STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235259	A. Building B. Wing	05/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Harmony Village of Warren	11525 East Ten Mile Road Warren, MI 48089

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 Intake: 3008257.Based on interview and record review, the facility failed to report an injury of unknown origin to the State Agency (SA) for one resident (R901) of three reviewed for reporting of alleged violations. Findings include: A review of documentation submitted to the SA revealed R901 had sustained an ankle fracture of unknown origin, and the Nursing Home Administrator did not report it to the SA stating it occurred during care.A review of R901's medical record revealed they were admitted into the facility on [DATE] with diagnoses which included, Dementia, Metabolic Encephalopathy, and Anemia. Further review revealed the resident was severely cognitively impaired and required two-person assistance for transfers and bed mobility.Further review of the medical record revealed x-ray results dated 5/5/26 revealed R901 had sustained a left ankle fracture. A progress note: 5/5/2026 19:31 IDT (interdisciplinary team) Review .Resident is currently on hospice services with diagnoses of osteoarthritis and degenerative joint disease (DJD). Resident noted to have a confirmed ankle fracture with no observed or reported trauma consistent with a fall. Resident is alert to self only, limiting ability to provide reliable history regarding incident. Interdisciplinary team-initiated investigation. Review of recent documentation, staffing reports, and incident logs revealed no witnessed falls or reported injuries. No environmental hazards identified in resident room or common areas at time of review. Staff interviews completed with no concerns voiced regarding recent fall or injury event .On 5/12/26 at 10:57 AM, a request was made to review Facility Reported Incident (FRI) documentation submitted to SA. The Nursing Home Administrator (NHA) explained a FRI had not been submitted, and a Past Non-Compliance (PNC) had been completed as a result.A review of the PNC revealed a compliance date of 5/6/26, however, there was no documentation the FRI had yet been submitted to the SA.A review of the facility's Abuse, Neglect, and Exploitation policy revealed the following, .VII. Reporting/Response A. The facility will implement the following:1. Reporting of all alleged violations to the facility Administrator (Abuse Coordinator) immediately after ensuring resident safety. 2. Reporting of all alleged violations to the state agency, adult protective services and to all other required agencies (e.g., law enforcement when applicable) within specified timeframes: a. Immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or b. Not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury .

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