STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235228	A. Building B. Wing	06/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cherry Hill for Nursing and Rehabilitation	38410 Cherry Hill Road Westland, MI 48185

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 0551 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Give the resident's representative the ability to exercise the resident's rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** This citation pertains to MI00153028 and MI00153168. Based on observation, interview and record review, the facility failed to acknowledge and ensure the Durable Power of Attorney (DPOA) was allowed to exercise the residents' rights for one resident (R901) out of three residents reviewed for resident rights exercised by their representative. Findings include: On 6/3/25 at 02:30 PM, an interview with DPOA A revealed they were told, when presenting to facility staff the DPOA paperwork, it was not valid because signatures on the papers were not notarized. Review of the document revealed a DPOA document containing two witness signatures, the resident signature, and the DPOA signature as prepared by a law firm, dated 3/30/21. DPOA A was advised by facility staff to provide the DPOA paperwork to the Social Worker the next business day. DPOA A further revealed they told the staff member, the current document had been in effect since 2021 (the signature date). On 6/3/25, a review of the Electronic Medical Record (EMR) revealed R901 was admitted to the facility on [DATE] with the following relevant diagnoses: Vascular Dementia and Cognitive Communication Deficit. A Brief Interview for Mental Status (BIMS) score of 4/15 indicated severe cognitive impairment. R901 was dependent for activities of daily living and used a wheelchair for mobility. R901 was minimally verbal. A review of the EMR nursing progress note documented on 4/26/25, at 06:16 PM, DPOA A inquired regarding R901's medical care and was informed that we could not discuss the resident's case as (DPOA A) is not listed as a contact. A review of the EMR documented a progress noted dated, 4/27/25 at 14:09 PM, R901 was Sent to hospital by DPOA A, emergency contact. According to the EMR, this occurred after Medical Doctor (MD) was notified of a fall on 4/27/25 at 08:00 AM. R901 was transferred to hospital and assessed for a syncopal episode. On 6/4/25 at 10:36 AM, during an interview with Social Worker (SW)G they confirmed the DPOA process was explained to DPOA A on 5/2/25 (no documentation noted in EMR), noting the document had not been activated. SW G revealed they had discussed with the DPOA next steps. SW G revealed they attempted to obtain a capacity evaluation (to determine R901's ability to make their own decisions), revealing the house psychiatric staff were not available to determine capacity. There is no documentation regarding attempts to obtain capacity. (continued on next page)

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
	235228	A. Building B. Wing	06/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cherry Hill for Nursing and Rehabilitation	38410 Cherry Hill Road Westland, MI 48185

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 0551 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 6/4/2025, an interview with the Nursing Home Administrator (NHA) and Director of Nursing (DON) revealed an expectation the activation of the DPOA should have been addressed soon after admission. A review of the facility policy titled, Advance Directives dated September 2022 revealed the following definition: Durable Power of Attorney for Health Care (i.e. Medical Power of Attorney) - a document delegating authority to a legal representative to make health care decisions in case the individual delegating that authority subsequently becomes incapacitated. The policy further reveals 4. Written information includes a description of the facility's policies to implement advance directives and applicable state law.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235228	A. Building B. Wing	06/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cherry Hill for Nursing and Rehabilitation	38410 Cherry Hill Road Westland, MI 48185

