

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 04/29/2026
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** This citation pertains to Intake 2992499. Based on interview and record review, the facility failed to report an allegation of verbal abuse by staff to the State Agency for one (R801) of two residents reviewed for abuse. Findings include: On 4/29/26 at 8:51 AM, an interview was conducted with R801. R801 reported they were ready to no longer be at the facility because they had issues with some of the staff who worked there. R801 did not wish to elaborate on their concerns but reported they did not feel safe and did not trust all the staff. A review of a Concern Form dated 4/23/26 revealed R801 reported to the Administrator that they were cussed out by a staff member during bed transfer. It was documented interviews were held and the allegation was not substantiated. It was documented a one-to-one discussion was had with R801 and they were not satisfied with the resolution. The Administrator documented, Resident did not accept the outcome of investigation. The form was signed by the Administrator on 4/23/26. A review of a Witness Statement from Certified Nursing Assistant (CNA) 'A' attached to the Concern Form revealed CNA 'A' was interviewed by the Administrator on 4/24/26 (the day after R801 made the allegation of verbal abuse). The statement documented CNA 'B' assisted CNA 'A' with transferring R801 from the bed and R801 yelled insulting comments at CNA 'B'. A review of a Witness Statement from CNA 'B' revealed CNA 'B' was interviewed by the Administrator on 4/24/26. The statement documented, It started 2 days ago. I was giving her dinner tray when I went into her room. she started cussing me out talking about 'I should do what she [expletive] asks me. Yesterday, I assisted (CNA 'A') to put her to bed. She was not very nice to (CNA 'A'). She started cussing me out stating that she will get me fired. There were no other documents included in the investigation. On 4/29/26 at 10:18 AM, an interview was conducted with the Administrator, who was the Abuse Coordinator for the facility. When queried about the facility's protocol when a resident alleged abuse by a staff member, the Administrator reported they conducted a preliminary investigation right away, talked to the company's regional representatives, and made an informed decision. When queried about when allegation of abuse was reported to the State Agency, the Administrator reported they had two hours to determine by their preliminary investigation if they had to report it or not. When queried about the concern form for R801 from 4/23/26 that alleged verbal abuse by staff and whether that was reported to the State Agency, the Administrator reported it was not reported because they did an investigation and it was not substantiated. However, the interviews with CNA 'A' and CNA 'B' did not take place until the following day, more than two hours after the allegation was made by R801. The Administrator reported R801 had behaviors that included verbal abuse towards staff and frequently made allegations, and they had a plan of care to address that. The Administrator reported they treated it like a concern rather than an allegation of abuse because there was another staff member in the room and because of R801's history of making allegations. A review of R801's clinical record revealed R801 was admitted into the facility on [DATE] and readmitted on [DATE] with diagnoses that included: anxiety disorder and diabetes. A review of a Minimum Data Set (MDS) assessment dated [DATE] revealed R801 had intact cognition. A review of a facility policy titled, Abuse, updated on 5/24/23, revealed, in part, the following, .The facility will ensure that all (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
---	-------	-----------

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 04/29/2026
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)		
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	allegations involving abuse .are reported immediately to the Administrator and .Reported to the State Survey Agency immediately but not later than two hours after the allegation is made if the allegation involves abuse .		