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	05/27/2026

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 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Allow residents to self-administer drugs if determined clinically appropriate. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** This citation pertains to Intake 2985599. Based on observation, interview, and record review, the facility failed to assess one resident (R806) for self-administration of medications out of two residents reviewed for self-administration of medications. Findings include: On 5/27/2026 at 2:56PM, an observation of R806's room revealed a medication cup with 4 tablets inside was sitting in front of the resident on a table extending over their bed. R806 stated nursing staff usually watches them take their medications before they leave the room, but this time the nurse left them (the pills) there about an hour ago, but they were half asleep and was not totally sure.Review of R806's electronic medical record (EMR) revealed they were admitted into the facility 7/3/2024 with diagnoses of Type 2 Diabetes, altered mental status, and muscle weakness. Review of R806's most recent Minimum Data Set (MDS) dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 14, indicating intact cognition.A review of R806's medication orders revealed the following:Hydralazine 25 milligrams (mg)- give 2 tablets by mouth every 8 hours, with administration times of 0500 (5:00AM), 1300 (1:00PM), and 2100 (9:00PM).Acetaminophen 325mg- give 2 tablets by mouth every 6 hours, with administration times of 0000 (12:00AM), 0600 (6:00AM), 1200 (12:00PM), 1800 (6:00PM).On 5/27/2026 at 3:04PM, an interview was conducted with Licensed Practical Nurse (LPN) B. LPN B admitted they did leave the medications sitting on R806's table without making sure they were taken by the resident saying, medications should not be left at a resident's bedside, and if a resident is sleeping during the time of administration the medicine should be brought back to the medication cart.On 5/27/2026 at 3:34PM, an interview was conducted with the Director of Nursing (DON). The DON confirmed medications should not be left at a resident's bedside if they do not have an order for self-administration of medications.Further review of the active orders and assessments in R806's EMR did not reveal an order or assessment for self-administration of medications.A facility policy titled Medication- Resident Self-Administration of last reviewed/revised 1/30/2024 revealed that .A resident may only self-administer medications after the facility's interdisciplinary team has determined which medications may be self-administered safely.

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