STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	23E104	A. Building B. Wing	10/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Gilbert Residence (the)	203 S Huron St Ypsilanti, MI 48197

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 0604 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that each resident is free from the use of physical restraints, unless needed for medical treatment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32064 Based on observation, interview, and record review, the facility failed to perform ongoing re-evaluation of the need for a restraint for one (Resident #25) of one reviewed. Findings include: Review of the medical record revealed Resident #25 (R25) admitted to the facility on [DATE] with diagnoses that included major depressive disorder, epilepsy, Parkinson's Disease, and dementia. The Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 9/28/24 revealed R25 was severely cognitively impaired and had a restraint that was used daily. An observation on 10/23/24 at 10:37 AM revealed R25 was asleep, seated in a Broda chair (a wheelchair that provides supportive positioning through a combination of tilt, recline, adjustable leg rest angle, wings with shoulder bolsters and height adjustable arms) in their room. R25 had an air mattress on their bed. The right side of the bed was against the wall. Bolsters, approximately six inches high, were observed on both sides of the bed and ran the full length of the mattress. On 10/23/24 at 2:22 PM and 3:31 PM, R25 was observed asleep in bed. The bed was low to the floor and a fall mat was observed on the left side of the bed. The right side of the bed was against the wall and the bolsters were in place. R25 had their legs bent, leaning against the bolsters. R25 was not moving around in bed. Review of the Progress Note dated 3/15/24 revealed Post fall investigation summary note: [R25] was observed on the floor in front of his bed at 1900 [7:00 PM] on 3/14/2024. Nursing progress note states that [R25] was reaching for the drapes prior to the incident. Fall was unwitnessed .[R25] requires an air mattress to promote comfort and prevent skin breakdown. While [R25] is unable to roll left to right, he is able to make minor changes in position. He has been observed close to the edge of the bed, if the air mattress makes a pressure change when he is close to the edge, he could be at risk for rolling out of the bed. Bed was in lowest position and fall matt was next to the bed .completed a restraint screen, findings are as follows: Patient has a hx of falls, rolling out of bed. Pt [patient] would benefit from roll control bolsters due to lack of control for functional bed mobility, use of air mattress with uncontrolled movements resulting in increased fall risk. [Family member] was made aware of the new restraint being put in place and is in agreement with new intervention. Restraint consent obtained, restraint care plan in place. IDT [Interdisciplinary Team] to follow up as needed. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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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 0604 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the Physician's Order dated 3/15/24 revealed R25 requires roll control bolsters to his bed at all time r/t hx [related to history] of falls, rolling out of the bed and use of air mattress with uncontrolled movements resulting in increased fall risk. Review of the Care Plans revealed R25 requires roll control bolsters to bed at all times d/t [due to] hx [history] of falls, rolling out of bed and use of air mattress with uncontrolled movements resulting in increased fall risk. Interventions included obtain signed consent before applying restraint (if restraint consent is included in the facility admission package and is signed at the time of admission, this does not qualify as before applying) and complete a restraint assessment before applying restraint and quarterly thereafter as long as restraint is used. Review of the medical record revealed R25 did not have a signed consent for the use of the bed bolsters prior to applying the bed bolsters. The only restraint consent was the admission restraint consent. Per R25's care plans, a new restraint assessment needed to be signed. Review of the medical record revealed R25 had one additional fall out of bed on 8/6/24. In an interview on 10/23/24 at 12:57 PM, Director of Nursing (DON) B reported R25's bed bolsters were a restraint and that therapy performed restraint assessments yearly. DON B reported the most recent restraint assessment was completed by therapy on 3/15/24. When asked about the quarterly assessments per the care plan, DON B was unable to provide any additional assessments. Review of the Rehab Services Screening Form dated 3/15/24 revealed Patient has hx of falls, rolling out of bed. Pt would benefit from roll control bolsters due [to] lack of control for functional bed mobility, use of air mattress [with] uncontrolled movements resulting increased fall risk. The form did not include any assessment of the bolsters being a restraint. Review of the Rehab Services Screening Form dated 8/9/24 revealed R25 was screened due to a fall. No PT or OT [physical therapy or occupational therapy] was needed at that time. There was no assessment of the bolsters being used as a restraint or a re-evaluation of the continued need of the restraint. Review of the facility's Restraint Free Environment policy dated 10/8/24 revealed 4. A physician's order alone is not sufficient to warrant the use of a physical restraint. The facility is responsible for the appropriateness of the determination to use a restraint. 5. Before a resident is restrained, the facility will determine the presence of a specific medical symptom that would require the use of restraints, and determine: a. How the use of restraints would treat the medical symptom. b. The length of time the restraint is anticipated to be used to treat the medical symptom, who may apply the restraint, and the time and frequency that the restraint will be released. c. The type of direct monitoring and supervision that will be provided during use of the restraint. d. How the resident will request staff assistance and how his/her needs will be met while the restraint is in place. (continued on next page)

