STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235332	A. Building B. Wing	02/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Westland, A Villa Center	36137 W Warren Westland, MI 48185

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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 0557 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to be treated with respect and dignity and to retain and use personal possessions. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49699 Based on observation, interview and record review, the facility failed to maintain the call light within reach for one (R141) of three residents reviewed for call light accessibility. Findings include: A review of medical record for R141 revealed an admitted [DATE] with diagnoses that included Cerebral Infarction with Left Hemiplegia and Vascular Dementia. On 02/06/24 at 02:15 PM, R141 was observed in bed. When asked if the call light gets answered timely R141 stated I do not have the call light and rarely do. The call light was observed on the floor close to the head of the bed out of the resident's reach. On 02/08/24 at 12:08 PM, R141 was observed sitting in their wheelchair at bedside. R141's call light was observed out of reach on the floor blocked by two tray tables. On 02/08/24 at 01:24 PM, Certified Nurse Assistant (CNA) M was asked what they're understanding was about a resident's call light placement. CNAM gestured that call light should be attached to the resident's clothing. On 02/08/24 at 01:24 PM, R141's call light was observed on floor between the beds being blocked by the overbed table. On 02/08/24 at 02:32 PM, The facility Director of Nursing (DON) was interviewed and reported the expectation for resident call light placement is that call lights should be within reach, on the residents clothing, the chair arm, or on the bed. Review of facility policy, Patient's Rights Guideline, dated 11/28/2017, revealed the Procedure statement Call light in reach for room and bathroom and the correct type for resident use.

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 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44750 This intake pertains to Intake MI00140161. Based on interview, and record review, the facility failed to ensure advance directives were in place for one resident (R68) out of two reviewed for advance directives. Findings Include: A review of Intake called into the State Agency noted the following, We also discussed (R68) mental status and whether (R68) is mentally competent at this point, as (R68) has vascular dementia. I was told by the social worker (SW) A .that they were placing a consult for a psychiatrist to come evaluate (R68) and determine if (R68) is competent or not. SW A explained that this was to be done by the end of that week. SW A also explained that [they] would call me and let me know the results, as I told SW A that I would need to file for guardianship if R68 is deemed incompetent. I have called a total of four times to try to reach the social worker, 3 out of those 4 times I left a voicemail. A review of the medical records revealed that R68 admitted into the facility on [DATE] with the following medical diagnoses, Major Depressive Disorder and Dementia. A review of the Minimum Data Set assessment revealed a Brief Interview for Mental Status score of 8/15 indicating an impaired cognition. R68 also required one person assist with bed mobility and transfers. Further review of the medical record revealed that R68 was deemed incompetent in the facility by two physicians in September of 2023. Further review of the facesheet reveals that a family member of R68 was listed as the Durable Power of Attorney (DPOA), however no paperwork was noted in the medical record. On 2/7/2024 a request was made via email for DPOA paperwork for R68. The following was received, From SW A .No paperwork on file .I just spoke with [R68's Family] [they] confirmed that [they] don't have any paperwork for DPOA. I had a competency done and will forward it to (name of senior care agency) for petition of guardianship. On 2/8/2024 at 1:05 PM, an interview was completed with SW A stated that R68 was deemed incompetent in September. SW A stated that the incompetency had been completed and that the family member had been listed as DPOA on R68's profile prior to them coming to work at facility. SW A stated that after looking into it, they realized that they did not have DPOA paperwork. On 2/8/2024 at 1:43 PM, an interview was completed with the Nursing Home Administrator (NHA) during Quality Assurance and Performance Improvement (QAPI). The NHA stated that if a resident is deemed incompetent then they work with (senior care agency) to obtain guardianship and/or work with a corporate attorney. The NHA stated that they are behind on guardianships and working to catch up. A review of a facility policy titled, Advance Directives and Care Planning Guidelines noted the following, . Evaluate the resident for decision-making capacity and based on evaluation if the resident is determined not to have decision-making capacity, facility staff will invoke the health care agent or legal representative.

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. 34851 Based on observation, interview and record review, the facility failed to provide nail care for one (R76) of 27 residents reviewed for activities of daily living (ADLs). Findings include: On 2/6/24 at 11:14 AM, R76 was observed lying in bed and was asked about the care at the facility and explained there were some things that needed to be fixed. During the interview R76's fingernails were observed to be long and with a build up of dirt under them. R76 was asked if they preferred their fingernails this way and stated, No. I don't but no one will do it. R76 explained that when the Podiatrist cuts their toenails they would also cut their fingernails. On 2/7/24 and on 2/8/24, R76's nails remained in the same condition. On 2/08/24 at 2:49 PM, Unit Manager J (UM J) was asked to observe R76's fingernails and asked R76's if they preferred their nails that long. R76 stated, No. They said that they can't cut them. UM J stated, the aides or the Nurses are able to cut and clean R76's nails. UM J asked if R76 had to ask to have their nails cleaned or is that routine care. UM J explained that is not something the resident have to ask for.

