STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235612	A. Building B. Wing	10/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Freeman Nursing & Rehab Community	1805 Pyle Drive Kingsford, MI 49802

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. 35103 Based on interview and record review, the facility failed to ensure the provision of dignified and respectful care and treatment for four Residents (R15, R24, R131, and R17) of 13 sampled residents reviewed for resident rights. This deficient practice resulted in resident dissatisfaction, frustration, and fear of mistreatment. Findings include: All times are in Eastern Daylight Savings Time (EDST) unless otherwise noted. Resident R15 Review of R15's Minimum Data Set (MDS) assessment, dated 9/18/24, revealed R15 scored 14 of 15 on the Brief Interview for Mental Status (BIMS) reflective of intact cognition. R15 had clear speech, understood others, and was able to make their needs known. During an interview on 10/22/24 at 7:45 a.m., R15 said she had been told by CNA A that she was not a priority for [them] to provide care for. CNA B also present in the room providing care for R15 was asked if they had ever heard CNA A tell R15 that she was not a priority for [them] to care for. CNA B confirmed R15 had told her CNA A told her (R15) that she was not a priority to [them]. CNA B said CNA A had also directly told [CNA B] that R15 was not a priority to them in the provision of care. During an interview on 10/22/24 at 9:10 a.m., when asked about disrespectful and/or undignified treatment by staff, R15 stated, [Certified Nurse Aide (CNA) A] is mean. [They] yell at you. [They] get right in your face. You get so tired of [them] yelling in your face you agree with [them] so [they] get out of your room. [CNA A] is not a nice person . I have heard [CNA A] yelling at [R24], so I know [they are] mean to [R24], I have heard it. Resident R24 Review of R24's MDS assessment, dated 9/23/24, revealed R24 scored 13 of 15 on the BIMS, reflective of intact cognition. R24 had clear speech, understood others, and was able to make their needs known. (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235612	A. Building B. Wing	10/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Freeman Nursing & Rehab Community	1805 Pyle Drive Kingsford, MI 49802

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	During an interview on 10/22/24 at 9:00 a.m., R24 was asked if there were any staff that treated them disrespectfully. R24 stated, That big, fat [individual] (confirmed with R24 as CNA A). [They] treat me roughly. [They] have good moods, but when [they[are in a bad mood . what happens then . I don't even want to tell you. [They] yell . If it (the facility) could be without [CNA A] it would be good. Everybody hates [them] . Resident R131 Review of R131's Face Sheet revealed they were a new admission to the facility. R131 was listed as their own responsible party, and was admitted for a short-term rehabilitation stay following a fall with fracture prior to admission. R131 had no diagnoses that indicated impaired cognitive function. The MDS assessment, dated 10/10/24, contained no documentation of cognitive function. During an interview on 10/22/24 at 9:45 a.m., R131 was asked if they had any concerns with the care provided by facility staff. R131 stated, Sometimes I have to wait an hour or an hour and a half to go to the bathroom. I have this hernia, and it starts pulsing when my bladder is full. I call them (CNA staff), a little before I really have to pee and sometimes, I have to wait an hour . I was actually crying. My hernia was pulsing, and it was hurting . During this interview R131 was able to clearly answer all questions without hesitation, or any indication of impaired cognition. During an interview on 10/23/24 at 1:41 p.m., CNA C was asked if they were aware of any staff member that had provided disrespectful or undignified care. CNA C stated, They (staff) call [them] 'The Creeper'. (It is) the way [CNA A] approaches the residents - [their] demeanor towards them (the residents) . There have been multiple times that residents have complained, and I reported to the [nurses] . With (resident who was) a constant ringer, CNA A would swing the door open and yell 'What are you doing ringing that bell all the time.' . [CNA A] boils my blood. I reported [CNA A] more than once. I yelled at the Director of Nursing (DON). I am not trying to get anybody fired, but where do you draw the line. [CNA A's] best intentions are not for the resident . I would rather have my residents safe that to have a resident look at me and say I don't want [CNA A] in my room. Resident (R25) has said they don't want [CNA A] in [their] room. [R2] has complained about [CNA A]. [R5] has complained about [CNA A]. I got mean enough that something needed to be done so they moved [CNA A] to afternoons, (from the night shift) so there were more people to watch [CNA A]. The nurse cannot babysit [CNA A]. We are adults here . It does not surprise me what they are investigating now .I took an oath to protect and make sure that these people are safe .[CNA A] got booted off (not working on) south because everyone was complaining about [CNA A] over there . I have reported [CNA B] (to facility administration) . 34568 Resident R17 An interview was conducted with R17 on 10/22/24 at 10:17 a.m. R17 stated that she has concerns with the care provided by CNA A. RN17 stated, (CNA A) is rude and inappropriate. I don't want [CNA A] to take care of me. Awhile ago I turned on my call light and (CNA A) told me to 'Find my own help' and turned off my call light and walked away. R17 stated that she did tell the DON about her issues.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235612	A. Building B. Wing	10/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Freeman Nursing & Rehab Community	1805 Pyle Drive Kingsford, MI 49802

