STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235582	A. Building B. Wing	09/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Evergreen Health and Rehabilitation Center	19933 West Thirteen Mile Road Southfield, MI 48076

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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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure quarterly health care conferences were conducted for one (R154) out of one resident reviewed for care conferences. Findings include:The facility policy titled, Care Conferences (Revised -3/10/25) was reviewed and documented, in part: .Policy: It is the policy of the facility to offer Care Conferences to residents and authorized representatives on admission, quarterly, with significant change condition, and any time the resident and/or authorized representative requests a care conference.The Social Service employee, or assigned designee, will invite the resident and authorized representative to a care conference.The authorized representative may request a join the care conference via phone or virtual method if they are unable to attend in person.A review of R154's clinical record revealed the resident was admitted to the facility on [DATE] with diagnoses that included: dementia with agitation, psychotic disorder with delusions and chronic kidney disease. A review of the residents Minimum Data Set (MDS) noted they had a Brief Interview for Mental Status (BIMS) of 0/15 (severely cognitively impaired). The resident was noted as FULL CODE and had a court appointed guardian.A copy of a letter dated 3/17/25 authored by Dr. D and addressed to R154's Guardian was reviewed. The letter noted that based on R154's medical decline the Guardian should consider changing R154's FULL CODE status to DNR (do-not-resuscitate). Continued review of R154's clinical record showed no additional notes that indicated the Guardian responded to the letter and/or any follow-up was conducted including a care conference.Continued review of R154's clinical record revealed that the last quarterly health care conference was held on 3/19/25. The conference document noted, in part, the following: .Advanced Directives were identified, clarified, and reviewed with resident legal representative.Do Advance Directives need to be updated? NO.Conference Summary: Guardian declined care conference.Attendance: Social Worker. Activity Director.On 9/10/25 at approximately 12:03 PM, an interview was conducted with Social Worker Director SW B . SW B was queried about R154's and follow-up regarding considering a change in code status and contact with the Guardian. SW B reported they started working at the facility in May 2025 and they would review the residents record to discuss the concern. *It should be noted that documents were provided but none of them referred to social service follow-up and/or scheduled care conferences.On 9/11/25 at approximately 11:18 AM, a phone interview was conducted with Guardian Case Worker C. GCW C was asked if they ever received a letter from the facility that indicated they should consider changing the resident's code status and/or had they been made aware of any care conferences in 2025. During the phone interview GCW C reviewed R154's file and noted that they had never been asked to join a care conference in 2025. Further, they noted that they did not receive a letter in 2025 asking the Guardian to consider changing the residents' code status.On 9/11/25 at approximately 11:26 AM, a follow-up interview was conducted with SW ‘B . When asked how often health care conferences should be conducted, they reported quarterly. SW B agreed that a quarterly care conference should have been scheduled for R154.

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure lidocaine patches were available to administer for one resident (R6) of one resident reviewed for medication administration. Findings include: On 9/10/25 the medical record for R6 was reviewed and revealed the following: R6 was initially admitted to the facility on [DATE] and had diagnoses including pain in right leg and Chronic pain. A review of R6's comprehensive plan of care revealed the following: Focus-Risk for impaired comfort r/t (related to): Chronic pain, Resident has breakthrough pain, Dx (diagnosis) Hemiparesis 2/2 (secondary to) CVA (Cardiovascular accident) Date Initiated: 06/21/2024 .Interventions-Administer pain medication as ordered. Monitor for effectiveness. Date Initiated: 06/21/2024 . A Physicians order dated 4/24/25 revealed the following: Lidocaine Max St 24 Hours External Patch 4 % (Lidocaine) Apply to R (right) shoulder topically two times a day for Pain. A second Physicians order dated 7/9/24 revealed the following: Lidocaine HCl External Pad (Lidocaine HCl) Apply to bilateral knees topically two times a day for Knee Pain on 12 hours and off 12 hours. A review of R6's MAR (medication administration record) for August and September 2025 revealed the following dates in which R6 was not administered their lidocaine patches: 8/25, 8/26, 8/27, 8/28, 9/2, 9/6 and 9/7. A review of R6's EMAR progress notes for the administration of their lidocaine patches revealed the following: 8/25-on order (bilateral knees and R shoulder), 8/26-not available (bilateral knees and R shoulder), 8/27-on order (bilateral knees and R shoulder), 8/28-Not [NAME] (available) (bilateral knees and R shoulder), 9/2-not [NAME] (bilateral knees and R shoulder), 9/6-On order (bilateral knees), 9/7-NA (not available) (bilateral knees and R shoulder). On 9/11/25 at approximately 10:02 a.m. Nurse Manager A (NM A) was queried regarding R6's lidocaine patches not being available for administration and they indicated that the unit clerk is responsible for ensuring they have enough and that when they are low, they are supposed to be reordered so the facility does not run out. NM A was queried regarding the multiple days of missed administrations for both their bilateral knees and R shoulder and they acknowledged the concern and indicated the lidocaine patches should have been applied. On 9/11/25 a facility document titled Medication Administration was reviewed and revealed the following: To safely and accurately prepare and administer medication according to physician order, professional standards of practice, and resident needs .Administer medication in accordance with frequency prescribed by physician and standards of practice. If an over-the-counter medication is not available, check the medication storage area to replenish the stock and administer the medication. If a pharmacy supplied medication is not available, refer to the pharmacy policy and procedures related to emergency pharmacy delivery and emergency supply kit usage .

