STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235036	A. Building B. Wing	05/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Springs at Rochester Hills Rehab and Nursing C	1480 Walton Blvd Rochester Hills, MI 48309

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 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** This citation pertains to Intake #2985803.Based on interview and record review, the facility failed to ensure a Preadmission Screening (PAS)/Annual Resident Review (ARR) Level II evaluation (a comprehensive evaluation by the appropriate state-designated authority and determines whether the individual has a mental disorder and determines the appropriate setting for the individual and recommends any specialized services the individual needs) was completed and the recommendations incorporated into in the resident's assessments and plan of care for one (R802) of one resident reviewed for PASARR.Findings include: A review of a complaint submitted to the State Agency revealed an allegation that an PASARR Level II evaluation was not completed for R802 since 1/2025.A review of a document provided by the facility titled, OBRA Operations Manual 2017 revealed the following: .The Level I Process .All individual identified by a Level I Screen as possibly having a serious mental illness or intellectual disability/developmental disability or related condition must receive a Level II Evaluation and determination prior to admission to a nursing facility, unless they meet one of the following exemption criteria: coma, dementia or hospital exempted discharge. A DCH-3878 (Department of Community Mental Health) must be completed prior to admission identifying the exemption criteria claimed .The Level II Process .Persons who are identified on the Level I Screen by any 'YES' answer on the (Level I form) and who do not meet exemption criteria must be referred to the local (community mental health) for the possible need of a Level II Evaluation .(the local health and human services department) bases the determination of the need for Nursing Facility Services and/or Specialized Mental Health Services from the information in the Level II Evaluation .On 5/5/26 at approximately 11:45 AM, an interview was conducted with R802. R802 reported they needed to have a Level II evaluation completed in order to assist with facilitating discharge from a nursing home. R802 reported they have been unable to get copies of previous evaluations, and the last one was conducted in January of 2025 at a different facility. R802 reported a LEVEL II Evaluation had not been completed in the current facility. A review of R802's clinical record revealed R802 was admitted into the facility on 9/18/25 with diagnoses that included: schizoaffective disorder and delusional disorder. A review of a Minimum Data Set (MDS) assessment dated [DATE] revealed R802 had moderately impaired cognition and was prescribed antipsychotic and antidepressant medications. A review of a PASARR Level I Screening form dated 7/30/25 (prior to R802's admission into the facility) revealed R802 had a diagnosis of a mental illness (schizoaffective, bipolar type), received treatment for mental illness, and routinely received one of more prescribed antipsychotic or antidepressant medications within the last 14 days. The instructions on the form noted, If any answer to items 1-6 (which included whether the resident had mental illness, received treatment for mental illness, and/or was prescribed antipsychotic or antidepressant medications) .is 'YES', send ONE copy to the local Community Mental Health Services Program (CMHSP), with a copy of form DCH-3878 if an exemption is requested. The nursing facility must retain the original in the patient record and provide a copy to the patient or legal representative. Further review of R802's clinical record revealed no DCH-3878 indicating an exemption or a Level II Evaluation.On 5/5/26 at 12:59 PM, an interview was (continued on next page)

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	conducted with the Administrator, as the Director of Social Services was unavailable for interview. When queried about the PASARR process in the facility, the Administrator reported a Level I screening was done immediately upon admission and a Level II Evaluation within 14 days. The Administrator reported all documents were uploaded into the electronic medical record (EMR). When queried about R802, the Administrator reported they would see if the Level II Evaluation was not yet scanned into the EMR. On 5/5/26 at approximately 1:49 PM, the Administrator followed up and reported the Level II Evaluation should have been obtained from the referring facility or the current facility should have followed the protocol and requested one to be completed.