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. 35103 This deficiency pertains to Intake MI00143784. Based on interview and record review, the facility failed to timely report an allegation of abuse to the State Agency for one Resident (R15) of three residents reviewed for abuse. This deficient practice resulted in the potential for continuation of potential abuse for vulnerable facility residents. Findings include: All times are in Eastern Daylight Savings Time (EDST) unless otherwise noted. Review of R15's Minimum Data Set (MDS) assessment, dated 9/18/24, revealed R15 scored 14 of 15 on the Brief Interview for Mental Status (BIMS) reflective of intact cognition. R15 had clear speech, understood others, and was able to make her needs known. During an interview on 10/21/24 at 3:15 p.m., Resident #15 (R15) was asked if there were any concerns with physical or verbal abuse, or disrespectful care in the provision of care and services by staff. R15 stated, I told [Certified Nurse Aide (CNA) B] first that they were poking their gloved finger in my [vaginal area] . and it hurt . There are a lot of older women in here that are not on the ball, and I am hoping that they are not doing that to them, and they don't know . During an interview on 10/22/24 at approximately 7:55, a.m., CNA B was asked if R15 had reported to her that [CNA A] had poked her vaginal area with their gloved finger. CNA B confirmed R15 had reported the concern, and stated, I told the nurse four days ago - on Friday. During an interview on 10/22/24 at 9:10 a.m., R15 was asked about any further concerns related to mistreatment by staff. R15 stated, [CNA A] is mean. [CNA A] yells at you. [CNA A] gets right in your face. You get so tired of [them] yelling in your face you agree with [them] so [they] get out of your room. [CNA A] is not a nice person . [They are] sticking [their] finger in my vaginal area. [They] said there was poop in there . I don't know what [they were] trying to prove, but I know it hurt. When [they] went back again and poked me in the vaginal area. I had had it. I don't tell the DON (Director of Nursing) anything anymore, because she doesn't do a damn thing. When [the Nursing Home Administrator (NHA)]was here yesterday, she asked if I wanted to file with the police . During an interview on 10/22/24 at 1:28 p.m., the NHA was asked if they had reported R15's allegation of potential sexual abuse to the State Agency. The NHA acknowledged she had heard staff talking about a finger in someone's vagina but was unaware of any additional detail. The NHA said the allegation of potential sexual abuse was not reported to the State Agency. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235612	A. Building B. Wing	10/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Freeman Nursing & Rehab Community	1805 Pyle Drive Kingsford, MI 49802

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the facility Abuse Prevention Program Policy & Procedure, reviewed 01/2024, revealed the following, in part: All alleged or suspected violations are to be reported immediately to the Administrator or Director of Nursing, which are responsible to notify required officials, including to the State Survey Agency, Adult Protective Services, Local Public Safety, Licensure Boards, Regional Director of Operations or Regional clinical Directors and any other agencies in accordance with state law .All alleged violations involving abuse, neglect, exploitation or mistreatment .are reported immediately, but not later than 2 hours after the allegation is made if the events that cause the allegation involve abuse .

