STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235664	A. Building B. Wing	09/06/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mission Point Nsg & Phy Rehab Ctr of Beverly Hills	18200 W 13 Mile Road Beverly Hills, MI 48025

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 30675 Based on observation, interview, and record review, the facility failed to treat residents in a dignified manner affecting four (R62, R316, R61 and R24) of seven residents reviewed for dignity. Findings include: R62: On 8/28/22 at 1:30 PM, R62 was observed lying in bed with a hospital gown loosely tied and hung down to their waist. R62 was holding their feeding tube and stated, Hi repeatedly. On 8/29/22 at 9:15 AM, R62 remained in bed with a hospital gown loosely secured around their neck. On 8/30/22 02:40 PM an interview was conducted with the two Certified Nursing Assistants (CNA 'G' and CNA 'O') that were assigned to R62 over the past couple of days. When asked if the resident has clothes to wear, they reported R62 did have clothes but were unable to explain why they did not get the resident up and dressed until today. CNA 'G' reported R63 zooms all over once they're in the wheelchair. Review of the clinical record revealed R62 was admitted into the facility on [DATE] and was readmitted on [DATE] with diagnoses that included: epilepsy, pervasive developmental disorder, and severe intellectual disabilities. According to the Minimum Data Set (MDS) assessment dated [DATE], R62 had significant communication limitations, had short and long term memory impairment and severely impaired cognitive skills for daily decision making, had no mood or behavior concerns, and was totally dependent upon one person for dressing. 34208 R316 (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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 8/28/22 at 12:17 PM CNA 'F' was observed from the hallway in R316's room performing peri-care for R316. R316 was fully nude from the waist down and their genitals could be observed from the hallway. R316 was overheard to ask CNA 'F' who was out in the hallway. CNA 'F' told R316 they should have closed their privacy curtain before providing care. When CNA 'F' finished the care and exited the room, they said they should have closed the door. On 8/28/22 at approximately 5:12 PM, R316 was observed lying in bed. A dinner tray was on top of the bedside table that was not within reach of the resident. Certified Nursing Assistant (CNA)TT entered into the room and asked R316, Ain't you going to eat that food? The resident responded by asking how long has the food been there. CNA TT told the resident maybe like 10 minutes and stated, Don't you wanna get it? The resident reported that he was not able to get it on his own. CNA TT tried to pull the resident up by herself, but was not able to do it on her own. CNA TT then stepped out of the resident's room. When interviewed, CNA TT reported this was her second time working at the facility. When asked if she knew the resident could not ambulate on his own to obtain his meal, CNA TT reported that she wasn't even sure if the resident was on her assignment, and was also not aware of his transfer status. R61 On 8/30/22 at 4:20 PM, R61 was observed in their bed. When asked how they were doing, R61 said they were hungry. On 8/30/22 at 4:21 PM, Registered Nurse (RN) 'N' was asked if they were R61's assigned nurse, and said they were. RN 'N' was made aware R61 was hungry, but responded with, Dinner will be here soon. They were then asked if R61 could have a snack and said they would have to find someone to help R61 with a snack because they were, a feeder. On 8/30/22 at 4:27 PM, an interview was conducted with the Director of Nursing (DON) and they were asked if snacks were available, and said they were. They were made aware of a hospice resident's request for a snack and RN 'N's response of dinner being served soon and referring to a resident as, a feeder. The DON said it was not appropriate to refer to a resident as a feeder, and said residents on Hospice can, have whatever they want. The DON asked who the resident was and was informed it was R61. The DON said R61, always says he's hungry. They were asked if R61 was care planned for always being hungry and provided no response. R24 On 8/31/22 at 2:00 PM the dining room was observed with approximately nine residents preparing to play Bingo. At that time, R24 was observed in their wheelchair and CNA 'I' was observed trimming their fingernails at a table in the dining room. 34275 R317 (continued on next page)

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 8/31/22 at approximately 12:33 PM, R317 was observed laying on their back on the floor mat next to their bed. The resident was not wearing any cloths and appeared to have only a wet diaper on. About three inches away from the resident was a full lunch tray. The resident was not eating or attempting to eat anything on the lunch tray. The resident was alert, but not able to answer questions asked. The DON was asked to observe the resident. When asked why the resident was on the floor with their food tray, the DON and was not able to provide. The DON further indicated that it was inappropriate that he was lying flat on the floor mat without clothes.

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 30675 This citation pertains to intake #MI00130095. Based on observation, interview, and record review, the facility failed to maintain a clean, comfortable, homelike environment, as evidenced by soiled floors and privacy curtains, broken furniture and fixtures, missing tiles, heavy buildup of mold in shower rooms, large gaps under doors, dusty fans, and broken windowpane. These deficient practices had the potential to affect all 62 residents in the facility. Findings include: On 8/28/22 at 1:00 PM, the floor drain cover on the 1 [NAME] hallway was missing. On 8/28/22 at 1:12 PM, room [ROOM NUMBER]-B (occupied by R45) was observed to have exposed wiring along the wall near the end of the bed. There was a broken metal piece from the bed resting on the floor. On 8/28/22 at 1:15 PM, room [ROOM NUMBER]-B (occupied by R18) was observed to have many large black flies throughout the room. On 8/28/22 at 1:24 PM, room [ROOM NUMBER]-B (occupied by R3) was observed to have a large black fly on their bed linen near their head. R3 did not respond to questions asked. On 8/28/22 at 1:30 PM, room [ROOM NUMBER]-A (occupied by R14) was observed to have many large black flies throughout the room. On 8/28/22 at 1:59 PM, room [ROOM NUMBER]-B (occupied by R54) was observed to have a tube feeding pump on a pole next to the bed. The surface area of the tube feeding pump was observed to have a heavy build-up of a brownish colored debris. There was garbage under the bed (wrappers, mouth swab), the flooring was heavily soiled, the blinds were bent and broken, and the light covering directly above the resident's head of the bed was observed to be cracked in half. The same was observed on 8/31/22 at 9:43 AM. On 8/28/22 at 2:02 PM, room [ROOM NUMBER]-A (occupied by R26) was observed to have heavily soiled privacy curtains, the bedside dresser was worn, with broken (missing) top part of the dresser and a broken handle that hung down. On 8/28/22 at 2:07 PM, room [ROOM NUMBER]-A (occupied by R50) was observed to have large black flies throughout the room. The wall in the hallway just outside of this room was observed to have a dark gray/brownish colored substance covering the wall. On 8/28/22 at 2:08 PM, room [ROOM NUMBER]-A (occupied by R46) was observed to have food debris and garbage on the floor. (continued on next page)

