

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235433	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/10/2026
NAME OF PROVIDER OR SUPPLIER Greenfield Rehab and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3030 Greenfield Ave Royal Oak, MI 48073	
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)		
<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide activities to meet all resident's needs.</p> <p>This citation pertains to intake #2796374Based on observation, interview, and record review, the facility failed to implement a facility wide activity and recreation program with varied interests and taking into account resident's preferences and their individual cognitive and physical abilities for three residents (R507, 509, and 510) of three residents reviewed for activities and recreation, resulting in verbalized complaints of boredom and dis-satisfaction with the facility's activity programming. This citation had the potential to affect multiple residents who reside in the facility. Findings include:On 3/9/26 at 8:34 AM, an observation of the large activity calendar posted outside the facility's dining room (where most activities occur) revealed the calendar posted was from February 2026 and had not been updated to the current monthOn 3/9/26 at 11:13 AM, approximately 20 residents were observed in the dining room in front of the television, several residents were observed to be sleeping and no staff were observed to be interacting with the residents in the room.On 3/9/26 at 12:45 PM, the large activity calendar outside of the dining room was observed to have activities posted through 3/4/26.On 3/9/26 at 12:56 PM, an interview was conducted with the facility's administrator regarding the activity program. They indicated they were without an Activity Director and the activity and recreation program and three Activity Aide staff were being overseen by Corporate Activity Coordinator ?A'.On 3/9/26 at approximately 1:00 PM, a review of a March activity calendar posted in an empty resident room was reviewed and indicated a Shamrock Craft was scheduled for 2 PM. Further review of the calendar revealed the only activities scheduled for Sundays in March were, Coffee and Hymns, Bible Study, Music with the Salvation Army and Palm Sunday, all faith-based activities.On 3/9/26 from 2:02 PM until approximately 2:35 PM, an observation of the dining room (where most activities are conducted) was conducted. There were approximately 10 residents in the room sitting at tables and the television was on. Activity Aide ?E' was sitting at a table alone and Activity Aide ?G' was cutting out activity calendar blocks to post on the large activity calendar outside the dining room. Staff were not observed to be engaging with residents and there was no evidence of the 2 PM scheduled Shamrock Craft being performed.On 3/9/26 at 2:15 PM, an interview was conducted with a resident who wished to remain anonymous and they were asked about the activity program. They said earlier in the morning there were no activities provided except the television being turned on. They further said the facility had not coordinated an outing away from the building in, years, saying many residents expressed interest in a shopping trip. They were asked if there were any activities on Sundays that were not faith-based and said there were not. They further expressed disappointment that the large activity calendar outside the dining room had not been updated since February.On 3/9/26 at 2:25 PM, there were approximately 12 residents in the dining room. Activity Aide ?E' was observed wandering around the dining room, but not engaging with any residents and Activity Aide ?G' was observed posting the new activity calendar blocks in the hallway. At that time, interviews with residents in the dining room were conducted regarding the activity program and the following was reported:R509 said they liked bingo on Tuesday, Thursday, and Saturday, but on Monday's the only thing they do is, Watch whatever (Activity Aide ?E') puts on the T.V.R510 said there were no activities other than spiritual activities on Sundays and sometimes there were no activities on Sundays. They further reported they were supposed to have Karaoke awhile ago (continued on next page)</p>		

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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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>but it didn't happen. On 3/9/26 at 2:40 PM an interview was conducted with the facility's administrator. They were asked if they had ever observed the activity program and said they did, and it did not appear to engage the residents. On 3/9/26 at 3:09 PM, an interview was conducted with R507. They were asked about the facility activity program and said they did not participate. They were asked why and said, They never come and ask me. They were asked if they would participate if they were asked and assisted to participate and said they would. They expressed interest in playing cards, discussing current events, or having their nails done. R507 further said they would like to get out of their bed. On 3/9/26 at 3:18 PM, a review of R507's activity log in the electronic medical record for a 30-day look-back period was conducted and revealed no documented activities. A review of a paper activity log for February 2026 revealed Room Visits by Staff documented on 2/1/26, 2/3/26, 2/5/26, 2/7/26, and 2/9/26. It was noted there were no alternate activities other than Room Visits by Staff or any activities documented after 2/9/26 on the log. On 3/10/26 at 11:24 AM, an observation of the monthly resident council meeting was conducted. Residents were overheard complaining about the activity