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235612	A. Building B. Wing	10/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Freeman Nursing & Rehab Community	1805 Pyle Drive Kingsford, MI 49802

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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Respond appropriately to all alleged violations. 35103 This deficiency pertains to Intake MI00143784. Based on interview and record review, the facility failed to timely and fully investigate an allegation of abuse for one Resident (R15) of three residents reviewed for abuse. This deficient practice resulted in the potential for continuation of potential abuse for vulnerable facility residents. Findings include: All times are in Eastern Daylight Savings Time (EDST) unless otherwise noted. Review of R15's Minimum Data Set (MDS) assessment, dated 9/18/24, revealed R15 scored 14 of 15 on the Brief Interview for Mental Status (BIMS) reflective of intact cognition. R15 had clear speech, understood others, and was able to make her needs known. During an interview on 10/21/24 at 3:15 p.m., Resident #15 (R15) was asked if there were any concerns with physical or verbal abuse, or disrespectful care in the provision of care and services by staff. R15 stated, I told [Certified Nurse Aide (CNA) B] first that they were poking their gloved finger in my [vaginal area] . and it hurt . There are a lot of older women in here that are not on the ball, and I am hoping that they are not doing that to them, and they don't know . During an interview on 10/22/24 at approximately 7:55, a.m., CNA B was asked if R15 had reported to her that [CNA A] had poked her vaginal area with their gloved finger. CNA B confirmed R15 had reported the concern, and stated, I told the nurse four days ago - on Friday. During an interview on 10/22/24 at 1:28 p.m., the NHA was asked for any investigation documentation related to CNA A's treatment of facility residents. The NHA said they were in the middle of an investigation of a staff-to-staff incident with CNA A but had no investigations regarding inappropriate provision of care by CNA towards R15 or any other facility resident. The NHA acknowledged she had heard staff talking about a finger in someone's vagina but was unaware of any additional details. When asked if she had any previous or current resident or staff grievances related to CNA's treatment of facility residents, the NHA said she had not had any other concerns voiced by either facility residents or facility staff about CNA A. Review of the facility Abuse Prevention Program Policy & Procedure, reviewed 01/2024, revealed the following, in part: Staff to Resident Abuse: All staff are expected to be in control of their own behavior, are to behave professionally, and should appropriately understand how to work with the nursing home population . The Administrator and or Director of Nursing are to initiate and coordinate completion of a thorough investigation. Investigations must be initiated immediately and concluded as soon as possible not to exceed (5) days .Identify and interview (witness statements) all involved persons, including the alleged victim, alleged perpetrator, witnesses, and others who might have knowledge of the allegation(s) such as roommate . interview with co-workers or other supervisors in regard to the alleged perpetrator's work performance . In order to complete the Resident Abuse Investigation, all information must be gathered and reviewed, with a final summary analysis with an action plan to prevent reoccurrence . Residents are protected from physical and psychosocial harm during and after the investigation .

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235612	A. Building B. Wing	10/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Freeman Nursing & Rehab Community	1805 Pyle Drive Kingsford, MI 49802

