

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235259	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/16/2026
NAME OF PROVIDER OR SUPPLIER Harmony Village of Warren		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and interview, the facility failed to maintain general cleanliness and repair in five resident rooms (Rooms 101, 303, 307, 308 and 311) and in the 300-unit ice machine room. This resulted in an increased potential for contamination and decreased satisfaction of living conditions. Findings Include: room [ROOM NUMBER] On 7/14/2026 at 11:45 AM, room [ROOM NUMBER] was observed with a stained radiator that was detached from the wall, the radiator appeared with layers of dried liquids and debris. The room was observed to remained in the same condition on 7/15/26 and 7/16/26. On 07/14/26 at 9:30 AM, the floor drain located in the 300 unit ice machine room was observed to be coated with black, slimy mold. room [ROOM NUMBER]: On 07/14/26 at 9:51 AM, the baseboard heating vent was observed to be bent and mangled, and the front cover was detached from the unit. The overbed wall mounted light fixture located near bed 3 was observed to be held together by tape. In addition, the walls next to bed 3 were observed to be heavily soiled. When queried on 07/15/26 at 1:55 PM, Maintenance Staff E stated housekeeping should clean the walls as needed, but that the resident is always in bed, so it makes it hard to get to the wall. Maintenance Staff E further stated he was unaware of the radiator cover and over-bed light fixture in disrepair and stated that he relies on staff to put maintenance issues into the electronic building maintenance program. room [ROOM NUMBER]: On 07/14/26 at 9:55 AM, there was an unknown brown substance observed on the wall near bed 1. room [ROOM NUMBER]: On 07/15/26 at 2:00 PM, the overbed table located near bed 2 was observed with edging that was falling off, leaving rough exposed particle board. When queried at the time, Maintenance Staff E confirmed the overbed table was in disrepair and needed to be replaced. room [ROOM NUMBER]: On 07/15/26 at 2:20 PM, the wall mounted baseboard radiator cover was (continued on next page)		

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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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	observed to be bent and detached from the unit. When queried at that time, Maintenance Staff E stated it was just brought to his attention this morning and that they are trying to figure out the best way to fix it.		

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F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Reasonably accommodate the needs and preferences of each resident. Based on observation, interview, and record review, the facility failed to provide showers per resident preference for one resident (R128) out of three reviewed for Activities of Daily Living (ADLs) findings include: On 7/14/2026 at 9:39 AM, R128 was observed sitting in a geriatric chair (geri-chair). R128 was asked about their stay in facility and if they had any concerns. R128 was noted to be nonverbal and was making circular motions with their hands on their body and pointing outside their room. They then used their communication board and pointed to a picture of a shower. R128 was asked if they wanted a shower, and they gave a thumbs up. R128 was asked if they knew their shower days, or the last time they received a shower and they shrugged their shoulders (indicating they were unsure). A review of the tasks noted R128 scheduled shower days were Monday and Thursday evenings (3:00pm-11:00pm). Further review of the last 30 days of shower documentation revealed R128 had documented bed baths, not showers for the last thirty days. Review of the care plan noted the following, Focus: I'm also resistive to ADL care, showers and getting out of bed frequently. Revision on 5/18/2026. Interventions/Tasks: BATHING-. I require total assistance to take baths/showers 2x week. On days that I may refuse please re-approach x3. Offer alternate days or bed baths. Document and notify nurse of all refusals. Revision on 9/9/2023. A review of the last 30 days of progress notes did not reveal any refusal of showers. On 7/16/2026 at 2:30 PM, an interview was conducted with the Director of Nursing (DON) who reported R128 usually prefers bed baths, will refuse to get in the shower, and would only allow one certified nursing assistant (CNA) to give them a shower, but that CNA no longer works on that side of the facility. The DON stated it has always just been an assumption that R128 wanted only bed baths. A review of a facility policy titled, Activities of Daily Living noted the following, .3. A resident who is unable to carry out activities of daily living will receive the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.		