program saying that while they were supposed to be watching a movie, someone else would turn on music at a loud volume, or staff would just turn the movie off not allowing them to finish it. It was requested to review the last three months of resident council meeting minutes, however; the facility had previously self-identified a concern with resident council and did not have meeting minutes to provide. On 3/10/26 at approximately 12:10 PM, a review of the entire month of March's planned activities revealed the following: Every Sunday, the only activities were faith-based at 9 AM and 2 PM. There were no activities after 2 PM on Sundays. Every Tuesday, the same activities were scheduled for the same times, 9 AM Coffee and Music, 10 AM Daily Chronicles, 2 PM Bingo. It was noted there were no activities scheduled after 2 PM. Every Wednesday the same activities were scheduled for the same times, 9 AM Coffee and Music, 10 AM Daily Chronicles, 11 AM Group Exercise, 2 PM Movie and Popcorn. It was noted there were no activities scheduled after 2 PM. Every Thursday the same activities scheduled for the same times, 9 AM Coffee & Music, 10 AM Daily Chronicles, 1 PM Catholic Mass, 2 PM Bingo, 4 PM Color Expression. Every Saturday the same activities were scheduled for the same times, 9 AM Coffee and Trivia, 10 AM Daily Chronicles, 2 PM Bingo. It was noted there were no activities scheduled after 2 PM on Saturdays. A review of the activity calendar for February 2026 revealed similar programming as the March calendar including only faith-based activities on Sunday ending at 2 PM, and the same activities scheduled at the same times on Tuesdays (Coffee and Music, Daily Chronicles, Bingo), Wednesdays (Coffee and Music, Daily Chronicles, Group Exercise, Movie and Popcorn), Thursdays (Coffee and Music, Daily Chronicles, Catholic Mass, Bingo, and Color Expression), and Saturdays (Coffee and Music, Daily Chronicles, and Bingo). On 3/10/26 at 1:33 PM, an interview was conducted with Corporate Activity Coordinator 'A'. They were asked about their oversight of the three Activity Aides and their adherence to a posted activity calendar. Coordinator 'A' said they checked into the building about twice a week and the expectation was for the Aides to follow the schedule but could not speak to what they did when they were not overseen. They were asked what the Activity Aides should do if they were not able to perform a scheduled activity (in this case, the Shamrock Craft scheduled for 3/9/26) and said they should have done something in its place. They were asked why all Sunday activities were faith-based and had no explanation. Coordinator 'A' voluntarily admitted their knowledge of no activities conducted on Sunday, 3/1/26. Lastly, Coordinator 'A' was asked specifically about R507 and their five in room activities. They indicated different activities aside from Room Visits by Staff should have been provided and they should have been seen more than five times in the month. A review of a facility provided policy titled, Activity Policy revised 3/2026 was conducted and read, It is the policy of this facility to provide an ongoing program of activities designed to meet the interest choice and preferences as well as to meet the interest of and support the physical, spiritual, mental and psychosocial well-being of each resident, encouraging both independence and interaction in the community.</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident?s preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** This citation pertains to intake #2785249. Based on interview and record review, the facility failed to thoroughly perform a skin assessment and implement treatments for wounds upon admission for one resident, (R502) of one resident reviewed for skin impairments, resulting in concerns with wound healing and complaints with quality of care. Findings include: On 3/9/26 at 9:25 AM, a review of R502's closed clinical record revealed they admitted to the facility on [DATE] with diagnoses that included: surgical aftercare following surgery on the digestive system, high blood pressure, depression, and dysphagia. A review of R502's Minimum Data Set assessment dated [DATE] revealed they had severely impaired cognition, and were dependent on staff for activities of daily, transfers, and mobility. A review of R502's admission skin assessment dated [DATE] was reviewed and indicated skin impairments to their right lower leg, right heel and top of the right foot. It was noted there was no documentation of the type of skin impairment (skin tear, bruise, pressure ulcer, etc.), nor were there any descriptions such as color, drainage, or measurements of the skin impairments. A review of R502's physician's orders and treatment administration record (TAR) was conducted and revealed wound care treatments to the right lower leg, right heel, and top of the right foot ordered 2/17/26, three days after R502 admitted to the facility. On 3/10/26 at 1:58 PM, an interview was conducted with the facility's Director of Nursing. They indicated they were aware of the delay in implementing wound care treatments for R502 saying the admission nurse should have done a thorough skin assessment and treatments should have been ordered upon admission while awaiting a wound care consultation. A review of a facility provided document titled, Skin and Wound Guidelines was conducted and read, .A wound will be evaluated and documented in the Skin and Wound Application in (electronic medical record) to include: Type of wound. Location of the wound. Wound Measurements. Wound bed tissue types. Exudate (drainage). Peri wound. Treatment. Treatment options are selected based upon the type of wound, tissue type, exudate.</p>		