STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235214	A. Building B. Wing	05/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Harmony Village of Clawson	535 N Main Clawson, MI 48017

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 0582 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure Medicare liability notices were provided to the residents' court appointed legal representative responsible for finances for two (R15 and R16) of three residents reviewed for liability notices. Findings include:Review of the documentation provided by the facility revealed only three residents that were discharged from Medicare covered Part A services with benefit days remaining in the past 6 months and all remained in facility. Further review of the documentation revealed R15 and R16 both had legal guardians which were also in charge of financial decisions. R15:R15 was discharged from Medicare A benefits on 1/28/26. The documentation revealed R15 signed the Notice of Medicare Non-Coverage (NOMNC) form on 1/26/26 and also signed the Skilled Nursing Facility Advance Beneficiary Notice (SNFABN) form on 1/18/26. Further review of the clinical record revealed prior to and at the time the resident was cut from Medicare A coverage, they had a legal guardian in place. Additionally, the profile information identified this legal guardian was responsible for billing statement and primary contact - financial. Review of the clinical record revealed R15 was initially admitted into the facility on 8/30/24 and readmitted on [DATE] with diagnoses that included: cerebral infarction, paranoid schizophrenia, hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side, unspecified psychosis, and violent behavior. According to the Minimum Data Set (MDS) assessment dated [DATE] indicated R15 scored a 14/15 on the Brief Interview for Mental Status (BIMS) exam which indicated intact cognition (however they had continued legal guardianship with financial responsibilities implemented). Further review of the progress notes included an entry on 1/26/26 at 12:20 PM by MDS Nurse 'K' that read:[R15] has been receiving therapy and skilled care under Medicare A. At this time she is receiving skilled therapy and has no other skilled needs. Her last day of coverage will be 1/28/2026. Reviewed Notice of Medicare Non Coverage and Advanced Beneficiary Notice with [R15] at this time. [R15] states that she understands and is not interested in appealing at this time. Copy of NOMNC and ABN given to [R15]. R16:R16 was discharged from Medicare A benefits on 12/11/25. The documentation revealed R16 signed the NOMNC form on 12/9/25 and also signed the SNFABN form on 12/9/25. Further review of the clinical record revealed prior to and at the time the resident was cut from Medicare A coverage, they had a legal guardian in place. Additionally, the profile information identified this legal guardian was responsible for billing statement and primary contact - financial. Review of the clinical record revealed R16 was initially admitted into the facility on 7/22/25 and readmitted on [DATE] with diagnoses that included: Parkinson's disease without dyskinesia, without mention of fluctuations, acute metabolic acidosis, major depressive disorder recurrent, mild, mild cognitive impairment of uncertain or unknown etiology, cerebral infarction due to embolism of unspecified vertebral artery, dysthymic disorder, dementia in other diseases classified elsewhere moderate with mood disturbance, and vascular dementia. According to the MDS assessment dated [DATE], R16 had a BIMS scored of 15 which indicated intact cognition (however they had continued legal guardianship with financial responsibilities implemented). Further review of the progress notes included an entry on 12/9/25 at 11:20 AM by MDS Nurse 'K' that read:[R16] was recently hospitalized and returned to ECF (Extended Care Facility). She was evaluated by skilled therapy and (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 0582 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	found to have had functional deficits and need for therapy. Per therapy [R16] was reluctant to participate in therapy and had frequent refusals. [R16] has stabilized since hospital and has no other skilled needs at this time. Notice of Medicare Non Coverage and Advanced beneficiary notice issued to [R16] at this time. She verbalized understanding and signed Notices. copies of notices given to [R16] at this time. On 5/13/26 at 9:31 AM, the facility was requested via email to provide the NOMNC/SNFABN policy. On 5/13/26 at 10:15 AM an interview was conducted with MDS Nurse 'K'. When asked what their process was for providing the NOMNC and SNFABN notices, MDS Nurse 'K' reported they initiated the NOMNC and further reported whenever they had a resident that was alert and they had BIMS of 14 or 15 they would have them sign. When asked if there would be a different process if the resident had a legal guardian and if they would be notified, MDS Nurse 'K' reported if the resident had a high BIMS score, they would have them sign. On 5/13/26 at 11:30 AM, the Administrator reported there was no policy specific for the NOMNC/SNFABN process but acknowledged they were aware if the resident had a legal guardian, then the legal guardian should've been notified.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observation, interview, and record review, the facility failed to ensure appropriate infection control practices when handling ready-to-eat food for one resident (R59) of seven residents reviewed for infection control. Findings include: On 5/11/26 at 12:22 PM, an observation of the lunch meal on the second floor was conducted. During the observation, Certified Nurse Aide (CNA) 'C' was observed providing one-to-one feeding assistance to R59. While providing assistance, CNA 'C' removed a dinner roll from a plastic snack bag with their bare hands and placed it on R59's plate. On 5/11/26 at 12:27 PM, CNA 'C' was observed to tear off a piece of the dinner roll and feed it to R59 with their bare hands. Continued observation of the meal revealed CNA 'C' repeatedly handling the dinner roll with their bare hands On 5/13/2026 10:57 AM, an interview was conducted with the facility's Infection Control Preventionist. They were asked about handling ready to eat foods with bare hands and indicated gloves should be worn. A review of the 2009 Michigan Modified Food Code effective October 2012 was conducted and read, .Preventing Contamination from Hands. (A) FOOD EMPLOYEES shall wash their hands as specified under S 2-301.12 .FOOD EMPLOYEES may not contact exposed, READY-TO-EAT FOOD with their bare hands and shall use suitable UTENSILS such as deli tissue, spatulas, tongs, single-use gloves, or dispensing EQUIPMENT .