

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235234	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/19/2025
NAME OF PROVIDER OR SUPPLIER Heritage Manor Nursing and Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 9500 Grand River Ave Detroit, MI 48204	

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)
<p>F 0627</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure the transfer/discharge meets the resident's needs/preferences and that the resident is prepared for a safe transfer/discharge.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 22349</p> <p>This citation pertains to intake MI00153011.</p> <p>Based on interview and record review the facility failed to document complete transfer and discharge information for one (R510) of two residents reviewed for the transfer/discharge process resulting in the potential for the receiving health care provider to be unaware of all the resident's healthcare needs.</p> <p>Findings include:</p> <p>The State agency received a complaint that R510 was improperly transferred.</p> <p>According to R510's Electronic Health Record the resident admitted to the facility on [DATE] with multiple diagnoses that included paraplegia and surgical repair of fractured right femur. A progress note dated 3/19/25 at 6:41 PM indicated R510 returned from the hospital and was then transferred to another long-term facility. There was no additional documentation. There was no transfer form to the hospital. There was no discharge plan, summary note or progress notes to indicate instructions had been given to either the receiving hospital or long-term care facility the resident was transferred to.</p> <p>On 5/15/25 during an interview with the Director of Nursing (DON) it was confirmed R510 had no transfer or discharge summary to indicate that instructions or a safe transfer/discharge had occurred for the resident.</p> <p>On 5/15/25 during an interview, the Nursing Home Administrator (NHA) said the facility should have included transfer information and a discharge summary to indicate the receiving healthcare providers had been informed of the resident's on-going healthcare needs. The NHA supplied the facility's policies for transfer and discharge procedures.</p> <p>According to the facility's Transfer and Discharge policy last revised 3/26/2025, read in part:</p> <p>3. The facility's transfer/discharge notice will be provided to the resident and resident's representative in a language and manner in which they can understand. The notice will include all of the following at the time it is provided:</p> <p>(continued on next page)</p>

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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<p>F 0627</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>a. The specific reason and basis for transfer or discharge.</p> <p>b. The effective date of transfer or discharge.</p> <p>c. The specific location (such as the name of the new provider or description and/or address if the location is a residence) to which the resident is to be transferred or discharged .</p> <p>According to the facility's Discharge Planning Process policy last revised 2/26/2025, read in part:</p> <p>11. The evaluation of the resident's discharge needs and discharge plan will be completely documented on a timely basis in the clinical record.</p> <p>12. The results of the evaluation and final discharge plan will be discussed with the resident or the resident's representative. All relevant information will be provided in the discharge summary</p>		