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	On 8/28/22 at 2:13 PM, room [ROOM NUMBER]-A (occupied by R15) was observed to having exposed wiring along the wall near the end of the bed. There was a broken metal piece from the bed resting on the floor. On 8/28/22 at 2:18 PM, the residents in room [ROOM NUMBER] (occupied by R55 and R20) reported a concern that the wax ring for the toilet might be broken as the toilet had been leaking for a while. They reported the facility was aware, but nothing had been done yet. Resident Council: On 8/29/22 at 11:00 AM, residents in attendance of the confidential resident council interview were asked about whether they were satisfied with their environment, or if there were any concerns. Six of the six residents in attendance reported concerns with the frequency of room cleaning and pests. Responses included: My room needs more cleaning. The corners need to be cleaned, there are spider webs. There's lots of flies and spiders. On 9/6/22 at 9:50 AM, an observation and interview was conducted with the Maintenance Director (Staff 'JJ'). They reported their department consisted of two staff, themselves, and Assistant (Staff 'KK') who started about a week ago. Staff 'JJ' was asked to observe several of the rooms identified with environmental concerns and reported they were not aware of most of them and did not recall seeing any of those reported in the facility's electronic reporting system. Staff 'JJ' further reported that these environmental concerns Must've just happened. Staff 'JJ' reported they were observed initially on 8/28/22 and remained a concern on 9/6/22. When asked about the missing floor drain cover, Staff 'JJ' reported they would get a cover now. When asked about why no one had identified this earlier as this was a concern with leaving an open hole of approximately 2 inches in a heavily traveled part of the hallway, they offered no further response. When asked about the exposed wiring in R15's room, Staff 'JJ' reported they were aware of that last week when they rounded with Life Safety staff. When asked why it still wasn't addressed, they offered no further response. 22960 On 8/29/22 between 9:00 AM-10:00 AM, during a tour of the facility with Maintenance Supervisor JJ, the following items were observed: In the Basement boiler room, there was a large area of standing water on the floor, and a slow drip observed from the kitchen water tank piping. Maintenance Supervisor JJ confirmed he was aware of the standing water, but provided no further explanation. (continued on next page)

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	The exit door in the basement located next to the boiler room, and leading up into the courtyard, was observed with a large gap along the bottom edge of the door. In addition, the exit door near the 1st floor dining room was observed with a large gap at the bottom of the door. Maintenance Supervisor JJ confirmed the gaps at the exit doors, but provided no further explanation. room [ROOM NUMBER]- There were missing floor tiles near the toilet in the bathroom. The 1 East shower room was observed with heavy buildup of mildew in the grout on the walls and the shower floor. Maintenance Supervisor JJ confirmed the mildew and stated he would have housekeeping clean it. In the 1 [NAME] shower room, the grout in the shower was heavily soiled with a black substance. The wall mounted fan located in the beauty shop was observed with dust on the blades and outer caging. room [ROOM NUMBER]- The window blinds were observed with missing, broken panes, leaving a large (approximately 9X9) open area exposed to the outside. In addition, the night stand was observed with broken handles, which were loose and hanging down. The bathroom floor was observed to be dull with black stains on the floor tiles. Maintenance Supervisor stated they strip and wax the floors on a monthly basis. There was a heavy infestation of large, black flies in the 1 [NAME] Hallway. Maintenance Supervisor confirmed the presence of the flies, but provided no explanation. 34208 On 8/28/22 at 12:43 PM, a review of resident occupied room [ROOM NUMBER] was conducted and revealed a garbage can with no liner and trash inside the can and dirty gloves and a syringe wrapper littered on the floor near the garbage can. 8/28/22 at 1:02 PM, an untouched breakfast tray was on the bedside table of room [ROOM NUMBER] bed C. A record review conducted on 8/28/22 at 8:50 PM revealed the resident in 121 bed C discharged on [DATE]. On 8/28/22 at 1:08 PM, an observation was made of room [ROOM NUMBER]. The floor area near 119 bed A was sticky with stains and had food and paper debris littering floor. The trash can near the bathroom was full, with no can liner containing the trash. An observation of the area of 119 bed C was observed to have soiled linens and two unfolded adult incontinence briefs on the floor at the foot of the bed. It was also noted the area of the bed had a strong urine odor. On 8/29/22 at 9:28 AM, an untouched dinner tray from 8/28/22 was observed on the bedside table of room [ROOM NUMBER]. On 8/29/22 at 11:25 AM, room [ROOM NUMBER]'s floor remained sticky, stained, and with food and paper debris littering the floor. A resident in the hallway was overheard complaining about the conditions of room [ROOM NUMBER] saying they were afraid the condition of room was going to bring in lice, rats, and mice. (continued on next page)

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	32568 On 8/28/22 at 12:54 PM, R217 was observed lying in bed. A trash can filled with dirty briefs was observed next to R217's bed. On 8/28/22 at 1:19 PM, R56's room was observed. The floor was soiled with dried tube feeding formula, trash, large crumbs, and spilled food. There was a strong urine odor in the room and the floor was sticky and appeared to not be mopped. On 8/28/22 at 2:06 PM, R56's room remained in the same condition. On 8/28/22 at 4:10 PM, R56's room was observed. The crumps of food and trash were removed from the floor, but the dried tube feeding formula remained.

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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** 30675 Based on observation, interview and record review, the facility failed to develop and/or implement comprehensive care plans to address mood, behaviors, use of antianxiety medication, smoking, falls and activities of daily living (ADLs) for three (R47, R62, and R19) of 29 residents reviewed for care plans. Findings include: According to the facility's policy titled, Care Planning dated 2/2022, .The facility will develop and implement a baseline care plan for each resident that includes the instructions needed to provide effective and person-centered care of the resident that meet professional standards of quality care .In the event that the comprehensive assessment and comprehensive care plan identified a change in the resident's goals, or physical, mental, or psychosocial functioning, which was otherwise not identified in the baseline care plan, those changes shall be incorporated into an updated summary provided to the resident and his or her representative .The comprehensive care plan .is reviewed and revised by the IDT (Interdisciplinary Team) as necessary . R47: On 8/28/22 at 1:35 PM, R47 was observed seated in a wheelchair in their room. When asked about whether they smoked, R47 reported they used to have cigarettes that were kept in the nursing cart and recently had their family provide them with a CBD pen (Cannabidiol - vaping pen) recently. When asked if anyone had ever evaluated them for safe smoking, they reported the Administrator said they had to take the CBD pen and that no-one had assessed them for anything like that. Review of the clinical record revealed R47 was admitted in the facility on 6/30/22 with diagnoses that included: paraplegia, major depressive disorder recurrent, neuromuscular dysfunction of bladder, anxiety disorder, acquired absence of right and left leg below knee, assault by shotgun and retained metal fragments. Further review of the clinical record revealed there was no assessment for safe smoking completed until 8/28/22 (during the survey) by Nurse Manager 'A'. This assessment identified the resident may smoke with supervision. Review of the care plans revealed there was no care plan developed for R47's for smoking upon admission, or following the most recent safe smoking assessment completed on 8/28/22. On 8/30/22 at 3:40 PM, the Administrator was asked about who was responsible for completing the smoking assessments and care plans for the residents and they reported those should be done by the floor nurses upon admission into the facility. R62: (continued on next page)