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F 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube. Based on observation, interview, and record review, the facility failed to ensure tube feeding and water flushes for hydration were administered per physician's orders for one resident (R23) of one resident, resulting in the potential for unmet nutrition and hydration needs. Findings include:On 9/9/25 at 9:59 AM, R23 was observed in their bed asleep. A tube feeding pump on a pole was observed at the bedside. There was no tube feeding formula bottle or water bag for hydration on the pole attached to the pump. On 9/9/25 at 11:40 AM, a second observation of R23 was conducted and the tube feeding pump and pole remained with no tube feeding bottle or water for hydration. On 9/9/25 at 11:57 AM, a review of R23's physician's orders for tube feeding was conducted and revealed an order dated 6/28/25 for Jevity 1.5 tube feeding formula to be delivered at 75 mL (milliliters) per hour for 16 hours and a water flush to be delivered at 85 mL an hour for 16 hours. The order further indicated the start time for the feeding formula and water was 8 PM and the stop time was 12 PM the following day. On 9/10/25 at 12:20 PM, R23 was observed in their bed asleep. An observation of the pump revealed the amount of tube feeding and water delivered per administration was recorded and maintained as a value on the pump. A review of the values of tube feeding formula delivered to R23 for the administration on 9/8/25 to 9/9/25 was 756 mL and the amount of water recorded on the pump was 867 mL. Per the physician's orders, tube feeding delivered at 75 mL an hour for 16 hours indicated R23 should have received 1200 mL of tube feeding and water delivered at 85 mL an hour for 16 hours indicated R23 should have received 1,360 mL of water. On 9/10/25 at 1:40 PM, an interview was conducted with the facility's Director of Nursing. The observations of the tube feeding and water not being delivered to R23 on 9/9/25 at 9:59 AM and the recalled values from the tube feeding pump were shared with them and they said the physician's order should be followed and they would look into why R23 only received 759 mL of the formula and 756 mL of water. A review of a facility provided policy titled, was reviewed and read, .Feeding tubes will be utilized according to physician orders, which typically include: the kind of feeding and it's caloric value, duration, mechanism of administration, and frequency of flush .

