STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235433	A. Building B. Wing	06/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Greenfield Rehab and Nursing Center	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 0582 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** This citation pertains to intake 3021235.Based on interview and record review the facility failed to ensure that the Skilled Nursing Facility Advance Beneficiary Notice of Non-Coverage (SNFABN) was provided and completed for one (R303) of one resident reviewed for beneficiary notification, resulting in the residents and/or their representatives not being informed timely of private pay charges for continued services while they remained in the facility. Findings include:Review of an allegation reported to the State Agency on 5/13/26 included a concern that R303 was not provided with appropriate notifications regarding their Medicare benefits.On 6/15/26 at 10:05 AM, an interview was conducted with R303 at their bedside. When asked to discuss the facility's process for notification of their Medicare benefit changes since admission, R303 reported they were in the process of filing another appeal because they feel they need more skilled therapy services. R303 further reported they had copies of the notices provided to them and reviewed them at that time. This documentation included three Notice of Medicare Non-Coverage (NOMNC) forms signed by the resident on 4/20/26, 4/23/26, and 4/30/26.When asked if they were also provided with a SNFABN form when the NOMNCs were provided, R303 reported they were not sure what that form was and deferred to the NOMNC forms. R303 then reported if they had been given SNFABN forms they would have had copies of those too.Review of the three NOMNC documents scanned into R303's electronic health record (EHR) included:A NOMNC form signed by R303 on 4/20/26 documented Medicare Coverage of Your Current Skilled Nursing Services Will End on 4/22/2026. There was no SNFABN available for review. (The SNFABN notice is a document that identifies the potential detailed charges of continued services if the resident or their representative choose to continue with those skilled services they received while covered under their Medicare A benefits.)A NOMNC form signed by R303 on 4/23/26 documented Medicare Coverage of Your Current Skilled Nursing Services Will End on 4/25/2026. There was no SNFABN available for review.A NOMNC form signed by R303 on 4/30/26 documented Medicare Coverage of Your Current Skilled Nursing Services Will End on 5/2/2026. There was no SNFABN available for review.Further review of the clinical record revealed R303 was initially admitted into the facility on 3/2/26 with diagnoses that included: other pulmonary embolism without acute cor pulmonale, chronic systolic heart failure, chronic kidney disease stage 4, essential hypertension, and unspecified protein-calorie malnutrition. The profile section identified R303 was their own responsible party.According to the Minimum Data Set (MDS) assessment dated [DATE], R303 had intact cognition and required assistance with some activities of daily living, including dressing, bathing and transfers from bed and toilet.Review of R303's census information documented upon admission on [DATE] the resident's primary payer was Medicare A, and on 5/3/26 the payor status changed from Medicare A to Medicaid.On 6/16/26 at 11:35 AM, the facility was requested to provide all SNFABN notices that were provided to R303 since admission.On 6/16/26 at 11:52 AM, the Administrator responded via email that there were NO ABNs Available for R303. At 11:58 AM, the Administrator sent an additional response that read, As far as the ABN, NOMNC was issued and resident has gone through multiple appeals and as far as we know, he is going through multiple appeals at the moment .On 6/16/26 at 12:05 PM, an interview was conducted with the Regional Business Office Manager (Staff ?C') who reported they (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235433	A. Building B. Wing	06/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Greenfield Rehab and Nursing Center	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 0582 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	had been covering as the interim Business Office Manager two days a week since the beginning of May 2026. When asked about the facility's process for providing the required notices given to residents that were determined to no longer meet skilled criteria for their Medicare A benefits, Staff ?C' reported the social worker was responsible for providing the NOMNC notices and the business office was responsible for providing the SNFABN. Staff ?C' further reported the facility had been aware of R303's multiple appeals after the NOMNCs were issued but had not received any feedback from the appeals other than the initial appeal in which R303 was successful. When asked if the SNFABN should be given when the NOMNC notices were issued, Staff ?C' reported they should be, and was unable to report why that had not been done for R303.According to the facility's policy titled, Advanced Beneficiary Notification (ABN) dated 3/1/2025: .It is the policy of the facility to provide timely written notice to traditional Medicare beneficiaries when it is determined that Medicare will no longer provide coverage for skilled services. The Advanced Beneficiary Notification (ABN) is utilized to convey the cost of services and potential resident financial liability.Once the provider or resident's health plan determines that Medicare beneficiary will no longer qualify for Medicare skilled services, the Business Office Manager will issue the 'Advanced Beneficiary Notice' form to the resident and/or authorized representative. The Advanced Beneficiary Form should be given in addition to the Notice of Medicare Non-Coverage form.A copy of the Advanced Beneficiary Notification should be provided to the resident regardless of whether or not they signed it.