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 8/28/22 at 1:30 PM, R62 was observed lying in bed with a hospital gown loosely tied and hung down to their waist. R62 was holding their feeding tube and stated, Hi repeatedly. On 8/30/22 at 2:40 PM, an interview was conducted with Certified Nursing Assistant (CNA 'G') who was assigned to R62. When asked about R62's behaviors, they reported R62 wheeled themselves all over once they were up in the wheelchair and can hit out at times. When asked where resident behaviors were documented, they reported in the task section of the electronic medical record (EMR). When asked to view the EMR, CNA 'G' reviewed and confirmed there were no documented behaviors for the past 30 days (maximum look back period available for review). Review of the clinical record revealed R62 was admitted into the facility on [DATE] and was readmitted on [DATE] with diagnoses that included: epilepsy, pervasive developmental disorder, severe intellectual disabilities, and adjustment disorder with disturbance of conduct. Review of R62's physician orders and Medication Administration Records (MARs) revealed the resident had been prescribed multiple orders for PRN Lorazepam (antianxiety medication) since 7/6/22. Further review of the MARs and clinical record revealed R62 received 13 PRN administrations of the Lorazepam medication since July 2022 without identifying the specific behavior or what non-pharmacological approaches were implemented at the time of medication administration. Review of R62's care plans revealed there was no care plan for the resident's use of PRN antianxiety medication, or for monitoring and providing interventions for behaviors. 32568 R19 On 8/28/22 at 12:33 PM, R19 was observed seated in a wheelchair near the nurse's station on the East Wing with a family member. At that time, the family member was concerned about R19 being lethargic and a call was made to the physician who evaluated R19 via a video call and reported she appeared over sedated. On 8/28/22 at 1:08 PM, R19 remained seated in a wheelchair near the nurse's station calling another resident vulgar names. R19 stated, We call each other [expletives] for fun. On 8/28/22, multiple observations were made of R19 between approximately 1:30 PM and 6:00 PM seated in the same spot near the East Wing nurse's station with minimal interaction from the staff. R19 remained tearful with almost continuous sobbing, crying, and yelling out for her family throughout this time frame, repeating the phrase, Let me go! On 8/29/22 at 9:01 AM, the door to R19's room was observed to be closed (it would not stay open). R19 was observed positioned poorly in bed, slouched down under an over the bed table that contained a breakfast tray. Food was observed to be all over R19's clothing and bed sheets and she was having difficulty eating it. R19 was sobbing and said she wanted to be up in the wheelchair outside of the room. When queried about whether she was able to eat her breakfast on her own, R19 started crying and stated, No. R19 appeared to be struggling to feed herself and was not positioned in a way that encouraged independent eating. R19 started screaming and crying, stating, Just let me go! (continued on next page)

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 8/29/22 between 1:58 PM and 3:24 PM, R19 was heard yelling and sobbing loudly while seated near the nurse's station on the East Wing. On 8/30/22 from 5:00 PM until 5:18 PM, R19 was observed seated in a wheelchair inside her room with the door open only a crack (the door would not stay open). R19 was near the door and was yelling and sobbing. At 5:30 PM, R19 was observed in her room in a wheelchair yelling and sobbing. R19's dinner plate was observed to be placed on the bed. On 8/31/22 at 2:42 PM, R19 was observed lying in bed sobbing. The door was closed and the television was on. A mattress was observed on the floor next to R19's bed. R19 could be observed from the hallway crying while in bed. Review of R19's clinical record revealed R19 was admitted into the facility on [DATE] and readmitted on [DATE] with diagnoses that included: metabolic encephalopathy, seizures, major depressive disorder, expressive language disorder, hemiplegia, aphasia, psychotic disorder, nontraumatic subdural hemorrhage, and pseudobulbar affect. Review of R19's Minimal Data Set (MDS) assessments revealed the most recent MDS due on 8/2/22 had not yet been completed. Review of the last MDS assessment completed on 5/2/22 revealed R19's cognition and behavior symptoms were not assessed. Further review of R19's clinical record, incident reports, and post-fall assessments revealed R19 had seven falls between 7/6/22 and 8/11/22. Review of R19's care plan conducted on 8/29/22 revealed the falls care plan was initiated on 5/23/22 and documented, I am at an increased risk for falls r/t (related to). No root cause was identified on the care plan. The care plan documented the following interventions: 1:1 as needed initiated on 8/8/22 - This intervention was not observed throughout the survey when R19 was observed to be restless and in emotional distress. R19 was observed on multiple occasions in their room, in bed, with the door closed, while crying and distressed. Encourage me to participate in activities that promote exercise, physical activity for strengthening and improved mobility, initiated on 6/28/22. This intervention was not observed. Frequent monitoring, initiated on 8/8/22. There were multiple observations throughout the survey of R19 in a restless, distressed state both in the hallway by the nurse's station and in their room with the door closed for extended periods of time. I need strategies that minimize the potential for falls while providing diversion and distraction, initiated on 7/28/22 and revised on 7/28/22. This intervention did not include any individualized or specific strategies to attempt with R19. Place in high traffic area for monitoring when up in wheelchair, initiated on 7/12/22 and revised on 7/25/22. R19 was observed multiple times throughout the survey in their room with the door closed or near the nurse's station in a restless and distressed state with minimal engagement from the staff. (continued on next page)

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Resident to remain in bed for safety, initiated on 8/11/22. There were multiple observations of R19 in bed with the door closed, crying and in distress. It should be noted that R19 had multiple unwitnessed falls in their room from their bed in the months of July 2022 and August 2022. Further review of R19's care plans revealed the following: A care plan initiated on 6/3/22 and revised on 6/23/22 that documented, I use anti-psychotic medications r/t (related to) Behavior management, DX: psychotic disorder with delusions, resident yells out, and will place self onto floor . Documented interventions included: Administer medications as ordered .AIMS per policy . Educate .about risks, benefits and the side effects and/or toxic symptoms of the medication I am on .I am followed by (behavioral health provider) for psychoactive medication management) .keep resident from obtaining a major injury .Mattress placed at bedside . A care plan initiated on 6/3/22 that documented, I use Antidepressant or Mood Stabilizer medication r/t Depression. Documented interventions included: Document on (CNA electronic documentation system) and report to social work PRN (as needed) s/sx (signs and symptoms) of depression (initiated 6/3/22), Give antidepressant medications ordered by physician . There was no care plan that included individualized specific goals and interventions for R19's mood and behaviors. On 8/31/22 at 3:00 PM, Social Services Assistant (SSA) 'AA' was interviewed. When queried about what care planned interventions were in place to address R19's mood and behaviors, SSA 'AA' reported there was currently nothing in place to address R19's mood and behaviors and stated, There is one staff person, but I'm not sure of her name, who can calm her down. On 8/31/22 at 3:34 PM, the DON was interviewed and reported there should be individualized interventions in place to address and monitor R19's mood and behaviors symptoms. When queried about care planned interventions to prevent falls, the DON reported they should be implemented by the staff.