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F 0770 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide timely, quality laboratory services/tests to meet the needs of residents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure Physican ordered laboratory (labs) were obtained for one resident (R81) of one resident reviewed for laboratory diagnostics. Findings include:On 09/09/2025 the medical record for R81 was reviewed and revealed the following: R81 was last admitted to the facility on [DATE] and had diagnoses including Congestive heart failure and End stage renal disease. A Physician's evaluation dated 8/27/25 revealed the following: CC (chief complaint)- Follow up-Patient seen at bedside today, sitting at the side of the bed. Patient reporting bloating and increased plaque chills with gas, patient also is reporting being unable to tell if she is passing gas or stool, unsure of the patient's having fecal incontinence from history. Patient already on simethicone every 8 hours as needed we will schedule it for a few days and follow up patient also reporting having left hand tingling ever since her left arm procedure, possible nerve impingement, patient reports tingling in all 5 fingers we will get B12 folate and TSH (thyroid stimulating hormone) level continue to monitor. A Physician's order for the laboratory diagnostic dated 8/28/25 revealed the following: B12 (vitamin B12), Folate TSH. Further review of R81's medical record did not reveal any results of the B12, Folate TSH Physican order. On 9/111/25 at approximately 10:02 a.m., during a conversation with Nurse Manager A NM A was queried regarding missing lab results of the B12, Folate TSH lab ordered on 8/28/25. They reported the lab requisition was never completed and the lab was never done. NM A reported they would have to address the issue with the Nurse and that it would have to be reordered and completed. On 9/11/25 a facility document titled Laboratory Results revealed the following: The facility must provide or obtain laboratory services when ordered by a physician, physician assistant, nurse practitioner, or clinical nurse specialist in accordance with state law .Labs not drawn as ordered are reported to the attending physician for further direction The staff will process test requisitions and arrange for tests

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F 0810 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide special eating equipment and utensils for residents who need them and appropriate assistance. (continued on next page)

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F 0810 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to ensure assistive devices for eating were provided to one resident (R17) of 21 residents reviewed for dining. Findings include: On 9/09/2025 at approximately 11:51 a.m., R17 was observed in their room, laying in their bed. R17 was observed to have cognitive deficits when conducting initial pool interview and was unable to stay focused during the interview. On 9/10/25 at approximately 9:14 a.m., R17 was observed in their room, attempting to eat the breakfast meal. R17 had approximately one bite gone from their meal. At that time, A review of R17's meal ticket revealed R17 was to be provided built-up utensils with their meal tray. R17 was observed to have been provided standard silverware and no built-up utensils. On 9/10/25 at approximately 9:33 a.m., R17 was still observed in their room, attempting to eat the breakfast meal. R17 was still observed not to have been provided the built-up utensils. On 9/10/25 at approximately 9:47 a.m., R17 was still observed in their room, attempting to eat the breakfast meal. R17 was still observed not to have been provided the built-up utensils. On 9/11/25 at approximately 9:27 a.m., R17 was observed to have been provided their breakfast meal tray but it was left at the foot of their bed and out of reach of R17. On 9/11/25 at approximately 9:33 a.m., R17 was observed in their room, attempting to eat the breakfast meal. Another review of R17's meal ticket revealed R17 was still to have been provided built-up utensils with their meal tray. R17 was observed to have been provided standard silverware which they were not using, and no built-up utensils were present on the tray. On 9/11/25 at approximately 9:55 a.m., R17 was still observed in their room, attempting to eat the breakfast meal. R17 was still observed not to have any built-up utensils. At that time, the Nurse Manager A (NM A) was queried regarding the lack of built-up utensils for R17. NM A reviewed R17's meal ticket and reported that R17 should have been provided the built-up utensils and indicated that they would call down to the kitchen for the built-up utensils to be provided to R17. NM A reported the dietary department is responsible for ensuring the utensils are placed on the meal tray. On 9/10/25 the medical record for R17 was reviewed and revealed the following: R17 was initially admitted to the facility on [DATE] and had diagnoses including Protein-Calorie Malnutrition and Dysphagia. A review of R7's MDS (minimum data set) with an ARD (assessment reference date) of 8/22/25 revealed R17 had upper extremity impairment on both sides and needed assistance from facility staff with their activities of daily living. A review of R17's comprehensive plan of care revealed the following: Focus-Resident has an ADL (activities of daily living) self-care performance deficit related to: ADL abilities will fluctuate between therapy staff and nursing staff ROM (range of motion) impairments and contractures. Date Initiated: 11/14/2024 .Interventions-EATING: 1 person assist. Built up utensils with all meals. Date Initiated: 03/04/2025.A dietary nutrition review dated 5/21/25 revealed the following: Nutritional Quarterly-Resident is a [R17 demographics] residing at [name of facility] with primary dx (diagnoses) critical illness myopathy. PMHx (previous medical history) includes debility, seborrheic dermatitis, adult FTT (failure to thrive), bacteremia, heart failure, dysphagia, pulmonary embolism, anemia, moderate pcm (protein-calorie malnutrition), delayed milestone in childhood, and a-fib (atrial fibrillation). Diet order regular, puree texture, thin liquids (requires assistance w meals), unable to safely handle liquids, no new chewing/swallowing concerns, and . Remains on enteral nutrition as well to fully meet caloric and protein needs. TF (tube feeding) regimen as: Isosource 1.5 @ 85ml/hr (milliliters per hour) x 15 hours providing total 1913kcals, 88 g protein, 974ml FW (total 1800ml fluids w/ 55ml h2o flush x 13 hours). RD (Registered Dietician) observed resident at tableside, did not consume much of meal and was unable to efficiently answer dietary questions or preference updates- kept asking if she can go back to bed. RD did observe resident ability to use built up utensil and feed herself, however resident consumed roughly 1 tsp (tablespoon) and then put down. Resident will remain on TF to meet all nutritional needs with addition of prosource 30ml q daily for additional 15g protein, 60kcals to assist with increased needs. No edema noted. Skin buttock contains MASD (moisture associated skin damage) with scattered openings, L (left) flank with maybe nickel size opening per wound care. CBW (current body weight) 156lbs (pounds), 4/7 162.6lbs, 2/3 154.4lbs, 11/19 157.8lbs, weight has remained stable since admission with minor fluctuations. Dx (diagnoses) moderate malnutrition r.t (related to) temporal, clavicular, thigh, muscle wasting, and poor oral intake resulting in need for enteral nutrition to meet needs. Goal improve PO (by mouth) intake as able, TF tolerance, stable labs, open areas to show signs of healing, wt (weight) maintenance. Continue current dietary interventions, monitor PO intake, weights, and labs. Proceed to care plan On 9/11/25 at