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F 0604 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	e. How to assist the resident in attaining or maintaining his or her highest practicable level of physical and psychosocial well-being. Medical symptoms warranting the us of restraints should be documented in the resident's medical record. The resident's record needs to include documentation that less restrictive alternatives were attempted to treat the medical symptom but were ineffective, ongoing re-evaluation of the need for the restraint, and the effectiveness of the restraint in treating the medical symptom. According to the State Operations Manual, Falls generally do not constitute self-injurious behavior or a medical symptom that warrants the use of a physical restraint. Although restraints have been traditionally used as a falls prevention approach, they have major, serious drawbacks and can contribute to serious injuries. There is no evidence that the use of physical restraints, including, but not limited to, bed rails and position change alarms, will prevent or reduce falls. Additionally, falls that occur while a person is physically restrained often result in more severe injuries (e.g., strangulation, entrapment).

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F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure medication error rates are not 5 percent or greater. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32064 Based on observation, interview, and record review, the facility failed to ensure their medication error rate was below 5% when four medication errors were observed from a total of 26 opportunities for three residents (Resident #2, Resident #3, and Resident #7) of six reviewed resulting in a medication error rate of 15.38%. Resident #3 (R3) Review of the medical record revealed R3 admitted to the facility on [DATE] with diagnoses that included dementia and seizures. The Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 9/7/24 revealed R3 was severely cognitively impaired. Review of the Physician's Order dated 5/7/18 revealed an order for topiramate 25 milligrams (mg) two tablets twice a day. The order did not specify that the medication could be crushed. Review of the Physician's Order dated 7/13/22 revealed an order for levetiracetam solution 100 milligrams/milliliters (mg/mL); administer 1250 mg/12.5 mL twice a day. On 10/22/24 at 10:18 AM, Licensed Practical Nurse (LPN) D was observed preparing and administering medications to R3. LPN D crushed two tablets of topiramate 25 mg and then measured levetiracetam oral solution 100 mg/mL by pouring the medication into a medication cup. LPN D filled the cup to between the 10 mL and 15 mL mark and reported it was 12.5 mL. The cup had lines/marks for 2.5 mL, 5 mL, 7.5 mL, 10 mL, 15 mL, 20 mL, 25 mL, and 30 mL. There was not a line/mark for 12.5 mL. LPN D administered the medications to R3. Resident #7 (R7) Review of the medical record revealed R7 admitted to the facility on [DATE]. The MDS with an ARD of 8/25/15 revealed R7 scored 15 out of 15 (cognitively intact) on the Brief Interview for Mental Status (BIMS-a cognitive screening tool). On 10/23/24 at 09:02 AM, LPN D was observed preparing and administering medications to R7. LPN D administered one tablet of gerikot (sennosides 8.6 mg) to R7. Review of the Physician's Order dated 4/18/24 revealed an order for Senna-S (sennosides-docusate sodium) tablet; 8.6-50 mg. R7 only received the sennosides and not the docusate sodium. Resident #2 (R2) Review of the medical record revealed R2 admitted to the facility on [DATE] with diagnoses that included depression and Parkinson's Disease. Review of the Physician's Order dated 1/17/24 revealed an order for paroxetine 30 mg one tablet once per day. The order did not specify that the medication could be crushed. (continued on next page)

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F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 10/23/24 at 09:14 AM, LPN D was observed preparing and administering medications for R2. LPN D crushed one tablet of paroxetine 30 mg. In a telephone interview on 10/23/24 at 10:58 AM, Pharmacist C reported topiramate 25 mg should not be crushed or split. Pharmacist C reported the dose was available in sprinkles which could be opened and placed in applesauce/yogurt. Pharmacist C reported paroxetine 30 mg also should not be cut or crushed. Pharmacist C reported there was a liquid form of the medication available. In an interview on 10/23/24 at 12:47 PM, Director of Nursing (DON) B reported nurses had access to a list of medications that should not be crushed. DON B reported they would have expected the levetiracetam oral solution to be measured to 12.5 mL by using one medication cup measured to 10 mL and a second medication cup measured to 2.5 mL. Review of the facility's Meds that Should Not Be Crushed dated February 2023 revealed topiramate and paroxetine were not on the list. The list revealed This table has some common meds that should not be crushed; many more may not be listed. Brand names are representative and may not be all-inclusive.

