STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235427	A. Building B. Wing	03/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Autumn Woods Residential Health	29800 Hoover Rd Warren, MI 48093

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 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate pain management for a resident who requires such services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** This citation pertains to Intake number 2803493.Based on interview and record review, the facility failed to administer pain medication per physician order and resident preference for one (R900) of three residents reviewed for pain management. Findings include:On 3/26/26 at 3:00 PM, an interview with R900 revealed a few days ago, I was waking up in severe pain in the morning. R900 further revealed they did not think they were receiving their night-time dose of pain medication. An inquiry regarding whether they had asked the nurses not to wake them in the night for pain medication, R900 said they want to be awakened for night-time medication, even if they are asleep, so the pain does not get so bad.A review of the medical record revealed R900 was admitted to the facility on [DATE] on the hospice service with the relevant diagnoses: CREST Syndrome Scleroderma and Rheumatoid Arthritis. The Minimum Data Set (MDS) assessment's most recent Brief Interview for Mental Status (BIMS) indicates intact cognition. A review of R900's care plan revealed the following pertinent interventions under hospice care: Administer medications as ordered and observe for effectiveness, initiated on 2/9/26, revised on 2/11/26. Evaluate for verbal and non-verbal signs and symptoms relating to pain. Provide care based on resident preferences related to end-of-life comfort measures.A review of the medication orders for R900 revealed:A order by Primary Physician (PP) D, dated 2/19/26 at 6:50 PM, or Morphine 100 mg(milligrams)/5ml(milliliters), give two ml every four hours and, An order entered on 2/19/26 at 7:36 PM by the Nurse Practitioner, E for Morphine 100mg/5ml, give two ml every two hours as needed for breakthrough pain. A review of the medication administration record (MAR) for the month of March (2026) revealed seven doses (3/6/26, 3/11/26, 3/15/26, 3/16/26, 3/19/26, 3/20/26, and 3/25/26) of Morphine was to be given at 12:00 AM (midnight) but were not administered. Further review revealed the medication was not given because R900 was sleeping as indicated by number 7 documented by Registered Nurse (RN) E on the MAR.On 3/26/26 at 3:30 PM, an interview with the Unit Manager (UM), C confirmed the Morphine doses were not given according to both the electronic medical record and the narcotic sign-out sheets. UM C indicated the medication should have been given (adminstered) unless the resident requested not to be awakened. On 3/26/26 at 4:00 PM, an interview with the Director of Nursing (DON) indicated medications should be given as ordered.A review of the policy Pain Management last reviewed on 10/26/23 revealed The facility will ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the resident's goals and preferences.A review of the policy Hospice last reviewed 10/26/2023 revealed The plan of care will include directives for managing pain and other uncomfortable symptoms and will be revised and updated as necessary.

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