STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLI IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		634021	B. WING _	B. WING			024	
NAME OF PRO	VIDER OR SUPPLIE	R			STREET ADDRESS, CITY, STATE	, ZIP COI	DE	
EVERGREEN	HEALTH AND R	EHABILITATION CENTER			19933 WEST THIRTEEN MILE SOUTHFIELD, MI 48076	ROAD		
(X4) ID PREFIX TAG	(EACH DEFICIEN FULL REGULA	TEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FORY OR LSC IDENTIFYING NFORMATION)	ID PREFIX TAG	COR	IDER'S PLAN OF CORRECTION (E RECTIVE ACTION SHOULD BE CR FERENCED TO THE APPROPRIA' DEFICIENCY)	OSS-	(X5) COMPLETION DATE	
F0000	INITIAL COMME	NTS	F0000					
SS=	surveyed for an Al	and Rehabilitation Center was be be survey on 5/28/2024.						
	MI00143823, MI0	438, MI00143487, 00144131						
	Census=150							
F0584 SS= E	Environment §48 The resident has comfortable and including but not treatment and su. The facility must safe, clean, comenvironment, all or her personal by possible. (i) This resident can recand that the phymaximizes resident pose a safety exercise reasonathe resident's programment, all or her personal by maximizes resident can recand that the phymaximizes resident pose a safety exercise reasonathe resident's programment production of the pr	vices necessary to maintain ly, and comfortable interior; can bed and bath linens that lition; §483.10(i)(4) Private each resident room, as 8.90 (e)(2)(iv); §483.10(i)(5) omfortable lighting levels in 0(i)(6) Comfortable and safe els. Facilities initially certified 1990 must maintain a ge of 71 to 81°F; and or the maintenance of	F0584					

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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.

	MENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CL IDENTIFICATION NUMBER:		(X2) MULTII A. BUILDING		ISTRUCTION		(X3) DATE SURVEY COMPLETED	
		634021	B. WING _			5/28/2	2024	
NAME OF PRO	VIDER OR SUPPLI	_I ER			STREET ADDRESS, CITY, S	STATE, ZIP CC	DDE	
EVERGREEN	I HEALTH AND R	EHABILITATION CENTER			19933 WEST THIRTEEN SOUTHFIELD, MI 48076		)	
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	This REQUIREM evidenced by:	MENT is not met as						
	This citation per MI00143487 and	tains to intake #s d MI00143823.						
	review, the facili comfortable, saf environment, as walls, trash/debi broken chair and chemicals, and v This deficient pr	vation, interview and record ty failed to maintain a clean, ie, and homelike evidenced by soiled floors, ris throughout the facility, d tile, unsecured sharps and risible harborage of pests. actice has the potential to esidents throughout the						
	Findings include	:						
		ole complaints reported to y included allegations that not clean.						
	5/28/24, the foll	eviated survey conducted on owing concerns with the ment were identified:						
	and 114 was litte outside room 11	hallway outside room 115 ered with debris. The chair 6 had linens and used gloves in the floor behind the chair.						
	1	oughout hallway near room ed with scattered debris.						

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CL AND PLAN OF CORRECTION (DENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF A. BUILDING	(X3) D COMF	(X3) DATE SURVEY COMPLETED		
		634021	B. WING _			5/28/2	2024
NAME OF PRO	VIDER OR SUPPLIE	I ER			STREET ADDRESS, CITY, S	STATE, ZIP CC	DDE
EVERGREEN	I HEALTH AND R	EHABILITATION CENTER			19933 WEST THIRTEEN SOUTHFIELD, MI 48076		)
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	observed to hav brownish/black inside cart right At 10:05 AM, the 317 was observed At 10:08 AM, the Oakridge unit haw as a wall cabin read, "KEEP LOC cabinet was not the small door, the standard the staff present.  At 11:57 AM, the Oakridge unit (Swet washcloths thandrails and shunlabelled bottle	Anna's House unit was e a linen cart with dried dark splatters on bottom shelf next to the linens.  e hallway wall outside room ed soiled with brown debris.  e shower room on the ed the door open and there et that had a sticker which KED AFTER USE". The wall locked and upon opening here were loose gloves d) and a large bottle of "BNC- nt cleaner) that was labeled PAK SPA B" and 1 bottle of er with no resident name.  e shower room on the PA A) was observed to have a nat was leaning slightly down with a used brief in an open the shower chair, a gerichair d gloves stored on the seat at), there were several towels washcloths bunched into the shower area. There were no  e shower room on the PA A) contained the same that hung from the assist ower floor, there were two es of bodywash/shampoo, a, roll of trash bags, a hair					