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** This citation refers to Intake MI00153374. Based on interview and record review, the facility failed to protect the resident's right to be free from verbal and physical abuse by staff (Certified Nursing Assistant - CNA I) for one (R903) of three resident's reviewed for abuse. Findings include: A review of the Intake MI00153374 revealed: On 05/24/25 at about 4:00 PM, R903 approached the nurses' station with a packet of sweetener and requested assistance to open it. Licensed Practical Nurse (LPN) E assisted R903 to open the packet. CNA K, CNA L, and CNA I were seated at the nurse station. R903 threw the open packet of sweetener over the nurses station towards CNA I. CNA I started to swear at R903. R903 was observed to stand up and R903 and CNA I then grabbed each other by the wrists over the nurses' station. Staff were then reported to have separated R903 and CNA I. On 6/04/25 at 11:30 PM and during the survey, R903 was observed to be walking round and round the halls talking appropriately with staff and other residents. On 6/04/25 around 2:00 PM, LPN E was asked about the incident between R903 and CNA I and reported: CNA I was having a bad day and their mouth ran away with them and R903 became agitated because of what CNA I said. LPN E also reported R903 gets frustrated when they cannot get their words out and throws a tantrum of sorts and a history of throwing items. A statement by LPN E from the facility investigation further documented, .(R903) approached nurses station making noise to get staff attention. Writer observed resident holding (name of flavor subsitute) packet to be open. Writer assisted resident with opening packet. Writer then observed resident throw packet at staff member. Writer attempted to deescalate situation. Staff member began to use profanity at resident. Resident and staff member observed to be holding each others wrist . A review of the record for R903 revealed R903 was admitted into the facility on 8/11/22. Diagnoses included Aphasia (difficulty speaking), Memory Deficit, Dementia and Stroke. The Minimum Data Set (MDS) assessment dated [DATE] documented moderate impaired cognition with a 6/15 Brief Interview for Mental Status score and R903 was independent for eating, required supervision/assistance for dressing and personal hygiene and independent for walking. A review of the Social Services staff (SS) G progress note dated 05/27/25 at 12:45 PM, revealed, .SS provided wellness check with resident on 5/27/25. (R903) was in (their) room, appeared happy and was laughing. Resident was sitting in wheelchair. When asked if (R903) felt safe in facility, resident smiled and nodded yes . (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235228	A. Building B. Wing	06/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cherry Hill for Nursing and Rehabilitation	38410 Cherry Hill Road Westland, MI 48185

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A review of the facility Abuse Policy revised 9/2022 revealed, The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. The facility must not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion. The resident has a right to be treated with respect and dignity .Residents must not be subjected to abuse by anyone, including, but not limited to, facility staff, other residents, consultants or volunteers, staff of other agencies serving the resident, family members or legal guardians, friends, or other individuals . Abuse is defined as the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish .Willful is defined in the definition of abuse, and means the individual must have acted deliberately, not that the individual must have intended to inflict injury or harm .

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235228	A. Building B. Wing	06/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cherry Hill for Nursing and Rehabilitation	38410 Cherry Hill Road Westland, MI 48185

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** This citation pertains to Intake MI00153028. Based on observation, interview, and record review, the facility failed to develop a care plan for bladder incontinence with interventions to address resistance to toileting for one (R901) of two residents reviewed for care plans. Findings include: A review of the Electronic Medical Record (EMR) revealed R901 was admitted to the facility on [DATE] with the following relevant diagnoses: Vascular Dementia, Gastroesophageal Reflux Disease, and a Cognitive Communication Deficit. A Brief Interview for Mental Status was conducted resulting in a score of 4/15 indicating severe cognitive impairment. R901 was dependent for activities of daily living, was incontinent of urine and R901 requires prompting and assistance for toileting. On 6/3/25 at approximately 2:56 PM, R901 was interviewed in their room with their Durable Power of Attorney (DPOA) A. DPOA discussed R901's sometimes resistance to toileting and R901 is sometimes willing to walk to the bathroom with assistance. DPOA A further revealed R901 can be incontinent and sometimes resists changing. On 6/4/25 at 8:00 AM, R901 was noted to have a housekeeper in the room cleaning up a puddle. R901 was observed lying on their back. R901 was calm, looking straight up, and did not appear to be engaging with staff. Certified Nursing Assistant (CNA) B revealed R901 can be incontinent, sometimes will allow assistance to the bathroom, and has been known to urinate in places other than the toilet. CNA B further revealed when R901 is agitated they can be uncooperative with toileting or brief changes by refusing to go into bathroom and stiffening their body intentionally when care is attempted. On 6/4/25 at 8:15 AM, an interview with Housekeeper J revealed they were called to the room to clean a very large puddle of urine. On 6/4/25 a review of the Electronic Medical Record (EMR) revealed R901 did not have a care plan for bladder incontinence and the resistance to toileting. On 6/4/25 at 10:22 am, during an interview with Unit Manager (UM), F revealed R901 ambulated with assistance to the bathroom when R901 wants to. UM F further revealed urine is sometimes found in places other than the bathroom such as waste basket or on the floor. At 11:13 am, an interview with the Director of Nursing (DON) revealed R901 should have a care plan for bladder incontinence and the resistance to toileting R901 exhibits. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235228	A. Building B. Wing	06/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cherry Hill for Nursing and Rehabilitation	38410 Cherry Hill Road Westland, MI 48185