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Mission Point Nsg & Phy Rehab Ctr of Beverly Hills	18200 W 13 Mile Road Beverly Hills, MI 48025

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 30675 Based on observation, interview and record review, the facility failed to provide timely activities of daily living (ADLs) including nail care, dressing, and bathing or shower/bathing for eight (R15, R31, R62, R19, R38, R61, R268, and R317) of eight residents reviewed for ADLs. Findings include: R15 On 8/28/22 at 2:13 PM, R15 was observed lying in bed slightly on their left side with a large mattress on the floor next to the bed. The resident's gown was pulled down, and food was observed down the front of their body and collected in the crook of their left arm. The resident's hair and skin had a greasy appearance. On 8/29/22 at 8:50 AM, R15 was observed laying in their bed with a full mattress on the floor next to the bed. The resident was wearing a hospital gown and their hair and skin remained greasy. When asked about how often they received showers, R15 reported they were not. Review of the clinical record revealed R15 was admitted into the facility on [DATE], and readmitted on [DATE] with diagnoses that included: encephalopathy, acute kidney failure, psychotic disorder with delusions due to known physiological condition, seizures, neuromuscular dysfunction of bladder, hemiplegia and hemiparesis following cerebral infarction affecting right dominant side, and major depressive disorder. According to the Minimum Data Set (MDS) assessment dated [DATE] (the assessment for 8/12/22 was not complete as of this review) R15 had intact cognition, was totally dependent upon two or more people for physical assistance with bathing. On 8/29/22 at approximately 8:30 AM, the Administrator was asked about how the facility documented its showers and they reported they were all electronic in the task section of the electronic medical record (EMR) and that they no longer used the paper bathing/shower sheets. On 8/29/22 at 2:15 PM, an interview was conducted with Certified Nursing Assistant (CNA 'G' and CNA 'O'). When asked about how often residents were showered or offered baths, they both reported difficulty due to staffing and at least once a week. According to R15's Kardex: I am totally dependent on 1 staff to provide Bed bath/shower per schedule and as necessary or requested. Shower/Bath/Bed Bath-PRN (as needed) Shower/Bathing/Bed Bath Scheduled Showers are on Wednesdays and Saturdays (afternoon shift). (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of R15's bath/shower documentation on 8/30/22 at 9:29 AM revealed the task section of the EMR for the past 30 days only had one bed bath documented as provided on 8/13/22. R31 On 8/28/22 at 1:20 PM, the resident was observed seated in a motorized wheelchair with a lunch tray placed in front of them. R31 reported they had been at the facility since 2016 and felt there needed to be more staff. When asked if there were concerns that care was not being provided due to this, R31 reported routine care like showers were not always done. Review of the clinical record revealed R31 was admitted into the facility on [DATE] and readmitted on [DATE] with diagnoses that included: Parkinson's disease, a neuromuscular dysfunction of bladder. According to the MDS assessment dated [DATE], R31 had intact cognition and required extensive assistance of one person for personal hygiene. The section for bathing was noted as Activity itself did not occur. The documentation used for this look back period of seven days read, No Data Found. Review of R31's shower/bathing documentation for the past 30 days (as of 8/30/22 at 12:30 PM and 9/6/22 at 8:20 AM last shower/bed bath was a bed bath on 8/26) documented bed bath on 8/5, 8/16, 8/19 and 8/26 and a shower on 8/23. No documented refusals. and none on prn bathing documentation. There was no documentation on the prn shower/bath/bed documentation as of 9/6/22. R62: On 8/28/22 at 1:30 PM, R62 was observed lying in bed, wearing a loosely tied gown that hung down to their waist. The resident was holding their feeding tube near their stomach and holding it up to look at. The resident repeatedly stated Hi very loudly. The resident's appearance was very disheveled with uncombed hair and long fingernails with dark debris underneath the nail tips. When asked simple questions, R62 only responded very loudly and repeatedly, Hi. The resident's tube feeding was not connected or running at this time. Further observations through 7:00 PM revealed R62 remained in the same manner as observed earlier. Review of the clinical record revealed R62 was admitted into the facility on [DATE] and was readmitted on [DATE] with diagnoses that included: epilepsy, pervasive developmental disorder, and severe intellectual disabilities. According to the MDS assessment dated [DATE], R62 had significant communication limitations, had short- and long-term memory impairment and severely impaired cognitive skills for daily decision making, and was totally dependent upon one person for dressing, personal hygiene, and bathing. Review of R62's shower/bathing documentation for the past 30 days in the task section of the EMR revealed there was no documentation any showers or bed baths were provided. (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 8/29/22 at 2:15 PM, CNA 'G' and CNA 'O' were asked about why the resident was not up and dressed yesterday and today and CNA 'O' reported they were doing a lot of running around an didn't get R62 up because he was still receiving tube feeding. When asked if he was offered to get up once the tube feeding was completed, they offered no response. CNA 'G' ([NAME]) reported R62 was able to indicate when he wanted to get up and his sign to get up is pulling out and showing the feeding tube and will also say Hi. Both were informed that was what the resident had been doing earlier and offered no further response. 32568 R19 On 8/28/22 at approximately 1:08 PM, R19 reported she wanted a shower in the presence of Nurse 'B' and R19's family member. R19's family member told R19 that she knew she got a shower because she assisted with it. R19 explained that she was just washed in the bed and wanted a full shower. Nurse 'B' told R19 that she could have a shower. On 8/28/22 at approximately 1:30 PM, R19 was interviewed about showers. R19 reported she only received bed baths and wanted a shower. R19 stated, They will lie to you and say I got a shower, but I didn't. Review of R19's clinical record revealed R19 was admitted into the facility on [DATE] and readmitted on [DATE] with diagnoses that included: metabolic encephalopathy, seizures, major depressive disorder, heart failure, expressive language disorder, hemiplegia, aphasia, cerebral infarction, chronic obstructive pulmonary disease (COPD), dysphagia, congestive heart failure (CHF), hypothyroidism, psychotic disorder, nontraumatic subdural hemorrhage, pseudobulbar affect. Review of R19's MDS assessments revealed R19 was due for a quarterly MDS assessment on 8/2/22. However, it was not completed. Review of R19's last completed MDS assessment dated [DATE] revealed R19's cognition and behavior symptoms were not assessed. According to the assessment on 5/2/22, R19 was totally dependent on at least two staff members for transfers and it was documented that bathing did not occur during the seven day look back period for the assessment. Review of the previous Significant Change MDS assessment dated [DATE] revealed R19 had severely impaired cognition and bathing did not occur during the seven day look back period. Review of the CNA task (CNA documentation) for Shower/Bathing/Bed Bath Scheduled for R19 for the past 30 days revealed only one documented bed bath on 8/29/22. There was no documentation that indicated R19 refused showers. 34208 R61 On 8/28/22 at 1:02 PM, R61 was observed in their bed. R61 was not responsive to attempts of verbal communication or an interview. (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 8/31/22 at 10:21 AM, a review of R61's clinical record was conducted and revealed they admitted [DATE] with diagnoses that included: Huntington's disease, bipolar disorder, schizoaffective disorder, major depressive disorder, and protein calorie malnutrition. It was noted R61 transferred from a sister facility and admitted with Hospice Services. A review of R61's Minimum Data Set assessment dated [DATE] indicated they had moderate cognitive impairment and required total assistance from one or two staff members for all activities of daily living. A review of a 30-day look-back for the Certified Nursing Aide (CNA) task for showers was completed and revealed R61 had not been provided a shower or a bed bath in a 30-day look-back period. R268 On 8/28/22 at 12:49 PM, R268 was observed in their room sitting in their recliner. R268 was asked about their stay in the facility and said they had been requesting a shower for three days. They said they were supposed to have on Wednesday (8/24/22) but declined because they didn't feel well. They went on to say they had been requesting a shower and was supposed to have received their scheduled shower on Saturday (8/27/22), but was not given one. On 8/29/22 at 8:51 AM, R268 was asked if they received a shower and said they had not. On 9/6/22 at 9:38 AM, a review of R268's clinical record revealed an admitted [DATE] with diagnoses that included: Parkinson's disease, heart failure, lymphedema, dementia without behaviors, post-traumatic stress disorder, and anxiety disorder. R268's most recent MDS dated [DATE] indicated intact cognition, documented it was Very Important for R268 to choose between a tub bath, shower, bed bath, or sponge bath, required set up assistance for activities of daily living and was documented ADL Activity itself did not occur as a response to self performance and support provided for bathing. A review of a 30-day look-back period for the CNA task for bathing was conducted and revealed no documentation R268 had received a shower. 34275 R38 On 8/28/22 at approximately 1:44 PM, R38 was observed sitting in their wheel chair. The resident had un-combed greasy hair and long nails with dirt underneath them. A review of R38's clinical record was conducted and revealed the resident was admitted to the facility on [DATE] with diagnoses that included: Alzheimer's disease, COPD, depression, and mood disorder. A review of R38's MDS indicated the resident needed extensive one person assist for most ADLs and was cognitively impaired. A review of a 30-day look-back for the CNA task for showers was completed and revealed R38 had only been provided one bed bath in the 30-day look-back period. R317 On 8/28/22 at approximately 1:56 PM, R317 was observed lying flat on his back in his room, his gown was dirty and covered with food, his hair was greasy and unkempt. The resident was alert, but not able to answer questions asked about ADL care. (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	A review of R317's clinical record was conducted and revealed the resident was admitted to the facility on [DATE] with diagnoses that included: dementia with Lewy Bodies, cerebral infarction, and cocaine abuse. An initial assessment noted that the resident needed extensive one to two person assist for all ADLs and had a BIMS score of 3/15 (severely cognitively impaired). A review of a 14-day look back completed on 8/29/22 noted the resident has not been provided either a shower or bed bath. On 8/29/22 at approximately 8:03 AM, an interview was conducted with CNA SS. CNA SS was asked how they documented when a shower/bed bath and nail care was given. CNA SS reported they believed a paper sheet was to be filled out and placed at the nurses' station. There were no documents available at the nurses' station. At approximately 8:30 AM, the DON was interviewed and CNA SS was present. The DON reported that all ADL care including showers would be found on the resident's electronic record and if not documented, it was not completed.

