

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  03/06/2026
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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> This citation pertains to intake 2792738. Based on interview and record review, the facility failed to ensure money was safe from misappropriation for one resident (R110) of two residents reviewed for abuse, resulting in missing resident funds. Findings include: A review of a Facility Reported Incident (FRI) dated 1/29/26 documented in part the following: The Nursing Home Administrator (NHA) received a call from the corporate office on 1/29/26 that the social service employee (SSE) M was suspected of stealing money from R110. The NHA was informed by corporate office to speak with Business Office Manager (BOM) G to find out what happened. BOM G informed the NHA that R110 had been informed on 1/23/26 of a check that was returned due to insufficient funds. R110 informed BOM G that there was \$4000.00 in the bank. R110 requested BOM G's assistance in a review of financial transactions. R110 did not have their bank card or wallet on them. R110 stated, The (SSE M) has it. BOM G went to the social service office and asked Social Worker K about the location of R110's wallet. SW K said that SSE M had it in their desk. When R110 reviewed the contents of the wallet in the presence of BOM G, the bank card was not in the wallet. The FRI continued and documented R110 called the bank and put the phone on speaker with BOM G present. The bank employee informed R110 that charges on their bank card were automatically paid off at the end of each month. R110's credit card payment on 12/20/25 was \$6303.17. This payment put R110 in overdraft status and was the reason for the returned check for insufficient funds. The bank employee named several transactions that were disagreeable with R110. Per BOM G, the financial institution asked if they had any idea who would be using the card. BOM G identified SSE M. Per BOM G, the financial institution replied that was the person they have been tracking for a cash advance with invalid data. R110's bank card was cancelled immediately per BOM G. A document in the FRI investigative file, written by BOM G, revealed the following: On 1/23/26, telephone calls were made to two different financial institutions involving R110's bank card transactions. On this document, BOM G listed transactions with the following retailers allegedly made with R110's bank card: Target, [NAME], BP gas station, Oak Park Fuel cash advance, Dollar General, Southwest Airlines, Walmart, Best Buy, [NAME], Bath &amp; Body Works, Sams Club, CVS, and Marshalls. A payment was made to R110's bank card on 12/20/25 in the amount of \$6303.17. According to the FRI documentation, SSE M was immediately suspended via phone as they had left early for a personal emergent situation. The NHA spoke with R110 on 1/29/26. R110 was being discharged on the same day. R110 indicated being aware that someone allegedly stole their money. R110 stated, I think it was the social worker, I don't know. R110 was asked to stay long enough for the facility to call the police. R110 said no, my driver is here. R110 was informed that it was mandatory for the facility to report this allegation to the police. R110 stated, Go ahead but I'm leaving. According to the FRI, the allegation of abuse was inconclusive. A review of R110's clinical record documented an original admission date of 4/7/25 and readmission date of 9/2/25. R110's diagnoses included epilepsy, congestive heart failure, depressive disorder, and anxiety disorder. A Minimum Data Assessment (MDS) dated [DATE] documented intact cognition. During an interview on 3/4/26 at 9:00 AM, the Nursing Home Administrator (NHA) said SSE M did have R110's bank card. The Activity Director and SW K verified that SSE M assisted R110 with bill paying. On 1/29/26, SSE M (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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:  Facility ID: 235234	If continuation sheet Page 1 of 6

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  03/06/2026
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>was suspended immediately by the NHA. SSE M resigned from their position on February 1, 2026. During an interview on 3/4/26 at 9:13 AM, BOM G said an email was received on 1/23/26 from the corporate office that a check written out to the facility from R110, dated 1/13/26, had been returned due to insufficient funds. BOM G spoke to R110 who reported having over \$4000.00 in their checking account. BOM G verified the speakerphone discussions held with R110 and their financial institutions on 1/23/26. BOM G said the MDS Coordinator was present in the office during these conversations. During an interview on 3/4/26 at 10:01 AM, MDS Coordinator/Licensed Practical Nurse (LPN) N said she witnessed BOM G speaking with R110. LPN N overheard the conversations with the financial institutions because the telephone calls were on speaker phone. R110 granted the financial institutions permission to speak with BOM G. The calls were about a bounced check. LPN N heard the person on the line report a list of transactions made on R110's bank card that included a cash advance at a gas station and a transaction with Southwest Airlines. LPN N indicated that someone was stealing from R110. A review of the facility document titled, Abuse, Neglect and Exploitation, dated July 2025, revealed in part the following:- 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 prevent abuse, neglect, exploitation and misappropriation of resident property.- Misappropriation of Resident Property means the deliberate misplacement, exploitation, or wrongful, temporary or permanent, use of a resident's belongings or money without the resident's consent.- Possible indicators of abuse include but are not limited to: Resident reports of theft of property, or missing property.</p>