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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. Based on observation, interview, and record review, the facility failed to prepare food in accordance with professional standards for food service safety. This deficient practice has the potential to result in food borne illness among all residents that consume food from the kitchen. Findings include: 09/09/2025 between 9:00 AM-9:30 AM, during an observation of the kitchen with Certified Dietary Manager (CDM) E, the following items were observed: In the walk-in cooler, there were opened, undated containers of ranch dressing, vinegarette dressing, and thousand island dressing. CDM E confirmed the items should have been dated when opened.According to the 2022 FDA Food Code section 3-501.17: Ready-to-eat, potentially hazardous food prepared and held in a food establishment for more than 24 hours shall be clearly marked to indicate the date or day by which the food shall be consumed on the premises, sold, or discarded when held at a temperature of 41 degrees Fahrenheit or less for a maximum of 7 days. Refrigerated, ready-to- eat, potentially hazardous food prepared and packed by a food processing plant shall be clearly marked, at the time the original container is opened in a food establishment and if the food is held for more than 24 hours, to indicate the date or day by which the food shall be consumed on the premises, sold, or discarded, and: (1) The day the original container is opened in the food establishment shall be counted as Day 1; and (2) The day or date marked by the food establishment may not exceed a manufacturer's use-by date if the manufacturer determined the use-by date based on food safety.There was a personal cellular phone on the food preparation counter. When queried, CDM E stated it should not have been there. According to the 2022 FDA Food Code section 3-307.11 Miscellaneous Sources of Contamination, Food shall be protected from contamination that may result from a factor or source not specified under Subparts 3-301 - 3-306. There were 5 spatulas hanging on the utensil rack, with rough edges, and missing pieces around the spatula edges. CDM E stated he would throw them out and order some new ones. According to the 2022 FDA Food code section 4-202.11 Food-Contact Surfaces, (A) Multiuse food-contact surfaces shall be: (1) Smooth; (2) Free of breaks, open seams, cracks, chips, inclusions, pits, and similar imperfections; (3) Free of sharp internal angles, corners, and crevices; (4) Finished to have smooth welds and joints; On 9/9/25 at 9:00 AM, there was a package of deli ham located on the food preparation counter. On 9/9/25 at 11:40 AM, the package of deli ham was in the same spot on the food counter. The internal temperature of the ham was measured to be 71 degrees Fahrenheit.According to the 2022 FDA Food Code section 3-501.16 Potentially Hazardous Food (Time/Temperature Control for Safety Food), Hot and Cold Holding, 1. (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, potentially hazardous food (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; P or (2) At 5 C (41 F) or less.