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F 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to provide notification of transfers/discharges to the Long-Term Care Ombudsman for two residents (R132 and R134) of four reviewed for transfers/discharges. Findings include:R132 A review of R132's medical record revealed they were admitted into the facility on 4/20/26 with diagnoses which included Cardiomegaly, Schizophrenia, and Dementia. Further review revealed the resident was petitioned to the hospital on 4/23/26 due to increased agitation, paranoia, and combativeness. On 07/16/2026 at 9:27 AM and 12:30 PM, a request for the list of transfers/discharges sent to the Long-Term Care Ombudsman for the months of April and June (2026) was made to the facility. On 07/16/2026 at 1:39 PM, the Nursing Home Administrator (NHA) was asked about the request for the list of transfers/discharges sent to the Ombudsman and explained the social worker is responsible for sending the lists to the Long-Term Care Ombudsman however, they had deleted their sent items therefore, unable to provide the requested list. On 7/16/2026 at 3:20 PM, a policy was requested from the facility related to notification however, it was not received by the end of survey. R134 A review of R134's medical record revealed R134 was admitted on [DATE] and discharged on 6/9/26. Further review of 134's medical record noted an undated interdisciplinary team meeting which addressed R134's request to be discharged from the facility. R134's medical record did not reveal notification to the state ombudsman of the discharge. On 7/16/2026 at 3:20 PM, a policy was requested from the facility related to notification however, it was not received by the end of survey.		

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to develop a resident centered care plan for diabetes for one resident (R39) out of one resident reviewed for care planning. Findings include:Review of a progress note from R39's electronic medical record (EMR) revealed a nurse practitioner note dated 4/14/2026 which documented, New onset DM-II (Type 2 Diabetes) per labs from 3/3/2026 revealing a Hgba1c (Hemoglobin A1C, a way to test for blood sugar control) of 9.5% (normal range for diabetes 6.5% or higher). The EMR did not reveal a care plan for diabetes which includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs.R39's EMR revealed they were admitted into the facility on [DATE] with diagnoses of age-related physical debility, generalized muscle weakness, and hypertensive heart disease (heart disease related to high blood pressure). The recent Minimum Data Set (MDS) revealed a Brief Interview for Mental Status (BIMS) score of 12, indicating impaired cognition. Further review of R39's care plans revealed they had last been reviewed 4/27/2026 (13 days after new diagnosis of diabetes).Review of active medication orders for R39 revealed they are receiving Humalog (insulin lispro), with a start date of 4/27/2026 and directions to inject per a sliding scale (amount of insulin injected based off R39's blood sugar readings). On 07/15/2026 at 12:48 PM, an interview was conducted with Registered Nurse, Unit Manager (RN) F who said if someone has diabetes and is taking insulin, it would be standard for them to have an individualized care plan. They further stated if someone has diabetes without that diagnosis appearing in the diagnoses section of their EMR, the doctor should be notified because they are usually the ones who would be entering in that diagnosis to the medical record. The diagnosis not being entered would make it more difficult to ensure a care plan is completed because those diagnoses are how they would know of the need to create a care plan.On 07/15/2026 at 1:03 PM, an interview was conducted with the Director of Nursing (DON) who confirmed a resident with diabetes should have a care plan for it. They further stated that R39's diagnosis of diabetes should have been added to the appropriate section of R39's EMR so the team would know that a care plan is needed for it, and that a new diagnosis would be caught by the time a care conference is conducted for a resident and be discussed by the Interdisciplinary Team (IDT) for care planning.Review of a facility policy titled Care Planning, last reviewed/revised 6/2024, revealed The comprehensive care plan. is reviewed and revised by the IDT (interdisciplinary team) as necessary.		