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34851 This citation has two deficient practices. Deficient practice statement number one. This citation pertains to Intakes MI00136356 and MI00139987. Based on observation, interview, and record review the facility failed to provide timely tracheotomy care (surgical opening through the neck to help oxygen reach the lungs), obtain a sputum culture, and follow up on recommendations by the Respiratory Therapist, for two residents (R60 and R600) reviewed for tracheotomy care. Findings include: R60 On [DATE] at 9:00 AM, R60 was observed lying in bed with a tracheotomy (trach). R60 was observed to have a loud rattling/gurgling sound that could be heard from the hallway. R60's trach mask was observed to have a large amount of mucus at the bottom of the mask and had visibly soiled the R60's gown. R60's upper body was observed using their accessory muscle with an increase in the rattling/gurgling sound. On [DATE] at 9:04 AM, Unit Manager J was observed at the nurses' station that was located outside of R60's room and was asked if they could hear R60. Unit Manager J reported, that they told the assigned nurse to go into R60's room. The Unit Manager was asked when was the last time R60 had been suctioned and stated, Not too long ago. On [DATE] at 9:06 AM, Licensed Practical Nurse (LPN I) was observed to go into R60's room and was observed to start the suctioning process. LPN I was asked when was the last time R60 was suctioned and stated, She actually just got suctioned. On [DATE] at 11:24 AM, R60 was observed lying in bed, that had been previously observed as soiled and now the area was larger. A review of R60's active physician orders noted, Suction trach every shift AND as needed [DATE]. A further review of R60's medical record noted a scanned document titled Respiratory Therapy Consultation dated [DATE], which revealed, [R60] Diagnoses: Tracheotomy . Cough/Sputum, Effectiveness: Strong, Color Yellow, Consistency: Thick, Amount: Moderate. Suctioning Needed Y (yes). Frequency: Q4 (every four hours)/PRN (as needed) . Therapy Recommendations/Care plan: . Recommend sputum culture for sputum odor . (continued on next page)

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A review of R60's care plan noted, Focus: The resident has a tracheotomy. Date Initiated: [DATE]. The resident will have clear and equal breath sounds bilaterally through the review date. Date Initiated: [DATE]. Focus: The resident has altered respiratory status/difficulty breathing r/t (related to) tracheotomy. Date Initiated: [DATE]. Goal: The resident will maintain normal breathing pattern as evidenced by normal respirations, normal skin color, and regular respiratory rate/pattern through the review date. Date Initiated: [DATE]. Interventions: Monitor for s/sx (signs and symptoms) of respiratory distress and report to MD (medical doctor) PRN (as needed): Increased Respirations; Decreased Pulse oximetry; Increased heart rate (Tachycardia); Restlessness; Diaphoresis; Headaches; Lethargy; Confusion; Hemoptysis; Cough; Pleuritic pain; Accessory muscle usage; Skin color changes to blue/grey. Date Initiated: [DATE]. A review of R60's medical record noted, R60 was admitted to the facility on [DATE] and readmitted [DATE] with a diagnosis of Quadriplegia. A review of R60's Minimum Data Set (MDS) assessment noted, R60 with a severely impaired cognition and total dependent of staff for activities of daily living. On [DATE] at 3:53 PM, the Director of Nursing (DON) was asked the facility's process for ensuring the physician reviews the recommendations by the Respiratory Therapist. The DON explained that the Therapist would bring the consultation documentation for review, then it would be given to the Unit Manager for the Physician to review and to sign. The DON was asked if the culture that was recommended by the Therapist was completed. The DON looked in the (laboratory) results tab for R60 and confirmed, that there were no results found. On [DATE] at 4:14 PM, Unit Manager J was asked if they were aware of the Respiratory Therapist's recommendation and explained, they were not aware. Unit Manager J was asked if the Physician had seen the recommendations and stated, I am unaware. Unit Manager J was asked for the paper copy of the form to review for the Physician signature. Unit Manager J provided the form and it was observed to be without the Physician's signature. Unit Manager J was asked if the facility had a policy to address the above concern and shook their head no. R600 A review of the Intake noted, It was alleged that the facility failed to provide adequate respiratory care. A review of R600's medical record noted, R600 was readmitted on [DATE] from the hospital, transferred to the hospital on [DATE], readmitted on [DATE], and expired on [DATE]. Further review of R600's medical record noted, R600's with diagnoses of Alzheimer's Disease, CVA (Cerebrovascular Accident), DM (Diabetes Mellitus), COPD (Chronic Obstructive Pulmonary Disease). A review of R600's readmission progress note revealed, [DATE] 16:25 (4:25 PM) Nursing Evaluation . Resident receives Tracheotomy care . Type/Size: 7.0mm (millimeter) Back-Infection. History: CRE (Carbapenem-resistant Enterobacterales): [DATE] is current. Transmission based precautions are needed & in place . Further review noted, [DATE] 02:32 (AM) Health Status Note Text: resident was suction via trach x2 red tinged sputum, tube feeding infusing as order, oxygen via trach mask. isolation precautions maintained. (continued on next page)

