

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235245	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/08/2025
NAME OF PROVIDER OR SUPPLIER  Brittany Manor		STREET ADDRESS, CITY, STATE, ZIP CODE  3615 East Ashman Street Midland, MI 48642	
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 0609  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.  **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** This citation pertains to complaint #2626994. Based on interview and record review, the facility failed to implement policies and procedures for ensuring reporting of a reasonable suspicion of a crime in accordance with section 1150B of the Social Securities Act regarding reportable incidents for 2 residents (R101 and R102) of 3 residents reviewed for abuse. Findings include:Review of an admission Record revealed R101 admitted to the facility on [DATE] with pertinent diagnoses which included dementia and parkinson's disease. Review of an admission Record revealed R102 admitted to the facility on [DATE] with pertinent diagnoses which included dementia and encephalopathy. Review of MI-FRI #61781 Facility Investigation Report revealed on 9/14/2025 at 3:30 PM R101 struck R102 on the mouth in the activity room. This event was witnessed by facility staff and reported to the Director of Nursing (DON) on 9/14/2025 at 4:00 PM. Further review revealed the Nursing Home Administrator (NHA) submitted the 2-hour notification to the state agency the following morning, 9/15/2025 at 9:18 AM. In a telephone interview on 10/8/2025 at 2:00 PM, the DON reported the incident of abuse that occurred on 9/14/2025 between R101 and R102 was not submitted to the state until the morning of 9/25/2025 as she believed the facility had 24 hours to submit abuse incidents to the state unless the incident caused serious injury. The DON reported the facility's regional staff educated her and the NHA that all abuse incidents and allegations needed to be reported to the state agency within 2 hours. Review of facility policy/procedure Abuse Prohibition, dated 10/14/2022, revealed .reporting abuse. any State or Federal agencies of allegations per state guidelines (2 hours if abuse allegation) . During the onsite survey, past noncompliance (PNC) was cited after the facility implemented actions to correct the noncompliance which included education of the NHA and DON and ongoing surveillance. The facility was able to demonstrate monitoring of the corrective action and maintained compliance.		

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: 235245
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