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		634021	B. WING _	WING			5/28/2024	
NAME OF DDO	VIDER OR SUPPLIE	D .			STREET ADDRESS, CITY	STATE ZID CC	NDE .	
		EHABILITATION CENTER		19933 WEST THIRTEEN MILE SOUTHFIELD, MI 48076				
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	labeled. Addition have areas of a conthere were sever behind the door shower room. The of disinfectant of stored on top of floor tile at the troom was observed. At 12:03 PM, the unit (SPA A) was gloves (turned in were seven bottle roll-on deodorar stored on the hawas a trash bag stored on top of medical tape was the shelf of the very garbage/debrises flooring of the signout appeared like substance as bugs observed becomers of the shelf of the shelf or the	Redwood unit was observed ave garbage/debris scattered flooring of the unit, and the I gloves remained behind the						

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EVERGREEN	N HEALTH AND R	EHABILITATION CENTER			19933 WEST THIRTEEN SOUTHFIELD, MI 48076		)
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	Manager 'B' repushould not have unable to identificand would need about the storage razors, Nurse Mashould've been should've been should've been should've been should've been should've been should've been should have food dellounge/dining/a and throughout were spider webwall by the wate debris throughound resident room At 2:11 PM, there inside out) and a near the med cawrappers and denear rooms 224, At 2:15 PM, the have a blood lar floor by the three room 319. The withe med cart out	e was a disposable mask and ned inside out) observed on common area outside room  a's House unit was observed or is in both of the ctivity areas under the tables the floors. Additionally, there is and multiple pests on the rountain and scattered out the flooring of the unit or is.  e was a used glove (turned a small white cup on the floor rt. There were multiple paper ebris throughout the flooring					

	NT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:		(X2) MULTIF A. BUILDING		ISTRUCTION	(X3) DATE SURVEY COMPLETED		
		634021	B. WING _			5/28/2	2024	
NAME OF PRO	VIDER OR SUPPLIE	I ER			STREET ADDRESS, CITY, S	TATE, ZIP CC	DDE	
EVERGREEN	HEALTH AND R	EHABILITATION CENTER			19933 WEST THIRTEEN SOUTHFIELD, MI 48076	MILE ROAD	)	
(X4) ID PREFIX TAG	(EACH DEFICIENT FULL REGULA	ATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY TORY OR LSC IDENTIFYING NFORMATION)	ID PREFIX TAG	COR	IDER'S PLAN OF CORRECTI RECTIVE ACTION SHOULD E FERENCED TO THE APPRO DEFICIENCY)	BE CROSS-	(X5) COMPLETION DATE	
	soiled utility roo Hickory unit was overflowing from the cart, which for and expose the conserved to have on the wall and constructed with and Laundry (Stabeen in their role asked about the assignments and each wing had o tried to keep the consistency. Whe schedule, Staff 'Cusually 7:00 AM worked 8:00 AM children. When ask today, Staff 'C' row When asked if the cleaned and whave a list, but the and "Know the row When asked about the asking to the consistency."	front conference room was a large black ant crawling ceiling.  53 PM, an interview was the Director of Housekeeping off 'C') who reported they had a since July 2023. When facility's housekeeping I staffing, Staff 'C' reported ne housekeeper and they a same staff to each wing for en asked about their work. C' reported they worked to 3:30 PM, but some to 4:00 PM if they had asked about weekend. C' reported that was the end if any staff had called-in exported "No, not today."  There was a list of what should when, Staff 'C' reported they neir staff know what to do even at the facility a long time.						

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EVERGREEN	I HEALTH AND R	EHABILITATION CENTER	19933 WEST THIRTEEN MILE RO SOUTHFIELD, MI 48076			VILE ROAD	OAD	
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	PM and they use floors, clean the in there. When a the grout, Staff 'washed" two times that did that had when asked aborooms, Staff 'C' comes in to clean sometimes after they might not be asked who clean reported there wishould be cleaned thing the next might next might not be asked who clean reported there wishould be cleaned thing the next might next might next might never the facil observations as about who the high Redwood unit, Some and the soiled 'C' proceeded to further response that 3:06 PM, observations as about the soiled in the spider proceeded to with a spider proceeded to with ands and report that. At that times	00 PM, Staff 'C' was asked to ity and confirmed the same identified earlier. When asked to ousekeeper was on the taff 'C' reported there wasn't had they had assisted with dent rooms. When asked linens behind the chair, Staff opick them up and offered no						

