 at 01:02 PM, R35's spouse was observed feeding R35 a pureed textured main course foods. Also on the tray was regular textured fruit cocktail in a covered container.</p> <p>On 4/29/25 at 12:33 PM, an observation was made of Certified Nursing Assistant (CNA) A taking R35's tray into room to assist R35 with feeding. The main dish was pureed and there was a cup of regular textured pineapple chunks in a covered dish. There was also a half peanut butter and jelly sandwich.</p> <p>A review of the Electronic Medical Record (EMR) revealed R35 was most recently admitted on [DATE] with pertinent diagnoses of Alzheimer's Disease and Dysphagia (difficulty swallowing). Further review of the EMR revealed R35 has a Brief Interview for Mental Status (BIMS) score of 99 indicating R35 is rarely/never understood. Further review indicated R35 is dependent on staff for all activities of daily living and mobility.</p> <p>Further review of the EMR revealed an active order dated 1/3/2025 for PB and J (peanutbutter and jelly) sandwiches daily to add additional calories. On 4/16/2025 an order was written for a regular diet, pureed texture, Thin Liquids consistency.</p> <p>On 4/29/2025, an interview with the Dietary Manager (DM) B revealed the line checker (Dietary Worker (DW) F) should have noted the wrong textured dessert (pineapple chunks) was on the tray. DW F was interviewed and confirmed an error was made regarding the pineapple chunks.</p> <p>On 4/29/2025, an interview with the Nursing Home Administrator (NHA) revealed R35 had recently received an order for hospice and that the hospice nurse had written the order for pureed diet and may have not seen the peanut butter and jelly order to increase caloric intake.</p> <p>On 4/30/2025 an interview with the Clinical Dietary Manager (CDM) D revealed they were unaware of the PB and J order, and indicated they would cancel the order.</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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0813</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Have a policy regarding use and storage of foods brought to residents by family and other visitors.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 22960</p> <p>Based on observation, interview, and record review, the facility failed to store resident food items in accordance with professional standards for food service safety. This deficient practice had the potential to result in food borne illness among all 49 residents that potentially store food in the resident refrigerators. Findings include:</p> <p>On [DATE] at 10:20 AM, the 4th floor resident refrigerator was observed with Certified Dietary Manager (CDM) B. There were 4 expired cartons of milk, an undated deli sandwich, an undated brown bag lunch, 2 undated bowls of cooked oatmeal, an undated bowl of chili, and a moldy container of raspberries.</p> <p>On [DATE] at 10:30 AM, the 5th floor resident refrigerator was observed with CDM B. There was an undated foam container with chicken and rice. When queried, CDM B stated that nursing staff was responsible for ensuring the food items in the resident refrigerators were dated and discarded when expired.</p> <p>Review of the facility's policy Foods Brought by Family/Visitors revised [DATE] noted: 7. Food brought by family/visitors that is left with the resident to consume later will be labeled and stored in a manner that it is clearly distinguishable from facility-prepared food . b. Perishable foods must be stored in re-sealable containers with tight-fitting lids in a refrigerator. Containers will be labeled with the resident's name, the item and the use by date. 8. The nursing staff will discard perishable foods on or before the use by date.</p>

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<p>F 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure that a working call system is available in each resident's bathroom and bathing area.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46956</p> <p>Based on observation, interview, and record review, the facility failed to ensure call light accessibility for one (R13) of seven residents reviewed for call light accessibility. Findings include:</p> <p>Review of the facility record for R13 revealed an admitted [DATE] with diagnoses including History of Falls and Chronic Heel Ulcers. R13's Brief Interview for Mental Status (BIMS) score of 10/15 indicated Moderate cognitive impairment.</p> <p>On 04/28/25 at 2:15 PM, R13 was observed laying in bed. The call light was observed on the floor under the bed out of the resident's reach. The resident was alert and able to communicate in a functional manner.</p> <p>Further review of R13's record revealed the Care Plan Focus area statement I have alteration in Activities of Daily Living self-care function related to dependence on staff for care needs and weakness associated with medical condition. This focus area included the Intervention item Call light to be kept in reach. Provide prompt response to requests for assistance.</p> <p>On 04/30/25 at 10:46 AM, R13 was interviewed in their room. The call light was observed wrapped around the headboard hardware near the floor out of the resident's reach. R13 was asked about the call light being out of reach and they indicated there are regularly times when they attempt to call for assistance and are not able to locate the call light. R13 was asked if this has caused delays in receiving care from staff and they stated, oh yeah.</p> <p>On 04/30/25 at 10:52 AM, a staff member was observed entering R13's room to check on the resident. The resident was observed after this interaction and the call light had not been placed in reach.</p> <p>On 04/30/25 at 12:25 PM, R13's call light was observed to remain under the bed wrapped around the headboard hardware out of the resident's reach.</p> <p>On 04/30/25 at 1:05 PM, the facility Administrator (NHA) reported the expectation is all resident's call lights should be within reach at all times.</p> <p>Review of the facility policy Call Lights: Accessibility and Timely Response dated 11/22/24 revealed the policy statement The purpose of this policy is to assure the facility is adequately equipped with a call light at each resident's bedside, toilet and bathing facility. The policy explanation includes the entries: .5. Staff will ensure the call is within reach of resident and secured, as needed .6. The call system will be accessible to residents while in their bed or other sleeping accommodations within the resident's room.</p>		