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F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 30675 This citation pertains to intake #MI00129973 and MI00130095. Based on observation, interview and record review, the facility failed to ensure a resident was provided timely incontinence care for one (R54) of four residents reviewed for bladder and bowel incontinence, resulting increased likelihood for feelings of embarrassment, loss of dignity, and skin breakdown. Findings include: On 8/28/22 from 12:00 PM to 7:10 PM observations of R54 included: At 12:00 PM, R54 was observed dressed and wearing a helmet while seated in a wheelchair (on top of a Hoyer lift sling) in the front dining room. From 12:00 PM to 6:30 PM, staff were not observed to offer to R54 to lay down, or to check for incontinence care needs. At 6:30 PM, R54 was observed to have a strong odor from a bowel movement (BM). At 6:53 PM, Nurse 'VV' was observed approaching R54 tell them they were going to take him to lay down. Upon moving R54's wheelchair backwards to turn around, the resident's lower extremities began shaking and trembling rapidly. Nurse 'VV' put their hands on the resident's shoulder and the resident's movements stopped. When asked about why the resident had been up in their chair since at least 12:00 PM without being changed or checked on by nursing staff, Nurse 'VV' reported they were not able to explain as they had only arrived at the facility at 4:00 PM. When asked who the assigned Certified Nursing Assistant (CNA) was, Nurse 'VV' reported they didn't know, but thought it was a male CNA from the agency. After a few more minutes, R58's assigned nurse (Nurse 'EE') came to the room. When asked why no one offered to check the resident for incontinence during the approximate seven or more hours, they reported there were issues with staff coming in and that once they got wind that State (health care surveyors) was in the building staff left, or called off. Nurse 'VV' acknowledged R54's strong BM smell and left the room to find the CNA. At 7:10 PM, R54 remained in seated in the wheelchair and remained incontinent of BM. Review of the clinical record revealed R54 was admitted into the facility on [DATE] and readmitted on [DATE] with diagnoses that included: Huntington's disease, gastrostomy status, conversion disorder with seizures or convulsions, tremor, anxiety disorder, mood disorder due to known physiological condition with major depressive-like episode, dementia without behavioral disturbance, and memory deficit following other cerebrovascular disease. (continued on next page)

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F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	According to the Minimum Data Set (MDS) assessment dated [DATE], R54 had unclear speech, had severe cognitive impairment, was totally dependent upon one-person physical assist with toilet use and personal hygiene, was always incontinent of urine and occasionally incontinent of bowel and was not on a toileting program. On 8/29/22 at 8:54 AM, an interview was conducted with CNA 'O' (who had been assigned to R54 on 8/28/22 day shift. When asked about why the resident had not been toileted or checked for incontinence care on 8/28/22, they offered no explanation. When asked where documentation was maintained for the resident's bladder and bowel management, CNA 'O' reported that was in the task section of the electronic medical record (EMR). Review of R54's bowel and bladder section of the task documentation for the past 30 days (as of 8/29/22) revealed there was no documentation since 8/26/22. Review of R54's Kardex for Toileting/Bowel and Bladder documented, Monitor me for incontinent episodes @ (at) least Q (every) 2 hrs (hours) & prn (as needed) and provide me with incontinent care apply protective ointment to peri area with each brief change .Observe/document for s/sx (signs and symptoms) UTI (Urinary Tract Infection): pain, burning, blood tinged urine, cloudiness, no output, deepening of urine color, increased pulse, increased temp, Urinary frequency, foul smelling urine, fever, chills, altered mental status, change in behavior .TOILET USE: Totally dependent on (X)1 staff for toilet use.