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A Physician note revealed, [DATE] 14:48 (2:48 PM) Physician .Progress Note (Narrative) . [R600] . CVA (Cerebrovascular accident), DM (Diabetes Mellitus), COPD (Chronic obstructive pulmonary disease) with a recent hospitalization for respiratory failure and PNA (Pneumonia). Patient was found to have MRSA (methicillin-resistant Staphylococcus aureua) and ESBLE (Extended Spectrum Beta-Lactamase) Klebsiella. Patient also had a pleural effusion, ultimately patient required intubation and trach placement. Patient then went to [local hospital] for further care and vent weaning. Patient also had a Chest tube which was removed , d+[DATE] . A review of R600's physician orders revealed, Order: Sputum Culture per Respiratory Therapy. Start date [DATE]. Reorder: Sputum culture per Respiratory Therapy, Check for CRE. Date [DATE]. These results were not found in R600's medical record. On [DATE] at 4:46 PM, the DON and the Infection Control Nurse (Nurse K) was asked about the order and stated, R600 had passed away before we could get it done. Nurse K and the DON further explained that the Respiratory Therapist only comes in on certain days and because it was not an urgent order the next day the Therapist was in would have been ok. A review of the facility's provided document titled, Objectives Tracheotomy Care did not address the above concerns. 49102 Deficient practice statement number two. Based on observation, interview, and record review, the facility failed to provide a timely repair to a BIPAP (bilevel positive airway pressure) machine for one sampled resident (R133) of four residents reviewed for respiratory care. Findings include: On [DATE] at 9:41 AM, R133 was observed lying in bed with a nasal cannula attached to oxygen concentrator running at 4 Liters. R133 stated, that they use a BIPAP machine, but has been on straight oxygen at night due to the BIPAP missing a piece for the concentrator. R133 was asked how long the BIPAP had been out of use. R133 stated, It has not been fixed in over a month and it disturbs my sleep. R133 stated, I reported it to the night nurses and their response was that they were waiting on the connector part. On [DATE] at 9:00 AM, R133 was observed lying in bed and stated, I wish my BIPAP machine was working. This oxygen dries out my nose and I had a nose bleed earlier. A review of the physician's orders for R133 revealed, the following: Order: BIPAP/Cpap . time: 0.9 Rate: 12 at bedtime related to OBSTRUCTIVE SLEEP APNEA. On at HS (hour of sleep). A review of R133's Medication Administration Record (MAR) for the months of January and February 2024 revealed that the BIPAP was not applied nightly as ordered. Codes noted on the MAR documented 5 (meaning unavailable) and H (meaning hold) on multiple days. A review of R133's medical record revealed, R133 was admitted to the facility on [DATE] with medical diagnoses of Obstructive sleep apnea (Adult), Pneumonia, and Asthma. A review of the Minimum Data Set (MDS) assessment dated [DATE] indicated R133 with an intact cognition. (continued on next page)

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On [DATE] at 3:12 PM, the Director of Nursing (DON) was asked about the facility's expectations to repair R133's BIPAP. The DON stated, It should be fixed as soon as we are made aware of a situation. The expectation is that nursing would follow up with nurse management about not following appropriate orders. A review of the facility's policy titled, PAP Cleaning and Maintenance did not address the above concern.