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to administer as needed low blood sugar medications for one resident (R15) of one reviewed for physician orders. Findings include: A review of R15's medical record revealed they were admitted into the facility on [DATE] with diagnosis of Diabetes. Further review revealed the resident was cognitively intact and required one person assist for Activities of Daily Living. Review of R15's medical record revealed the following active as needed orders: Glucose Gel 40 % (Dextrose (Diabetic Use))Give 10 gram by mouth as needed for blood sugar (BS) 70 or less & Conscious Use 1 tube. Ordered 4/22/26.Glucose Tablet Chewable (Dextrose (Diabetic Use)Give 3 tablets by mouth as needed for BS 70 or less and Conscious. Ordered 8/23/24.A review of R15's blood sugar readings for the month of June (2026) revealed a blood sugar reading of 56 on 6/30/26. Review of the resident's Medication Administration Record (MAR) revealed the two as needed orders listed above were not documented as administered.On 07/15/2026 at 3:30 PM, the Director of Nursing (DON) was asked about the lack of documentation following R15's blood sugar of 56 and indicated they would look into it.On 07/16/2026 at 11:29 AM, the DON explained they spoke to R15's assigned nurse (Licensed Practical Nurse, LPN C) from 6/30/26 and the nurse said they provided the resident with crackers and orange juice and confirmed the nurse had been educated. On 07/16/2026 at 12:57 PM, LPN C was interviewed via phone regarding the interventions taken for R15's low blood sugar. LPN C confirmed they provided the resident with orange juice and crackers and had been educated on documenting the interventions. LPN C was asked if R15 had any physician orders or interventions for their low blood sugar, and stated, No. On 07/16/2026 at 3:20 PM, the physician's order policy was requested from the facility, and was not received by survey exit.		

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F 0685 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Assist a resident in gaining access to vision and hearing services. Based on observation, interview, and record review, the facility failed to follow up on recommendations made by the audiologist (physician specializing in hearing loss) for one resident (R129) of one resident reviewed for hearing services. Findings include: On 07/14/2026 at 9:33 AM, R129 was observed lying in bed and asked about their care in the facility. They explained they had been seen by audiology but continued to have difficulty with hearing. R129 also explained they have noticed they have to speak louder because they can't hear themselves. A review of R129's medical record revealed they were admitted into the facility on 1/8/25 with diagnoses which included Cerebral Palsy, Diabetes, and Obesity. Further review revealed they were cognitively intact and required assistance for Activities of Daily Living (ADLs). Review of R129's medical record revealed an audiology exam dated 6/17/26 with the following recommendations for both of the resident's ears, Cerumen (ear wax) Management .Deep wax still present, needs PCP (primary care physician) removal . Further review of R129's medical record revealed the resident had been seen twice since 6/17/26 by their primary care physician and/or nurse practitioner. On 07/16/2026 at 11:30 AM, the Director of Nursing (DON) was asked about the audiology recommendations not being followed up on by the PCP. The DON explained the recommendations had been logged in the physician's book however; it had not been addressed by the physician as it should be. On 07/16/2026 at 3:20 PM, a request was made to the facility for the policy related to ancillary and physician services however, they were not received by the end of the survey.		

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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason. Based on observation, interview, and record review, the facility failed to implement leg braces for one resident (R113) of three reviewed for range of motion (ROM). Findings include: On 07/14/2026 at 9:35 AM, R113 was observed in bed asleep, leg braces observed on the resident's nightstand. A review of R113's medical record revealed they were admitted into the facility on 5/7/26 with diagnoses of Muscle Wasting and Atrophy, Ataxic Gait (unsteady walking) and Unspecified Multiple Injuries. Further review revealed the resident was severely cognitively impaired and required one person assist for activities of daily living. Review of the medical record revealed the following active order dated 6/15/26, Order Summary: PT (physical therapy) recommends B/L (bilateral) knee brace up to 4 hours/daily or as tolerated to prevent contracture (shortening of the muscle). Further review of the medical record did not reveal documentation that the leg braces had been applied. On 07/15/2026 at 2:23 PM, the Director of Therapy was asked about the recommendations for R113 following their discharge from therapy and provided the resident's discharge summary revealing the resident was discharged from therapy due to their max potential being achieved, and the recommendations following discharge was for the resident to have bilateral leg braces to prevent contractures. Further review of the discharge summary noted the following, Functional Maintenance Program Established/Trained=Splint and Brace Program. The Director of Therapy was asked how the orders get implemented, and explained the recommendations are provided to nursing staff. On 07/16/2026 at 9:56 AM, R113 was observed sitting in their chair located in the hallway. The resident's knee braces were observed on their nightstand. On 07/16/2026 at 2:26 PM, the Director of Nursing (DON) was asked about R113 not having documented application of the bilateral knee splints and explained the order had not been confirmed therefore, the order was not being followed despite being ordered 30 days prior. On 7/16/26 at 3:20 PM, a request for the range of motion policy was made to the facility however, it was not received by the end of the survey.		