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 30675 This citation pertains to intake #MI00130095. Based on observation, interview, and record review the facility failed to provide sufficient nursing staff to meet the needs of residents dependent upon staff for care needs. This deficient practice has the potential to affect all 62 residents that reside at the facility. Findings include: On 8/28/22 at 12:00 PM, upon entry to the facility, the resident in room [ROOM NUMBER] was overheard yelling, I've been sitting in piss for five hours, I can't wait till I get the f*** out of here!. The gold hall medication cart was observed to be unlocked, with several containers of small clear medication cups filled with colored liquids. There was no nursing staff observed in the area and the survey team given access by a resident that reached around the nursing desk to unlock the front door. Nurse 'B' did not return to the gold hall medication cart until 12:18 PM. When asked about the delay in nursing staff's response to the survey team's entry and unsecured medications, Nurse 'B' reported the cart was likely longer than what was observed as they had another resident whose fistula needed immediate care and there were only agency nurses working at that time. Review of the Resident Council Meeting Minutes from 2/8/22 to 7/25/22 included the following staffing concerns: On 4/25/22, resident states staff too busy to get her up before smoke break. On 5/23/22, residents complained there was a need for more nurses. On 6/6/22, residents stated they needed more showers. On 7/11/22, residents stated they need more showers; not answering call lights for over an hour sometimes. The action taken by the former Director of Nursing (DON) documented: On 4/27/22, regarding the concern about staff being too busy, the DON's response read, Resident often requests to get up during meal time and is reminded that we will get to her after meal completed. Staff challenges also have played a part in her recent concerns . On 5/23/22, regarding the concern about staff being too busy, the DON's response read, Please remind resident we staff over what state requires & it is an ongoing process to keep staff. Resident Council: (continued on next page)

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	On 8/29/22 at 11:00 AM, during the confidential resident council interview, six of the six residents in attendance verbalized ongoing concerns with staffing and response to call lights. Responses included: We get some from different agencies and it's kinda a problem. Some agency people come in and say you gotta just sit and wait. I waited for one nurse 45 minutes to come out of a room. Then I waited another 25 minutes till she gave me my medication. My roommate hasn't gotten up in over a week! Had an incident with staffing just yesterday. I was supposed to get by feeding (tube feeding) at 5:30 PM and didn't get it until 2:30 AM because of staffing. It was a lady from an agency. A lot of time (R19) hollering in hallway and cause she's tired. Most time acting like that she's sleepy. She's sitting there for a long time. They should have more staff to be able to lay her down. 34275 On 8/29/22 at approximately 9:22 AM, a phone interview was conducted with the Complaint. The Complainant reported that staffing is short on the weekends and specified that on the Saturday 7/30/22 and Sunday 7/31/22, R25 was left wet and soiled and they changed and cleaned the resident on their own. A review of the nursing staff schedule for the day shift on 7/30/22 and 7/31/22 was conducted with Staffing Coordinator (SC) S and revealed the following: 7/30/22: The Daily Staffing Sheet noted that three nurses were scheduled to work from 7 AM to 7 PM and six CNAs were scheduled to work the day shift from 7AM to 3:30 PM. Review of the punch cards for that day noted only two nurses worked and three CNAs. The census on that day was reported as 67. 7/31/22: The Daily Staffing Sheet noted two nurses and two managers were scheduled to work and five CNAs. Review of the punch cards for the day noted only two nurses work and SC C reported that the UM were not in the building. Of the five CNA's scheduled only four worked. The census on that day was reported as 67. R268 On 8/29/22 at approximately 11:47 AM, R268 was heard yelling help from their room. Upon entry into the room, R268 reported that she needed a nurse as she was in pain and had not received her morning medications. CNA QQ entered the room and reported that she was unable to find a nurse to assist the resident. On 8/29/22 at approximately 2:58 PM, R268 was interviewed in their room. R268 stated that a nurse has not been in to see her and she still was having pain in her back.

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F 0730 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Observe each nurse aide's job performance and give regular training. 34275 Based on interview and record review, the facility failed to ensure that performance reviews and corresponding in-service education was provided within the required time period to four Certified Nursing Assistants (CNAs: G, I, P and BBB) out of five staff whose education files were reviewed. Findings include: On 8/31/22 at approximately 1:48 PM, an e-mail request was sent to the Administrator asking for the name of the Staff person responsible for ensuring competency evaluations and 12-hour CNA in-service training were completed. An e-mail response was sent on 8/31/22 at approximately 3:31 PM that noted the Director of Nursing (DON) was responsible and that all in-service/competency evaluations would be located in the staff employee file. On 8/31/22 at approximately 3:45 PM, the DON was queried as to nursing aides reviews and training. The DON reported that they were new to the facility and had not completed the 12 hours in-service training. On 8/31/22 at approximately 4:04 PM, an interview was conducted with the Human Resource Director (HR) CCC. HR CCC reported that to her knowledge the documents most likely would not be in the staff records, as the former DON did not complete all of them. HR CCC provided the following files to review: CNA G-hire date 8/26/21 CNA I - hire date 7/5/18 CNA O -hire date 3/25/22 CNA P - hire date 1/21/21 CNA BBB - hire date 4/20/17 *There were no documents in the employee files that noted the required 12-hour in-service training. On 9/6/22 at approximately 8:17 AM, a follow-up interview was conducted with the Administrator. The Administrator reported that the training might be located in a binder. Binders for 2021 and 2022 were provided and after review were not noted to have the number of training hours. The Administrator did provide some documentation as to CNA O and noted she was a fairly new hire, and they would continue with 12-hour in-service. A request was for the facility 12-hour in-service policy on 9/6/22 at approximately 9:10 AM. There was no policy provided by the end of the survey.

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F 0732 Level of Harm - Potential for minimal harm Residents Affected - Many	Post nurse staffing information every day. 34275 Based on observation, interview and record review, the facility failed to display current nurse staffing information that was readily accessible for all 67 residents as well as visitors in the facility. Findings include: On 8/28/22 at approximately 12:00 PM, the daily staffing posting in the facility was observed to be posted for 8/26/22. On 8/29/22 at approximately 8:00 AM, the daily staffing posting was observed to still be posted 8/26/22. On 8/29/22 at approximately 2:45 PM., The Director of Nursing (DON) was queried regarding the facility's daily staffing posting. The DON reported that a current posting should always be posted. The facility was asked to provided policy(s) pertaining to staffing. No staffing policy(s) were provided before the end of the survey.