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 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** 34568 Based on interview and record review, the facility failed to appropriately conduct a gradual dose reduction (GDR) for an antidepressant medication for one Resident (R19) of five residents reviewed for unnecessary medications. This deficient practice resulted in the potential for adverse medication side effects. Findings include: All times are Eastern Daylight Savings Time (EDST) unless otherwise noted Resident #19 (R19) Review of R19's Electronic Medical Record (EMR) revealed admission to the facility on [DATE] with diagnoses including anxiety disorder, depression, and adult failure to thrive. Review of her 10/18/24 Brief Interview for Mental Status (BIMS) score on her Minimum Data Set (MDS) assessment revealed an 8/15, indicating moderately impaired cognition. Review of the Consultation Report from [Pharmacy Name} for 9/13/24 read, in part, (R19) has received Lexapro (antidepressant medication) 10 mg (milligrams) daily since Sept (September) 2022. Her last PHQ-9 score from July was 0 indicating no signs/symptoms of depression. According to the (name of Company) progress note from July it states that a GDR for Lexapro is overdue. Moods and behaviors are stable, and she does well with non-pharmacological interventions. It is time for a periodic review for a possible dose reduction. Recommendation: Please consider a lower dose such as Lexapro 5 mg daily. Further review of the Consultation Report dated 9/13/24 had Physician N respond I decline the recommendation .Resident doing well with dose reduction likely to lead to clinical decline Review of R19's Psychoactive Medication Quarterly Evaluation dated 10/15/24 read, in part, Dose: Lexapro 10 mg daily .comments/recommendations: Lexapro therapy started 6/2/22; CI (contraindicated) 9/23/24; next GDR evaluation due 9/23/25 . An interview was conducted with Physician N on 10/23/24 at 1:35 p.m. Physician N stated that R19 did not receive a dose reduction of her Lexapro because she had been functioning well on the medication. Physician N stated that she has known R19 in the facility for about two years and knew her in the community as well. When asked if Physician N ordered for R19 to be seen by (name of Company), she stated no. When asked if Physician N is aware of the facility's policy regarding GDR's, she stated no. An interview was conducted with the Director of Nursing (DON) on 10/23/24 at approximately 1:45 p.m. The DON confirmed that R19 should have had an attempted GDR of Lexapro and would discuss the facility's policy with Physician N Review of R19's Physician Orders on 10/23/24 revealed she was still receiving Lexapro 10 mg every day since September 2022. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235612	A. Building B. Wing	10/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Freeman Nursing & Rehab Community	1805 Pyle Drive Kingsford, MI 49802

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 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the facility's Gradual Dose Reduction of Psychotropic Drugs policy reviewed on 1/2024 read, in part, .Psychotropic Drug is defined as any drug that affects brain activities associated with mental processes and behavior. Psychotropic drugs include, but are not limited to the following categories: antipsychotics, antidepressants, antianxiety, and hypnotics .Within the first year in which a resident is admitted on a psychotropic medication or after the prescribing practitioner has initiated a psychotropic medication, the facility will attempt a GDR in two separate quarters .

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235612	A. Building B. Wing	10/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Freeman Nursing & Rehab Community	1805 Pyle Drive Kingsford, MI 49802

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 0847 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Inform resident or representatives choice to enter into binding arbitration agreement and right to refuse. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49735 Based on interview and record review, the facility failed to ensure a resident/residents durable power of attorney (DPOA) understood the purpose of binding arbitration agreements (an out of court alternate form of dispute resolution) for one Resident #19 (R19) of three residents reviewed for arbitration. Findings include: Resident #19 (R19) A review of R19's Minimum Data Set (MDS) assessment dated [DATE], revealed admission to the facility on [DATE], with active diagnoses that included anxiety disorder, depression, and hypertension. R19 scored 6 of 15 on the Brief interview for Mental Status (BIMS) assessment reflective of severe cognitive impairment. Review of facility arbitration document titled [NAME] Resolving Potential Disputes, revealed R19 signed the agreement on 12/29/22. Review of facility document titled Decision Making Capacity Determination, read in part . This form serves as documentation of the determination of [R19's] capacity to participate in medical treatment and decision following examination .this has been determined by two physicians .R19 has been evaluated and determined to lack capacity to make reasoned medical decisions. One signature was obtained by a physician on 7/26/24 and a second signature was obtained by a physician on 8/8/24. Review of facility arbitration document titled [Facility] Resolving Potential Disputes, read in part . Right to cancel agreement . the personal representative of the residents estate in the event of the residents death or incapacity as the right to cancel this agreement . During an interview on 10/23/24 at 12:24 p.m., Social Services Designee M acknowledged that the arbitration agreement was not revisited when R19 was determined not to have the capacity to make decisions for herself and R19's Durable Power of Attorney (DPOA) was activated.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235612	A. Building B. Wing	10/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Freeman Nursing & Rehab Community	1805 Pyle Drive Kingsford, MI 49802