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F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46956 Based on interview and record review, the facility failed to include a 14-day stop date on a PRN (as needed) anti-anxiety medication for two (R6, R74) of six residents reviewed. Findings include: R74 Review of the facility record for R74 revealed an admitted [DATE] with diagnoses that included Generalized Anxiety Disorder. Further review of R74's record revealed an order for Lorazepam dated 01/22/24 with the instructions Give 0.25 ml orally every four hours as needed for anxiety/agitation. Keep until resident expires. On 02/08/24 this order remained in Active status. On 02/08/24 at 2:36 PM, the facility Director of Nursing (DON) reported that the expectation for a PRN psychotropic medication is that it have a 14-day stop date and that any extension of the order include a physician reassessment and justification. The DON was asked if it was acceptable for a resident receiving hospice services to have a PRN psychotropic medication order with a duration of until resident expires and the DON stated No. Additional review of R74's facility record revealed no 14-day reassessment or justification documentation related to the PRN Lorazepam order. 38207 R6 On 2/6/24 at 4:03 PM, a review of R6's electronic medical record (EMR) revealed the following medication order in R6's EMR, Ativan 0.5mg (milligrams). Give 1 tablet by mouth every 6 hours as needed for increased anxiety related to Generalized Anxiety Disorder. Per Medical Director, no 14 day stop date continue till resident expires. Start Date: 2/5/24. On 2/6/24 at 4:07 PM, further review of R6's EMR revealed that R6 was originally admitted to the facility on [DATE] with diagnoses that included Dementia and Generalized anxiety disorder. R6's most recent quarterly minimum data set assessment (MDS) dated [DATE] revealed that R6 had a severely impaired cognition. On 2/8/24 at 11:00 AM, a review of R6's medication administration record (MAR) for February 2024 revealed no administration/use of Ativan involving R6. On 2/8/24 at 1:15 PM, R6 was attempted to be interviewed in there room and they were unable to respond to any questions. On 2/8/24 at 3:22 PM, an interview was conducted with Registered Nurse (RN) H regarding the facility process for handling PRN (as needed) anxiety medications. RN H stated, There should be a fourteen day stop date. At the end of fourteen days we reorder it from the physician if needed. (continued on next page)

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F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the facility policy 14 Day Psychotropic Medication Guideline dated 11/28/17 revealed the entry Psychotropic medications include four drug classes: 2. Anti-Anxiety (Anxiolytics). A psychotropic medication order with instructions for PRN dosing shall be discontinued after 14 days. For PRN non-antipsychotic psychotropic orders: The PRN order may be extended beyond 14 days if the prescriber believes it is appropriate to extend the order. The prescriber must document the rationale for the extended treatment in the medical record and indicate a specific duration of therapy.

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F 0791 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide or obtain dental services for each resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44750 This citation pertains to Intake MI00140161. Based on interview and record review, the facility failed to provide routine dental care to one resident (R68) out of one reviewed for dental care. Findings Include: On 2/7/2024 at 12:44 PM, an interview was conducted with Family Member (FM) B. FM B stated that they were concerned about R68's dental care. FM B stated that they don't know the last time R68 had seen a dentist, and they believe that R68 is supposed to have some teeth pulled. FM B stated that they have reached out to facility staff, but they do not get back with them. A review of the medical records revealed that R68 readmitted into the facility on [DATE] with the following medical diagnoses, Major Depressive Disorder and Dementia. A review of the Minimum Data Set assessment revealed a Brief Interview for Mental Status score of 8/15 indicating an impaired cognition. R68 also required one person assist with bed mobility and transfers. A review of the most recent dental exam revealed that R68 last visit was 12/28/2022. The dental notes revealed the following, Recommend cleaning and exam every 6 months due to plaque and calculus buildup . On 2/8/2024 at 1:05 PM, an interview was conducted with Social Work (SW) A. SW A stated that they do not handle ancillary services. SW A spoke to the person who handles ancillary services and stated that R68 was supposed to be seen 12/28/2023, however they switched dental services, so they were not seen. A review of a facility policy titled, Routine/Emergency Dental Services noted the following, Purpose: To ensure that residents obtain dental services including routine dental care. Routine dental services means an annual inspection of the oral cavity for signs of disease, diagnosis of dental disease, dental radiographs as needed, dental cleaning, fillings (new and repairs), minor partial or full denture adjustments, smoothing of broken teeth, and limited prosthodontic procedures, e.g., taking impressions for dentures and fitting dentures.