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F 0867 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Set up an ongoing quality assessment and assurance group to review quality deficiencies and develop corrective plans of action. 32568 Based on observation, interview, and record review, the facility failed to implement effective plans of action to correct identified quality deficiencies related to abuse reporting and investigating, admission orders, falls, intravenous (IV) care, social services, medication storage, and influenza and pneumococcal vaccines, resulting in the continuation of deficient practices. This had the potential to affect all residents who resided in the facility. Findings include: On 10/25/22 and 10/26/22, a revisit survey was conducted to determine compliance with deficiencies identified during the facility's recertification survey completed on 9/6/22. According to a CMS (Center for Medicare and Medicaid) 2567 form dated 9/6/22, the facility was found to be noncompliant with regulatory requirements related to admission orders, abuse reporting and investigating, falls, IV care, social services, medication storage, and influenza and pneumococcal vaccines. Review of the facility's Plan of Correction (POC) with an alleged compliance date of 10/4/22 revealed the facility would do the following to correct the deficient practice related to the failure to report an allegation of neglect to the abuse coordinator: .The Administrator re-educated staff on the Abuse, Neglect, and Exploitation policy with an emphasis on reporting an allegation of abuse timely .The interdisciplinary team will conduct weekly rounds .with the residents to identify concerns, which includes allegations of neglect. The interdisciplinary team will report allegations of neglect to the abuse coordinator immediately .The Administrator/Designee will audit the (rounds) weekly for 6 weeks to ensure allegations of neglect abuse have been reported to the abuse coordinator. The Administrator/Designee will report findings to QAPI (Quality Assurance Performance Improvement) for monitoring and recommendations until compliance is achieved .The Administrator is responsible for attaining and maintaining compliance . On 10/26/22, it was identified that the facility did not report an injury of unknown origin to the State Agency for R725 and an allegation of misappropriation of resident property to the Abuse Coordinator for R713. Review of audits conducted by the facility as part of their POC revealed the following: An audit conducted by the Administrator/Abuse Coordinator on 10/19/22 that documented there were no allegations of abuse reported by staff or residents, no injuries of unknown origin reported by staff or residents, and no allegations of abuse to report. However, R725's injuries including eye bruising, inner thigh bruising, and swelling to the hip, were documented on 10/19/22. (continued on next page)

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F 0867 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	The facility's POC documented the following would be done to correct the deficient practice related to the lack of a thorough investigation into an allegation of misappropriation of resident property with an alleged compliance date of 10/4/22: .The Administrator was re-educated by the Regional Director of Operations/designee on the Abuse, Neglect, and Exploitation policy, emphasizing conducting a thorough investigation, including interview individuals surrounding the date(s) of allegation .The Administrator will use an investigation checklist for all facility-reported incidents to ensure a thorough investigation, with an emphasis on interviewing individuals (staff and non-staff) surrounding the alleged event date(s) .The Administrator/Designee will audit grievance concerns from residents to ensure a thorough investigation process for facility reported incidents, as deemed necessary, weekly for 6 weeks. The Administrator will report findings to QAPI for monitoring and recommendations until compliance is achieved .The Administrator is responsible for attaining and maintaining compliance . On 10/26/22, it was identified that the facility did not investigate injuries of unknown origin, including eye bruising, inner thigh bruising, and hip swelling, for R725. The facility's POC documented the following would be done to correct the deficient practice related to the failure to obtain and implement physician orders for TPN (Total Parenteral Nutrition) upon admission with an alleged compliance date of 10/4/22 (It should be noted that immediate jeopardy was identified related to this deficiency on the annual recertification survey conducted on 9/6/22): .The Regional Clinical Director educated the Director of Nursing on the TPN Medication Review and Admission Process .The Director of Nursing /Designee educated the licensed nurses on the TPN Medication Review and Admission Process . Licensed nurses will utilize the admission checklist to ensure all admission medication orders are transcribed and completed .The Director of Nursing/Designee will audit new resident medication orders to ensure all medication orders are transcribed and completed weekly for 6 weeks. The Director of Nursing/Designee will report findings to QAPI for monitoring and recommendations until compliance is achieved .The Director of Nursing is responsible for attaining and maintaining compliance . On 10/26/22, it was identified that the facility failed to ensure admission orders for a central venous catheter, as well as orders to care and maintenance of the IV. This deficient practice involved R716, who was the same resident cited on 9/6/22. Review of audits conducted by the facility, did not identify the deficient practice related to R716's IVs. The facility's POC included education of staff to utilize an Admission Checklist. However, it was not in R716's electronic clinical record, and upon request was not provided by the facility before the end of the survey. (continued on next page)

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F 0867 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	The facility's POC documented the following would be done to correct the deficient practice related to the failure to implement interventions and develop effective and timely interventions based on accurate root cause analysis to prevent falls resulting in harm to a resident, with an alleged compliance date of 10/4/22: . The Regional Clinical Director educated the Director of Nursing on the Fall Reduction Policy. The Director of Nursing/Designee educated the nursing staff on Fall Reduction Policy, with an emphasis on ensuring fall interventions are related to root cause analysis to prevent likelihood of a fall. Resident at risk for falls will be reviewed by the clinical management team, Mon (Monday)-Fri (Friday) during morning meeting. Interventions based on root cause analysis will be implemented and documented .The DON/designee will audit the fall incident reports, weekly for 6 weeks to ensure care plans are updated and interventions are implemented, to reduce the likelihood of falls for residents experiencing falls. The Director of Nursing/Designee will report findings to QAPI for monitoring and recommendations until compliance is achieved .The Director of Nursing/Designee is responsible for attaining and maintaining compliance . On 10/26/22, it was identified that the facility failed to conduct an accurate root cause analysis to develop and implement fall interventions for R718 resulting in harm to the resident. R718 was the resident who cited on 9/6/22, as well. Review of audits conducted by the facility revealed, on 10/21/22, it was documented there were no falls or accidents reported. On 10/11/22, it was documented that R725 and R718 were audited and had Fall Risk interventions in place and updated as needed. The facility's POC documented the following would be done to correct the deficient practice related to the failure to implement care and maintenance to a central venous catheter (IV) with an alleged compliance date of 10/4/22: .Resident (previous resident identifier) still resides in the facility and has received care for the central venous catheter (CVC), per physician order .There aren't any other resident with a CVC .The nursing staff were educated on the Managing Central Vascular Access Devices guidelines by (nursing guidelines manual) .A schedule has been developed to ensure residents with a CVC receive care per physician order . The Director of Nursing/Designee will audit residents with a CVC weekly for 6 to ensure care is being provided per physician order. The Director of Nursing/Designee will report findings to QAPI for monitoring and recommendations until compliance is achieved .The Director of Nursing is responsible for sustained compliance . On 10/26/22, it was identified that the facility failed to ensure there were physician orders for a central venous catheter to R716's chest and ensure the IV site was maintained and care provided. This resulted in an infection to the IV access site. According to the facility's POC, R716 was the only resident in the facility with a central venous catheter to the chest and was also the resident cited on 9/6/22. Review of audits conducted by the facility revealed R716 was included on the audit on 10/4/22, 10/14/22, 10/19/22 and was the only resident audited. The audit indicated CVC care rendered per physician order was done, as evidenced by Y (yes). However, review of R716's clinical record revealed there were no physician orders for the CVC to R716's chest, no orders for monitoring of the IV site to R716's chest until 10/11/22 (it should be noted that the order did not specify the site to be monitored in that order), no orders for flushes of the chest IV line until 10/21/22, and no orders for dressing changes to the chest IV site until 10/6/22. R716 was readmitted with a PICC Line to the left arm, but there was no order to remove the PICC and no documentation about when it was removed, and who removed it. (continued on next page)