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. 35103 Based on observation, interview, and record review, the facility failed to ensure disinfection of environmental surfaces, appropriate hand hygiene and donning and doffing of gloves to prevent the spread of infection for one Resident (R15) of three residents reviewed for wound care. This deficient practice resulted in the potential for increased transmission of infectious organisms between the environment and/or contaminated hands during wound care. Findings include: All times noted are Eastern Daylight Savings Time (EDST), unless otherwise noted. During observation of R15's thoracic (back) wound on 10/22/24 at approximately 7:50 a.m., revealed the dressing was dated 10/21/24. The dressing was bunched up on the bottom, and not properly sealed onto R15's skin. The black sweatshirt R15 was wearing was visibly soiled with the oozing drainage from the wound, which had saturated the dressing and spilled out onto the sweatshirt. During an interview at this same time, Licensed Practical Nurse (LPN) D was asked about the drainage that had escaped R15's wound dressing unto their clothing. LPN D said she was going to change the dressing today (10/22/24) because the dressing was not intact, and it was leaking drainage unto R15's clothing. Certified Nurse Aide (CNA) B held up R15's sweatshirt and showed the wound drainage stain on the clothing. CNA B confirmed R15's black sweatshirt was stained with the oozing drainage from R15's open, draining thoracic wound. Observation of wound care for R15 on 10/23/24 at 9:10 p.m., was performed by Registered Nurse (RN)/Nurse Manager F, with assistance from CNA B and CNA C. RN F brought wound dressing change supplies into R15's room on a small tray with extra gloves carried in her gloved hand. RN F set the clean gloves down on R15's dirty overbed table that was not disinfected prior to use. R15's back, thoracic wound was covered with a dressing dated 10/21/24, the same dressing as observed on the morning of 10/22/24 with LPN D. R15's thoracic dressing was fully saturated and dripping serosanguinous drainage as it was removed from R15's back. The skin under the saturated dressing appeared red and inflamed. RN F discarded the saturated dressing from R15's back. RN F picked up the wound cleanser container and clean gauze and was going to begin cleansing R15's open, thoracic wound when this Surveyor requested, she change her dirty gloves. RN F removed her dirty gloves and picked up a pair of gloves from R15's dirty overbed table. RN F was asked if she had disinfected the overbed table and acknowledged they had not. RN F threw the gloves that had been sitting on the overbed table away and started to don clean gloves from a box in R15's room. RN F was stopped and asked to perform hand hygiene by this Surveyor prior to donning clean gloves and continuation of wound care. Review of R15's Physician Orders on 10/23/24 at 9:20 p.m., revealed the following order, in part: Cleanse thoracic wound with NS, (normal saline) pat dry, apply DermaCol to wound bed, apply calcium alginate over DermaCol, cover with adhesive foam, change daily. Once a Day, 6:00 p.m. to 6:00 a.m. [Central Daylight Savings Time (CDST)] . Created 6/22/24. During an interview at this same time, when asked about the lack of a PRN (as needed) order for the thoracic dressing, the DON stated, That may be a problem. R15, present in the room stated, That is a problem for me too. [CNA B] tells them (the nurses) the dressing needs to be changed. [CNA B] has seen it ooze all the way down (my back) . (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235612	A. Building B. Wing	10/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Freeman Nursing & Rehab Community	1805 Pyle Drive Kingsford, MI 49802