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  03/06/2026
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> This citation pertains to intake 2792738. Based on interview and record review, the facility failed to ensure staff reported an allegation of misappropriation of resident property (MARP) to the State Agency in a timely matter for one resident (R110) out of two residents reviewed for abuse, which could result in additional missing resident funds. Findings include: On 1/29/26 the facility reported incident to the State Agency documented an allegation of misappropriation of resident property. A review of the facility's 5-Day abuse investigation summary dated 2/5/26 documented in part the following: The Nursing Home Administrator (NHA) received a call from the corporate office on 1/29/26 that the social service employee (SSE) M was suspected of stealing money from R110. The NHA was informed by corporate office to speak with Business Office Manager (BOM) G to find out what happened. BOM G informed the NHA that R110 had a check written out to the facility that was returned on 1/23/26 due to insufficient funds. Per BOM G, R110 requested their assistance to review banking transactions. R110 informed BOM G that there was \$4000.00 in the bank. R110 did not have their bank card or wallet on them. R110 stated, The social worker has it. BOM G went to the social service office and asked Social Worker K about the location of R110's wallet. SW K said that SSE M had it in their desk. When R110 reviewed the contents of the wallet in the presence of BOM G, the bank card was not in the wallet. R110 called the bank and put the phone on speaker with BOM G present. The bank employee informed R110 that charges on their bank card were automatically paid off at the end of each month. R110's credit card payment on 12/20/25 was \$6303.17. This payment put R110 in overdraft status and was the reason for the returned check for insufficient funds. The bank employee named several transactions that were disagreeable with R110. Per BOM G, the financial institution asked if they had any idea who would be using the card. BOM G identified SSE M. Per BOM G, the financial institution replied that was the person they have been tracking for a cash advance with invalid data. R110's bank card was cancelled immediately per BOM G. During an interview on 3/4/26 at 9:00 AM, the NHA was identified as the facility's abuse coordinator. The NHA stated, It did not make sense for (BOM G) to bypass me to report this concern. The NHA said that on 1/23/26 BOM G was aware of the possibility of MARP because R110's check to the facility was returned due to insufficient funds. The NHA reported to the State Agency the allegation of MARP on 1/29/26. During an interview on 3/4/26 at 9:13 AM, BOM G said they received an email on 1/23/26 from the corporate office that a check written out to the facility from R110, dated 1/13/26, had been returned due to insufficient funds. BOM G spoke to R110 who reported having over \$4000.00 in the checking account. BOM G said they were unsure of an established protocol of what to do when a resident's check was returned due to insufficient funds. BOM G said they suspected fraudulent activity towards R110 on 1/23/26 because of the returned check. BOM G was aware that the NHA was the facility's abuse coordinator but decided to report the allegation of MARP to the company's owner (Owner V). On 1/23/26 BOM G sent the following text message to Owner V, The check that was returned was for a resident that had his information in the SW office. The resident stated that (they) received a call saying (their) card was used and if (they) authorized it. That is all the info the resident could give me. I am going to have (them) call the bank. BOM G said they spoke to Owner V on 1/27/26 regarding the suspected MARP. BOM G said they were aware of the facility's abuse policy. BOM G stated, I know I didn't follow the protocol when they failed to report the suspected MARP to the facility's abuse coordinator. BOM G said she did not report the allegations to the State Agency either. A review of R110's clinical record documented an original admission date of 4/7/25 and readmission date of 9/2/25. R110's diagnoses included epilepsy, congestive heart failure, depressive disorder, and anxiety disorder. A Minimum Data assessment dated [DATE] documented intact cognition. A review of the facility document titled, Abuse, Neglect and Exploitation, dated July 2025, revealed in part the following:- It is the policy of (continued on next page)</p>		

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  03/06/2026
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>this facility to provide protections for the health, welfare and rights of each resident by developing and implementing written policies and procedures that prohibit the prevent abuse, neglect, exploitation and misappropriation of resident property.- Misappropriation of Resident Property means the deliberate misplacement, exploitation, or wrongful, temporary or permanent, use of a resident's belongings or money without the resident's consent.- Possible indicators of abuse include but are not limited to: Resident reports of theft of property, or missing property.- The facility will have written procedures that include reporting of all alleged violations to the Administrator, state agency, adult protective services and to all other required agencies (e.g., law enforcement when applicable) within specified timeframes. - Not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury.</p>