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F 0867 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	The facility's POC documented the following would be done to correct the deficient practice related to the lack of social services, including behavior management and coordinating ancillary services, with an alleged compliance date of 10/4/2: .Licensed nurses and social services have been educated on the Behavior Management program policy with focus on documentation, evaluation, and plan of care review/adjustment for resident who display behaviors or mood/mental disorders .Concerns related to behavior and mood management .will be reviewed Mon-Fri during the clinical management meetings .Social Services/Designee will audit identified or documented behaviors or mood/mental disorders .weekly for 6 weeks, to ensure proper interventions and plans are implemented. Social Services/Designee will report findings to QAPI for monitoring and recommendations until compliance is achieved .The Director of Nursing is responsible for sustained compliance. On 10/26/22, it was identified that the facility failed to implement interventions for behavior management for R726. The facility's POC documented the following would be done to correct the deficient practice related to medication storage with an alleged compliance date of 10/4/22: .The Director of Nursing/Designee re-educated the nurses on the Medication Storage in the Facility policy. A schedule has been developed to ensure the proper storage, labeling and security of the medication carts and storage area .The DON/Designee will audit the medication storage areas and carts 3 times weekly for 4 weeks and 2 times weekly for 2 weeks, to ensure the proper storage, labeling and security of the medication carts and storage area. The Director of Nursing/Designee will report findings to QAPI for monitoring and recommendations until compliance is achieved .The Director of Nursing is responsible for sustained compliance. On 10/26/22, it was identified that there were concerns with medication storage, including issues with labeling and discarding medications. Review of audits conducted by the facility did not identify any concerns with medication storage. The facility's POC documented the following would be done to correct the deficient practice related to accurately tracking and administering pneumococcal vaccinations and influenza vaccinations, with an alleged compliance date of 10/4/22: .The Regional Clinical Director re-educated the Director of Nursing on Pneumococcal Vaccination Series and Influenza Vaccination policies. The Director of Nursing/Designee re-educated the licensed nurses on Pneumococcal Vaccination Series and Influenza Vaccination policies. Residents (and/or guardians) will be offered the opportunity to accept or decline the pneumonia and influenza vaccination within in the first week of admission. Administration of the vaccines, if accepted, will be occur upon receipt from the pharmacy .The Director of Nursing/Designee will audit influenza and pneumonia offerings and administration to ensure all residents have been offered, educated, and administered (if applicable) the influenza and pneumonia vaccine, 3 times weekly for 4 weeks and 2 times weekly for 2 weeks. The Director of Nursing/designee will report findings to QAPI for monitoring and recommendations monthly until compliance is achieved .The Director of Nursing is responsible for attaining and maintaining compliance. On 10/26/22, it was identified that the facility was not in compliance with providing pneumococcal and influenza immunizations. Review of audits conducted by the facility revealed the facility did not identify any concerns with providing pneumococcal and influenza immunizations. (continued on next page)

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F 0867 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	On 10/26/22 at 4:49 PM, the Administrator was interviewed regarding how the facility's Quality Assurance program ensured quality deficiencies identified during the recertification survey on 9/6/22 were corrected and compliance maintained after the alleged compliance date of 10/4/22. When queried about whether the facility identified any areas of non-compliance related to abuse reporting and investigating, admission orders, falls, IV care, social services, medication storage, and influenza and pneumococcal vaccinations, the Administrator reported the facility identified on 10/4/22 that some of the vaccinations were skipped. The Administrator reported no issues were identified with abuse reporting, abuse investigation, admission orders, falls, IV care, social services, or medication storage. The Administrator reported R725's injuries were discussed during an interdisciplinary team meeting, but reported she was not aware of the inner thigh bruising and therefore it was not reported or investigated. The Administrator reported clinical was responsible to oversee resident's admission orders, falls, IVs, social services, and medication storage and no concerns were brought to QA. The Administrator explained she was informed by the Regional Clinical Directors that everything was in compliance

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F 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Make sure there is a pest control program to prevent/deal with mice, insects, or other pests. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 22960 This citation pertains to intake #MI00130095. Based on observation, interview, and record review, the facility failed to maintain an effective pest control program to ensure that the facility was free from flies. This deficient practice had the potential to affect all residents, staff, and visitors. Findings include: The exit door in the basement located next to the boiler room, and leading up into the courtyard, was observed with a large gap along the bottom edge of the door. In addition, the exit door near the 1st floor dining room was observed with a large gap at the bottom of the door. There was a heavy infestation of large, black flies in the 1 [NAME] Hallway. Maintenance Supervisor confirmed the presence of the flies, but provided no explanation. Review of the facility's pest control service reports noted the following: Date of Service: 12/10/21 Open Conditions: Door not rodent proof. Severity: High Action: Replace door sweep at the courtyard door next to the dining room to help prevent rodent entry. Date of Service : 2/11/22 Open Conditions: Door not rodent proof. Severity: High Action: Replace door sweep at the courtyard door next to the dining room to help prevent rodent entry. Date of Service: 5/13/22 Open Conditions: Door not rodent proof. Severity: High Action: Replace door sweep at the courtyard door next to the dining room to help prevent rodent entry. (continued on next page)

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F 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Date of Service: 6/10/22 Open Conditions: Door not rodent proof. Severity: High Action: Replace door sweep at the courtyard door next to the dining room to help prevent rodent entry. Date of Service: 7/8/22 Open Conditions: Door not rodent proof. Severity: High Action: Replace door sweep at the courtyard door next to the dining room to help prevent rodent entry. Review of the facility's policy Pest Control Program dated 1/11/21 noted: It is the policy of this facility to maintain an effective pest control program that eradicates and contains common household pests and rodents .4. Facility will utilize a variety of methods in controlling certain seasonal pests, i.e. flies. These will involve indoor and outdoor methods, that are deemed appropriate by the outside pest service . 30675 On 8/28/22 at 1:15 PM, room [ROOM NUMBER]-B (occupied by R18) was observed to have many large black flies throughout the room. On 8/28/22 at 1:24 PM, room [ROOM NUMBER]-B (occupied by R3) was observed to have a large black fly on their bed linen near their head. R3 did not respond to questions asked. On 8/28/22 at 1:30 PM, room [ROOM NUMBER]-A (occupied by R14) was observed to have many large black flies throughout the room. On 8/28/22 at 2:07 PM, room [ROOM NUMBER]-A (occupied by R50) was observed to have large black flies throughout the room. Resident Council: On 8/29/22 at 11:00 AM, residents in attendance of the confidential resident council interview were asked about whether they were satisfied with their environment, or if there were any concerns. Six of the six residents in attendance reported concerns with pests. Responses included: My room needs more cleaning. The corners need to be cleaned, there are spider webs. There's lots of flies and spiders.