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 10/23/24 at 11:23 a.m., the DON and Regional Clinical Manager K were asked about the infection control breaches observed during wound care for R15. The DON stated, They (staff) should remove their gloves and re-sanitize (their hands) and put on a fresh pair (of gloves). I would stop them if they didn't do those things. That is against infection control practices. If you are going to set your gloves down, you would want a barrier (on the overbed table). The DON confirmed there was no PRN order for change of R15's wound dressing, if it was not intact or the dressing was leaking until that day, 10/23/24. The DON said it would be a Standard of Practice to change the dressing if it was fully saturated and leaking. Review of the Centers for Disease Control (CDC) Clinical Safety: Hand Hygiene for Healthcare Workers, dated February 27, 2024, revealed the following, in part: Cleaning your hands reduces: The potential spread of deadly germs to patients. Some healthcare personnel may need to clean their hands as often as 100 times during a work shift to keep themselves, patients and staff safe . Know when to clean your hands: - Immediately before touching a patient . - After touching a patient or patient's surroundings. - After contact with blood, body fluids, or contaminated surfaces. - Immediately after glove removal. Know when to wear (and change) gloves: - If your task requires gloves, perform hand hygiene before donning gloves and touching the patient or the patient's surroundings. - Always clean your hands after removing gloves. - Remember to remove gloves carefully to prevent hand contamination as dirty gloves can soil hands .

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235612	A. Building B. Wing	10/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Freeman Nursing & Rehab Community	1805 Pyle Drive Kingsford, MI 49802

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 0917 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Make sure each resident has 1) at least one window to the outside in a room; 2) a room at or above ground level; 3) adequate bedding; 4) furniture that meets the resident's needs; or 5) adequate closet space. 35103 Based on observation, interview, and record review, the facility failed to provide a comfortable mattress and functional, intact shelving for clothing storage for one Resident (R15) of 13 sample residents reviewed for comfortable and functional furniture. This deficient practice resulted in the use of an under-inflated, uncomfortable mattress and a built in four-shelf drawer unit with the third drawer missing. Findings include: All times are Eastern Daylight Savings Time (EDST) unless otherwise noted. Review of R15's Minimum Data Set (MDS) assessment, dated 9/18/24, revealed R15 scored 14 of 15 on the Brief Interview for Mental Status (BIMS) reflective of intact cognition. R15 had clear speech, understood others, and was able to make her needs known. During an interview on 10/21/24 at 2:52 p.m., when asked about care received in the facility, R15 stated, I am laying on a bed right now, and the lady came in from [Facility Corporation] and said, 'What is wrong with your bed'. I am lying on the springs . They took my good mattress, and I have been laying on this Mattress and [Regional Clinical Director K] came in and said there is no air in there (the mattress) . I am laying on a flat (under-inflated) bed again and it hurts. What do you think about that? [The Director of Nursing (DON)] was in here today, and she said we have to get hoses for the bed . I thought the Maintenance guy (Maintenance Director J) would come in to look at the bed, and no - nothing. Now I am laying right back on the flat bed. They switched the mattress about three weeks ago at 1:00 a.m. in the morning. The (facility staff) told me to be quiet, it was the only time they had to switch the mattress . Observation of R15's dresser shelving unit found the third drawer missing, leaving an open space where the clothing below in the fourth drawer could be visualized. During an interview and observation on 10/22/24 at 7:45 a.m., R15 again complained that the mattress was not comfortable. Certified Nurse Aide (CNA) B, and Licensed Practical Nurse (LPN) D transferred R15 to a wheelchair. The mattress R15 had been laying on appeared indented and underinflated with air where R15's buttocks was positioned on the bed. The indentation did not change as time passed with R15 in the wheelchair. LPN D pressed down on the mattress at the indentation point, and confirmed there was no inflation of the mattress and stated, There is something hard here. CNA B, also pressed down at the point of indentation where R15's buttocks had been positioned and said there was no inflation that she felt in the mattress. Both LPN D and CNA B agreed that the bed frame and mattress tubing was felt, exactly as R15 had described. During an interview and observation on 10/22/24 at approximately 8:00 a.m., the DON, was asked to press on the mattress indentation. The DON pressed down on the mattress and said she didn't know anything about the bed, but it was supposed to work without air inflation. The DON said she believed the rental company brought the bed in, inflated it, and perhaps it was placed on her bed at a later time. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235612	A. Building B. Wing	10/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Freeman Nursing & Rehab Community	1805 Pyle Drive Kingsford, MI 49802