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		EHABILITATION CENTER			19933 WEST THIRTEE SOUTHFIELD, MI 4807	N MILE ROAD		
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	and the houseke cleaned that earl there were residusly at least the since there were directed them to the since them to to this area was overflowing trast treatment cart at that, Staff 'C' rep (Certified Nursin responsibility to medication and the since was a bow had moldy contested them to the multiple bug reported they had been on vaccounty to the toilet contain on the inside of reported the toil When asked if it	ing of the dining room floors beper reported they had lier and was not able to since ents in there. When asked one side was not cleaned no residents, Staff 'C' oclean the flooring now.  I'C' was asked about the control the Hickory unit and they usekeeper that was assigned new. When asked about the hir receptacle on the hir was discovered that was the CNA grassistant) and Nurse's empty the trash on the treatment carts.  Iniued observations of the wer room (SPA B) revealed I of food on the floor that ents and was covered with ck bugs. Staff 'C' confirmed is and dark grout tile and and someone dedicated to the shower rooms, but they attend to the shower room (SPA B) revealed hed a dark ring of build-up the toilet bowl. Staff 'C' et was cleaned everyday, was cleaned everyday, how d-up of debris around the						

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EVERGREEN	N HEALTH AND R	EHABILITATION CENTER		19933 WEST THIRTI SOUTHFIELD, MI 48					
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	no further responsored to have wheelchair cushing dead winged but of the tub. When for maintaining reported housek CNAs did. When mentioned that main flooring and but the CNAs had 'C' confirmed an needed to change When asked if the cleaned the shoot there molding for bugs, Staff 'C' reached the shoot the Oakridge chair in front of broken armrest, and live spiders dining room (in observed eating the doors. When behind the plant 'C' stated "Oh go When asked if in what was the proreported the state Maintenance state of the	toilet bowl, Staff 'C' offered inse. The bathtub was e a stack of towels, a ion and there were several gs scattered on the bottom in asked who was responsible the bathtub, Staff 'C' seeping didn't do that, the in asked to clarify earlier they housekeeping cleaned the individual areas of the shower rooms, and to clean the bathtub, Staff id then reported maybe they ge that since it was not done. The housekeeping staff wer rooms daily, how was bood, build-up of webs, and inported they weren't sure.  The ervation of the dining room is unit revealed there was a the door wall that had a land there were many webs and bugs throughout the which residents were lunch in earlier) and behind in asked to observe the area at next to the door wall, Staff bod, nobody reported that."  The sects/pests were observed, occess to notify staff, Staff 'C' fff should report to the liff.							

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	VIDER OR SUPPLIE	 FR EHABILITATION CENTER			STREET ADDRESS, CITY, STA 19933 WEST THIRTEEN MI SOUTHFIELD, MI 48076		
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F0761 SS= D	Review of the do Staff 'C' of the ar staff included so but did not ident bath/shower roo According to the product "BNC-15 StatementsHarr severe skin burns damageStore lo the facility regard clean, comfortabe environment revolunapproved poliname that addrecleaning resident Label/Store Drug \$483.45(g) Labe Drugs and biolog must be labeled accepted profess the appropriate a instructions, and applicable. §483 Biologicals §483 State and Federa store all drugs ard compartments un controls, and per personnel to hav	mful if swallowed. Causes s and serious eye	F0761				

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		634021	B. WING _			5/28/2	2024
	VIDER OR SUPPLIE	L Er Ehabilitation Center			STREET ADDRESS, CITY,	N MILE ROAD	
					SOUTHFIELD, MI 48076	ò	
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	compartments for listed in Schedul Drug Abuse Pre 1976 and other of except when the package drug did the quantity stord dose can be rea This REQUIREM evidenced by:  Based on observialed to ensure a and secured, resunauthorized accommedications. Find On 5/28/24 at 3: located on the Odd, was observed by authorized state accessible in all of storage drawer.  Registered Nurse on the Oakridge count was being nurse, away from RN "A" confirmed unattended, and scheduled narcounauthorized pe  On 5/28/24 at 3: Nursing (DON) w	ation and interview, the facility a medication cart was locked ulting in the potential for tess and diversion of narcotic dings include:  23 PM, a medication cart akridge Unit, in front of room and unlocked and unattended aff. The medications were drawers, including the narcotic de (RN) "A" returned to the cart Unit indicating a medication performed with another the assigned medication cart. It de the cart was left unlocked, medications, including tics were accessible to					

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EVERGREEN HEALTH AND REHABILITATION CENTER						19933 WEST THIRTEEN MILE SOUTHFIELD, MI 48076	ROAD	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	CORI	IDER'S PLAN OF CORRECTION (E/ RECTIVE ACTION SHOULD BE CRC FERENCED TO THE APPROPRIATI DEFICIENCY)	SS-	(X5) COMPLETION DATE
	Review of the faci and Treatment Ca documented: "All drugs and b	ed by authorized personnel.  lities policy title; "Medication art Storage" dated 5/4/22  siologicals will be stored in						
locked compartments (i.e., medication carts)Narcotics and Controlled Substances: medications are stored under double-lock and key"								