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  03/06/2026
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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> This citation pertains to intake 2792738. Based on interview and record review, the facility failed to conduct a thorough investigation of misappropriation of resident property (MARP) for one resident (R110), out of two residents reviewed for abuse. Findings include: A review of a Facility Reported Incident (FRI) dated 1/29/26 documented in part the following: The Nursing Home Administrator (NHA) received a call from the corporate office on 1/29/26 that the social service employee (SSE) M was suspected of stealing money from R110. The NHA was informed by corporate office to speak with Business Office Manager (BOM) G to find out what happened. BOM G informed the NHA that on 1/23/26, R110 had been informed of a check that was returned due to insufficient funds. Per BOM G, R110 requested their assistance to review banking transactions. R110 informed BOM G that there was \$4000.00 in the bank. R110 did not have their bank card or wallet on them. R110 stated, The social worker has it. BOM G went to the social service office and asked Social Worker K about the location of R110's wallet. SW K said that SSE M had it in their desk. When R110 reviewed the contents of the wallet in the presence of BOM G, the bank card was not in the wallet. The FRI continued and documented R110 called the bank and put the phone on speaker with BOM G present. The bank employee informed R110 that charges on the credit card were automatically paid off at the end of each month. R110's credit card payment on 12/20/25 was \$6303.17. This payment put R110 in overdraft status and was the reason for the returned check for insufficient funds. The bank employee named several transactions that were disagreeable with R110. Per BOM G, the financial institution asked if they had any idea who would be using the card. BOM G identified SSE M. Per BOM G, the financial institution replied that was the person they have been tracking for a cash advance with invalid data. R110's bank card was cancelled immediately per BOM G According to the FRI documentation, on 1/29/26, the NHA immediately suspended (SSE) M by phone as SSE M left early for a personal emergent situation. The NHA spoke with R110 on 1/29/26. R110 was being discharged on the same day. R110 indicated being aware that someone allegedly stole their money. R110 stated, I think it was the social worker, I don't know. R110 was asked to stay long enough for the facility to call the police. R110 said no, my driver is here. R110 was informed that it was mandatory for the facility to report this allegation to the police. R110 stated, Go ahead but I'm leaving. According to the FRI, the allegation of abuse was inconclusive. A review of R110's clinical record documented an original admission date of 4/7/25 and readmission date of 9/2/25. R110's diagnoses included epilepsy, congestive heart failure, depressive disorder, and anxiety disorder. A Minimum Data Assessment (MDS) dated [DATE] documented intact cognition. During an interview on 3/4/26 at 9:13 AM, BOM G said they received an email on 1/23/26 from the corporate office that a check written out to the facility from R110, dated 1/13/26, had been returned due to insufficient funds. BOM G spoke to R110 who reported having over \$4000.00 in the checking account. BOM G confirmed the 1/23/26 conversations conducted with R110 and their financial institutions as documented in the FRI investigation. BOM G said the MDS Coordinator was present in the office during these conversations. During an interview on 3/4/26 at 10:01 AM, MDS Coordinator/Licensed Practical Nurse (LPN) N said she witnessed BOM G speaking with R110. LPN N overheard the conversations with the financial institutions because the calls were on speaker phone. R110 granted the financial institutions permission to speak with BOM G. The calls were about a bounced check. R110 heard the person on the line report a list of transactions made on R110's bank card that included a cash advance at a gas station and a transaction with Southwest Airlines. LPN N indicated that someone was stealing from R110. LPN N did not provide a statement to the NHA because they were not asked to. The FRI investigative file was reviewed and there was no interview from LPN N. SSE M, who was in possession of R110's bank card was unable to be interviewed because they resigned from their position. A review of the facility document titled, Abuse, Neglect and Exploitation, dated July 2025, (continued on next page)</p>		

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  03/06/2026
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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>revealed in part the following:- An immediate investigation is warranted when suspicion of abuse, neglect or exploitation, or reports of abuse, neglect or exploitation occur.- Written procedures for investigations include identifying and interviewing all involved persons, including the alleged victim, alleged perpetrator, witnesses, and others who might have knowledge of the allegations; and providing complete and thorough documentation of the investigation.</p>		