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 0917 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a telephone interview on 10/22/24 at 8:15 a.m., mattress manufacturer Director of Customer Services H was asked about the mattress delivery to the facility. Customer Services H stated, It was delivered October 5th 2024, a Saturday . There are 144 Roho cushion cells - on a foam base. Those cushions (cells) should be inflated. It was left in the hallway to be placed by the facility . It needs to be adjusted occasionally. Some of those can leak . There are three ports : one for the head section, middle section, and foot section. You can't inflate it if a hose isn't connected. Open the mattress - there is a fire barrier . you will see the external port and you will see the three hoses and it goes up the side of the mattress up by the rail and you can see where each section leads. You will be able to see the uninflated cells . During an observation and interview with the DON and Maintenance Director J on 10/22/24 at 8:31 a.m., both agreed that the middle section of air cells on the mattress appeared to be under-inflated in comparison to the foot section and the head section. Maintenance Director J said he was not responsible for the mattresses in the facility, and he did not have any idea how this (rented) mattress worked. The head section, upon palpation by this Surveyor also had under-inflated air cells as did the middle section where R15's bottom would have been positioned. The DON stated she would contact [the mattress manufacturer] and see if they could get someone there to inflate the mattress air cells. During an interview on 10/22/24 at 9:10 a.m., when asked if they had complained about the uncomfortable mattress, R15 stated, They would look me right in the eye and said that mattress was ok - so I just laid on it. I don't complain about too much of anything anymore. They don't do anything anyway . Maybe they just don't like me and my personality . During an interview and observation on 10/22/24 at 4:00 p.m., when asked about the mattress that was just removed from R15's bed, Customer Service I (who had been dispatched that day (to inspect the mattress by the rental company), stated, I think the mattress may have been inflated at a lower pressure for a different resident. The middle air cells were creased up on each other, collapsing some of the air cells so the [R15's] butt was going right down to the cushion (foam mattress). The creased air cells forced all the air to one side of the cushion, so it could not inflate all the cells. Customer Service I said that the mattress was an older mattress, so they had just replaced it with a newer model that day. During an interview and observation of R15's room during wound care on 10/23/24 at approximately 9:05 a.m., found the third shelf still missing from the built-in shelving unit in the room. When asked why the drawer was missing, R15 said they had told her someone needed a drawer, so they came and took the third drawer out of her shelving unit. R15 said it had been missing for a long time. The clothing in the bottom drawer was still visible. RN/Nurse Manager F, and CNAs B' and C were all present in the room at the time of the interview. Review of the [Model Name] LTC (long term care) 105 mattress manufacturer instructions, copyright 2008-2013, provided by Maintenance Director J revealed the following, in part: .Caregiver: Before using this product read these instructions and save for future reference . Cautions: CHECK EACH MATTRESS SECTION AND ACCESSORY AT LEAST ONCE PER DAY in order to make sure it is properly inflated, adjusted, and if applicable, snapped together . (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235612	A. Building B. Wing	10/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Freeman Nursing & Rehab Community	1805 Pyle Drive Kingsford, MI 49802

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 0917 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	UNDER-INFLATION: DO NOT use an under-inflated product. Using a product that is under-inflated reduces or eliminates the product's benefits, increasing the risk to skin and other soft tissue. If the product appears under-inflated or does not appear to be holding air, check to make sure that all hoses are connected and refer to Troubleshooting section of this manual. If the product is still not holding air, contact your health care provider, distributor, or supplier or [Manufacturer] immediately. WEIGHT LIMIT: The mattress should be correctly sized to the end-user and the bed . DO NOT allow end-user to lie on an under-inflated or over-inflated mattress. Check at least once a day for proper adjustment .