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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. 32000 Based on observation and interview the facility failed to maintain sanitary conditions in the kitchen resulting in an increased potential for cross contamination of food and foodborne illness, potentially affecting 183 residents who receive meal services (12 nothing by mouth residents, or NPO) out of the facility's total census of 195 residents. Findings include: 1. On 2/7/24 at 9:46 AM, an accumulation of dust and debris was observed on the overhead fire suppression piping on the clean side of the dish machine. On 2/7/24 at 10:56 AM, an accumulation of dust and debris was observed on the overhead fire suppression piping above the steam table serving line. On 2/7/24 at 10:58 AM, upon interview with Regional Support Team Member, staff C, the surveyor inquired on who is responsible for the cleaning of the piping to which they replied, the high areas are taken care of by maintenance. On 2/7/24 at 9:46 AM, the dirty side of the dish machine's stainless steel loading countertop was observed leaking into a bucket on the floor. At this time Food Service Director, staff D, stated, a work order has been placed with maintenance on it. At this time the surveyor requested the work order from staff D to review, to which they replied, I'll talk to maintenance about getting those to you. On 2/8/24 at 10:26 AM, upon interview with Regional Maintenance Director, staff E, regarding the requested work orders they stated, They started doing verbal work orders for the kitchen about three months ago, so I have nothing to provide to you. We will be going back to documenting them again moving forward. Review of 2017 U.S. Public Health Service Food Code, Chapter 4-601.11, Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils, directs that: (A) Equipment food-contact surfaces and utensils shall be clean to sight and touch. (C) NonFOOD-CONTACT SURFACES of EQUIPMENT shall be kept free of an accumulation of dust, dirt, FOOD residue, and other debris. 2. On 2/7/24 at 12:22 PM, a meal test tray was requested from Regional Support Team Member, staff C, by the surveyor. At this time staff C asked the if they wanted it to be the last tray from the last serving cart to which the surveyor replied, yes. On 2/7/24 at 2:36 PM, upon taking food temperatures of the meal both the surveyor and staff C observed the hamburger holding at a temperature of 103 degrees F. Upon observation staff C stated, This is not OK. I will talk to the administrator about purchasing some additional insulated meal carts, and talk to the kitchen staff about holding temperatures, as well as when to send the carts out to serve the residents faster. Review of 2017 U.S. Public Health Service Food Code, Chapter 3-501.16 Time/Temperature Control for Safety Food, Hot and Cold Holding directs that: (continued on next page)

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Westland, A Villa Center	36137 W Warren Westland, MI 48185

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	(A) Except during preparation, cooking, or cooling, or when time is used as the public health control as specified under S3-501.19, and except as specified under (B) and in (C) of this section, TIME/TEMPERATURE CONTROL FOR SAFETY FOOD shall be maintained: (1) At 57oC (135oF) or above, except that roasts cooked to a temperature and for a time specified in 3-401. 11(B) or reheated as specified in 3-403.11(E) may be held at a temperature of 54oC (130oF) or above.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235332	A. Building B. Wing	02/08/2024

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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 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. 32000 This citation pertains to intake MI00142158. Based on observation and interview the facility failed to provide a safe, functional, and sanitary environment for the facilities census of 195 residents and its staff resulting in an increased potential for harm. Findings include: On 2/7/24 at 9:34 AM, a restroom in the 100 hall was observed with a bag of liquid soap stored underneath the wall mounted soap dispenser on the edge of the designated hand washing sink, and a visibly wet stack of paper towels placed on top of the wall mounted electronic paper towel dispenser. On 2/7/24 at 9:50 AM, a visibly wet stack of paper towels was observed placed on top of the wall mounted electronic paper towel dispenser above the designated handwashing sink in the kitchen's dish machine room. Upon observation the surveyor inquired with Regional Support Team Member, staff C, on the why the paper towel dispenser is not being used as designed they stated, I think it to do with the keys to open it, but I'm not 100% sure. On 2/7/24 at 10:26 AM, a restroom in the facility's service corridor was observed with a bag of liquid soap stored underneath the wall mounted soap dispenser on the edge of the designated hand washing sink. On 2/7/24 at 3:06 PM, a restroom in the 300 hall was observed with a bag of liquid soap stored underneath the wall mounted soap dispenser on the edge of the designated hand washing sink, and a visibly wet stack of paper towels placed on top of the wall mounted electronic paper towel dispenser. On 2/8/24 at 9:22 AM, a restroom in the 200 hall was observed with a bag of liquid soap stored underneath the wall mounted soap dispenser on the edge of the designated hand washing sink. On 2/8/24 at 10:13 AM, a visibly wet stack of paper towels was observed placed on a countertop next to the wall mounted electronic paper towel dispenser above the designated handwashing sink in the laundry room. Upon observation the surveyor inquired with the Director of Housekeeping and Laundry services, staff F, on why the paper towel dispenser is not being used as designed they stated, I'm not sure. It could be a key issue or the batteries when out. On 2/8/24 at 2:43 PM, upon interview with the Administrator regarding the current state of the designated handwashing sinks in the facility they stated, we have recently switched from foam soap to using liquid soap, so I don't think our dispensers are all the same yet, but any key should work for the towel dispensers. I'm not sure why that practice started, but I will follow up with maintenance to get an update on this.