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A review of the facility policy titled, Care Plans, Baseline reveals the following, baseline plan of care to meet the resident's immediate health and safety needs is developed for each resident within forty-eight (48) hours of admission. The policy further reveals . 2. The baseline care plan is used until the staff can conduct the comprehensive assessment and develop an interdisciplinary person-centered comprehensive care plan (no later than 21 days after admission). The baseline care plan is updated as needed to meet the resident's needs until the comprehensive care plan is developed .4. The resident and/or representative are provided a written summary of the baseline care plan (in a language that the resident/representative can understand) .6. If the participation of the resident and his/her resident representative in developing the resident's care plan is determined to not be practicable, an explanation is documented in the resident's medical record. The explanation should include what steps were taken to include the resident or representative in the process.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235228	A. Building B. Wing	06/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cherry Hill for Nursing and Rehabilitation	38410 Cherry Hill Road Westland, MI 48185

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 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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** This citation refers to Intake MI00153168. Based on observation, interview, and record review, the facility failed to identify 6% weight loss from 5/1/25 to 5/29/25 for one (R901) of three residents reviewed for weight loss. Findings include: On 4/25/25, R901 was admitted to the facility on [DATE] with the following relevant diagnoses: Vascular Dementia and Cognitive Communication Deficit. A Brief Interview for Mental Status was conducted resulting in a score of 4/15 indicating severe cognitive impairment. R901 is dependent for activities of daily living and uses a wheelchair for mobility. R901 is minimally verbal. R901 is dependent on for nutritional and hydration needs through a percutaneous gastrostomy tube (PEG-feeding tube) inserted into R901's abdomen. On 6/4/25 an interview with R901's Durable Power of Attorney (DPOA) revealed they were aware that R901 becomes agitated and fidgety pulling on the feeding tube. DPOA A said they were unaware if the tube was ever pulled out on any occasion since admission. On 6/4/25 a review of the Electronic Medical Record (EMR) revealed: - A progress note dated 4/28/25 at 11:52 AM, R901 was pulling on feed tube line. -A progess note dated 5/3/25 at 4:53 AM, R901 fidgets and disconnects PEG tube feeding, needs to be monitored and redirected consistently. -A progress note dated 5/29/25 at 11:06 AM, R901 with increased anxiety and attempting to pull out PEG tube numerous times and is not easily redirectable. A review of the EMR related to weight revealed an admission weight on 5/1/25 of 147.4. On 5/29/25 a weight of 138.5 was revealed showing a weight loss of 6.03% over a 28-day period. On 6/4/25 at 11:31 AM, a re-weight of 138 was obtained On 6/4/25 at 9:02 AM, Registered Dietician (RD) C was interviewed by telephone and confrimed they review resident weights weekly and this is discussed with the team. RD C indicated R901 was discussed on Thursday (May 29, 2025) and believed the documented weight loss may be an error because it was a significant amount over one month and requested a new weight. RD C indicated the team revealed resident was pulling on tube and their understanding was it was pulled out so that R901 was not getting the full benefit of the nutrition. There is no documentation in the EMR to indicate the feeding tube was pulled out by R901 or required replacement. On 6/4/25 at 2:00 PM, an interview with the Director of Nursing (DON) confirmed R901's weight loss was discussed on 5/29/25 during a team meeting. The DON further revealed R901 expends a lot of energy when their anxiety is high. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235228	A. Building B. Wing	06/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cherry Hill for Nursing and Rehabilitation	38410 Cherry Hill Road Westland, MI 48185

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 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A review of the facility policy, titled Weight Assessment and Intervention, dated March 2022, revealed the following: .4. Unless notified of significant weight changes, the dietitian will review the unit weight record monthly to follow individual weight trends over time. 1. The threshold for significant unplanned and undesired weight loss will be based on the following criteria - b. 1 month - 5% weight loss is significant; greater than 5% is severe . Individualized care plans shall address, to the extent possible, r. identified causes of weight loss, t. time frames and parameters for monitoring and reassessment . A review of the policy titled Enteral Nutrition, dated November 2018 revealed, The dietitian monitors residents who are receiving enteral nutrition, and makes appropriate recommendations for interventions to enhance tolerance and nutritional adequacy of enteral feedings. In addition, Residents receiving enteral nutrition are periodically reassessed for the continued appropriateness and necessity of the feeding tube. Results of these assessments are documented and any changes are made to the care plan. Input from the resident or legal representative is included in the assessment.