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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. 22050 Based on observations, interviews, and record reviews, the facility failed to: (1) effectively clean food service equipment (toaster), (2) ensure proper sanitizer concentration within the 3-compartment sink, and (3) effectively date mark all potentially hazardous ready-to-eat food products effecting 30 residents, resulting in the increased likelihood for cross-contamination, bacterial harborage, improper three-compartment sink sanitization, and resident foodborne illness. Findings include: On 10/22/24 at 09:45 A.M., An initial tour of the food service was conducted with Dietary Manager E. The following items were noted: One gallon of Country Fresh 2% milk (3/4 full) was observed within the 2-door reach-in cooler, without an effective discard date. The manufacturer's best-by-date was also observed to read 10-26-24. Dietary Manager E stated: Staff should have placed a discard date on the container. The 2017 FDA Model Food Code section 3-501.17 states: (A) Except when PACKAGING FOOD using a REDUCED OXYGEN PACKAGING method as specified under S 3-502.12, and except as specified in (E) and (F) of this section, refrigerated, READY-TO-EAT, TIME/TEMPERATURE CONTROL FOR SAFETY FOOD prepared and held in a FOOD ESTABLISHMENT for more than 24 hours shall be clearly marked to indicate the date or day by which the FOOD shall be consumed on the PREMISES, sold, or discarded when held at a temperature of 5 C (41 F) or less for a maximum of 7 days. The day of preparation shall be counted as Day 1. On 10/22/24 at 10:55 A.M., An initial tour of the Nursing Kitchenette was conducted with Dietary Manager E. The following items were noted: The commercial toaster was observed heavily soiled with accumulated and encrusted food residue. The interior and exterior surfaces were also observed soiled with accumulated and encrusted food residue. Dietary Manager E stated: I will have someone clean the toaster. The 2017 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. One gallon of Country Fresh 2% milk (1/8 full) was observed within the General Electric refrigerator without an effective open date or discard date. The manufacturer's best-by-date was also observed to read 10-26-24. Dietary Manager E stated: Our date marking policy is day of plus 3 days for a total of 4 days on dairy products. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	The 2017 FDA Model Food Code section 3-501.17 states: (A) Except when PACKAGING FOOD using a REDUCED OXYGEN PACKAGING method as specified under S 3-502.12, and except as specified in (E) and (F) of this section, refrigerated, READY-TO-EAT, TIME/TEMPERATURE CONTROL FOR SAFETY FOOD prepared and held in a FOOD ESTABLISHMENT for more than 24 hours shall be clearly marked to indicate the date or day by which the FOOD shall be consumed on the PREMISES, sold, or discarded when held at a temperature of 5 C (41 F) or less for a maximum of 7 days. The day of preparation shall be counted as Day 1. The three-compartment-sink sanitizer concentration was observed to read greater than 500 parts-per-million, during a routine check. The quaternary sanitizer utilized was also observed to be Diversey J-512. The product concentration range provided by the manufacturer was additionally observed to read 200-400 parts-per-million. Dietary Manager E stated: I will call the Diversey technician for adjustments. The 2017 FDA Model Food Code section 4-501.114 states: A chemical SANITIZER used in a SANITIZING solution for a manual or mechanical operation at contact times specified under 4-703.11(C) shall meet the criteria specified under S7-204.11 Sanitizers, Criteria, shall be used in accordance with the EPA-registered label use instructions, and shall be used as follows: (A) A chlorine solution shall have a minimum temperature based on the concentration and PH of the solution as listed in the following chart; Concentration Range (MG/L) Minimum Temperature PH 10 or less C (F) Minimum Temperature PH 8 or less C (F) 25 - 49 