

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 07/31/2025
NAME OF PROVIDER OR SUPPLIER Heritage Manor Nursing and Rehabilitation 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 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from the wrongful use of the resident's belongings or money.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** This citation pertains to 1220384, 1220412, and 2569363. Based on interview and record review the facility failed to ensure that one resident (R406) of five residents reviewed was free from abuse and exploitation of personal funds resulting in certified nursing assistant (CNA) A using a R406's debit card to make purchases totaling \$1,900. Findings include: According to a facility reported incident, CNA A used R406's debit card to make a personal purchase. On 7/30/25 at 2:05 PM, R406 was interviewed regarding the incident. R406 acknowledged the incident and said that the facility had recovered some of the money taken from their debit card. On 7/31/25 at 11:00 AM, the Nursing Home Administrator (NHA) was interviewed regarding the incident and reported CNA A had taken R406's money and had made payments toward the \$1,900 debit balance, reducing the amount owed to \$570.42. The NHA said the facility provides education regarding abuse and expects staff to follow facility policies. Record reviewed noted that R406 was admitted on [DATE] with the following diagnosis including hypertension, fracture of right ulna, fracture of sixth cervical vertebra, protein malnutrition and physical disability. Review of Quarterly Minimum Data Set (MDS) dated [DATE] documented R406 Brief Interview for Mental Status (BIMS) score was 12 out of 15 indicating R406 was moderately cognitively impaired. Record review revealed the following: On 7/10/25, R406's debit card declined when the facility attempted to process a payment. R406 was advised to cancel the debit card. On 7/11/25, CNA A informed the facility they had obtained R406's debit card number and had made purchases totaling \$1,900. On 7/16/25, CNA A acknowledged they had broken a nursing home rule and resigned. Review of a facility document, Abuse, Neglect, Exploitation with a revised date of July 2025, noted. It is the policy of this facility to provide protections for the health, welfare and rights of each resident by developing and implementing written policies and procedures that prohibit and prevent abuse, neglect, exploitation and misappropriation of resident property. In addition the policy defined exploitation as taking advantage of a resident for personal gain through the use of manipulation, intimidation, threats, or coercion.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 235234
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