49 (120) 49 (120) 50 - 99 38 (100) 24 (75) 100 13 (55) 13 (55) (B) An iodine solution shall have a: (1) Minimum temperature of 20 C (68 F), (2) PH of 5.0 or less or a PH no higher than the level for which the manufacturer specifies the solution is effective, and (3) Concentration between 12.5 MG/L and 25 MG/L; (C) A quaternary ammonium compound solution shall: (1) Have a minimum temperature of 24oC (75oF), (2) Have a concentration as specified under S 7-204.11 and as indicated by the manufacturer's use directions included in the labeling, and (3) Be used only in water with 500 MG/L hardness or less or in water having a hardness no greater than specified by the EPA-registered label use instructions; (D) If another solution of a chemical specified under (A) (C) of this section is used, the PERMIT HOLDER shall demonstrate to the REGULATORY AUTHORITY that the solution achieves SANITIZATION and the use of the solution shall be APPROVED; (E) If a chemical SANITIZER other than chlorine, iodine, or a quaternary ammonium compound is used, it shall be applied in accordance with the EPA-registered label use instructions; and (F) If a chemical SANITIZER is generated by a device located on-site at the FOOD ESTABLISHMENT it shall be used as specified in (A) - (D) of this section and shall be produced by a device that: (1) Complies with regulation as specified in SS 2(q)(1) and 12 of the Federal Insecticide, Fungicide, and Rodenticide Act (FIFRA), (2) Complies with 40 CFR 152.500 Requirement for Devices and 40 CFR 156.10 Labeling Requirements, (3) Displays the EPA device manufacturing facility registration number on the device, and (4) Is operated and maintained in accordance with manufacturer's instructions. On 10/24/24 at 09:00 A.M., Record review of the Policy/Procedure entitled: Sanitizing Food Contact Surfaces dated 1/24 revealed under Policies: Sanitizer solution must be at 200 ppm to 400 ppm for (Diversey) J-512 Sanitizer. Dispensing units are used to mix the sanitizing solutions. On 10/24/24 at 09:15 A.M., Record review of the Policy/Procedure entitled: Toaster Operation dated 11/10/2023 revealed under Before Use: (2) Check that the toaster is turned off at the power outlet, and the plug is removed from the power outlet. Ensure that the toaster is clean inside and out. Record review of the Policy/Procedure entitled: Toaster Operation dated 11/10/2023 further revealed under On Completion of Use: (6) Ensure toaster is not hot and wipe down with a clean damp cloth, and clean racks where applicable.

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F 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures for flu and pneumonia vaccinations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32064 Based on interview and record review, the facility failed to offer an updated pneumococcal vaccine for one (Resident #2) of five reviewed. Findings include: Review of the medical record revealed Resident #2 (R2) admitted to the facility on [DATE] with diagnoses that included Parkinson's Disease, depression, and hypertension. The Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 9/30/24 revealed R2 scored 14 out of 15 (cognitively intact) on the Brief Interview for Mental Status (BIMS-a cognitive screening tool) and was up to date on the pneumococcal vaccine. Review of R2's vaccine history revealed R2 received a PCV13 pneumococcal vaccine on 7/22/16. R2 did not have documentation of any further pneumococcal vaccines. According to the Centers for Disease Control and Prevention (CDC) PneumoRecs VaxAdviser application, the recommendation for R2 was give one dose of PCV20 or PPSV23 at least 1 year after PCV13. Regardless of which vaccine is used (PCV20 or PPSV23), their pneumococcal vaccinations are complete. However, if PPSV23 is administered, use shared clinical decision-making to decide whether to administer one dose of PCV20 at least 5 years after the last PPSV2 dose. In an interview on 10/24/24 at 8:54 AM, Director of Nursing (DON) B reported they did not have a consent or declination for any further pneumococcal vaccines for R2.