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235433	A. Building B. Wing	06/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Greenfield Rehab and Nursing Center	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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** This citation pertains to intake 3020087.Based on observation, interview and record review, the facility failed to ensure an environment free from accident hazards (broken/sharp handrail). This deficient practice has the potential to affect multiple residents who are independently ambulatory with, or without an assistive device. Findings include:Review of a complaint reported to the State Agency on 5/20/26 included an allegation that handrails were broken and not being fixed.On 6/15/26 at 10:00 AM, observation of the wood handrail outside room [ROOM NUMBER] was observed split with a sharp edge and metal nail exposed.On 6/15/26 at 10:15 AM, an interview was conducted with the Maintenance Director (Staff ?A?). They reported they've been in that role since 2019 and they had a full-time assistant that had been on vacation since May 30th. When asked if they performed any facility audits that included handrail inspections to ensure they were maintained safely, Staff ?A' reported they did not and if staff identified any concerns they would report those to their electronic reporting system. When asked if they were aware of any current concerns with handrails, Staff ?A' reported they were not. At that time, Staff ?A' was asked to observe the handrail outside of room [ROOM NUMBER] and confirmed the broken rail with nail exposed. Staff ?A' reported it appeared as if staff had hit the handrail with a mechanical lift.On 6/15/26 at 1:21 PM, the facility was requested via email to provide a policy accident hazards (handrail maintenance) and any electronic reporting log for work order requests for the past 30 days.Review of the facility's electronic reporting system for work orders provided for 5/15 - 6/15/26 revealed there were none that identified concerns with handrails.According to the facility policies provided for handrails:A policy titled, Maintenance Inspection dated 11/1/2020: .It is the policy of this facility to utilize a maintenance inspection checklist in order to assure a safe, functional, sanitary, and comfortable environment for residents, staff, and the public.The Director of Maintenance Services will perform routine inspections of the physical plant using the Maintenance Checklist/(electronic reporting work order system).A facility policy titled, Preventative Maintenance Program dated 11/1/2020: .The Maintenance Director is responsible for developing and maintain a schedule of maintenance services to ensure that the building, grounds, and equipment are maintained in a safe and operable manner.Documentation shall be completed for all tasks and kept in the Maintenance Director's office for at least three years.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235433	A. Building B. Wing	06/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Greenfield Rehab and Nursing Center	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 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough food/fluids to maintain a resident's health. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** This citation pertains to intake: 3018571.Based on interview and record reviews the facility failed to accurately assess the nutritional status and obtain weights per the facility's policy for one (R302) of one person reviewed for nutrition. Findings include:A review of the medical record revealed that R302 was admitted to the facility on [DATE] and transferred to the hospital on 4/9/26. The resident did not return to the facility. R302 was admitted with diagnoses that included: dementia, severe protein calorie malnutrition and acute osteomyelitis (infection and inflammation of the bone) of the right femur and required staff assistance for all Activities of Daily Living (ADLs).A review of an admission Note dated 3/10/26 at 10:13 PM, documented in part . Pt (patient) received from (hospital name). Patient requires 1:1 (one on one) assistance with feeding. patient placed on puree diet.A review of the hospital documentation provided to the facility upon R302's admission noted a hospital weight of 51.8 kg (kilograms) which converts to 114 lbs (pounds). The hospital documentation also noted the resident required one on one feeding. The hospital document was dated 3/5/26.A review of the facility Nursing admission assessment dated [DATE] at 9:37 PM, documented a weight obtained the next day on 3/11/26 of 89 lbs.This revealed a 25 lb. discrepancy between the hospital weight and the weight obtained by the facility staff.A review of the weight log noted one other weight obtained by the facility staff on 4/3/26 at 97 lbs.A review of a facility policy titled Weights revised 2/4/26, documented in part . The purpose of this policy is to provide guidelines for weighing residents. Residents are weighed upon admission and then weekly for a total of four weeks.The facility staff failed to obtain the residents weight per their policy.A review of the admission Nutritional Evaluation dated 3/14/26 at 1:47 PM, revealed that the dietician failed to identify the hospital weight and the facility weight discrepancy. Further review of the assessment noted the Usual Body Weight and Weight History to be left blank.On 6/15/26 at 11:41 AM, an attempt was made to interview the Dietician H via telephone, however unsuccessful. A return phone call was not received by the end of the survey.On 6/15/26 at 11:53 AM, the Director of Nursing (DON) was interviewed and was asked about the admission nutritional evaluation and why R302 weights were not obtained per the facility policy and the DON acknowledged it should have been. The DON stated they would try to get in touch with Dietician H to ask about the Nutritional Evaluation and why it was not completed in its entirety.On 6/15/26 at 2:55 PM, the DON reported that Dietician H believed the hospital documented a random weight for R302 and reported the facility obtained an actual weight. No further explanation or documentation was provided for review.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235433	A. Building B. Wing	06/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Greenfield Rehab and Nursing Center	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 0814 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Dispose of garbage and refuse properly. This citation pertains to intake 3020087.Based on observation, interview and record review, the facility failed to maintain the exterior dumpster area in a clean/sanitary manner. This deficient practice had the potential to affect all residents, staff and visitors. Findings include:Review of a complaint reported to the State Agency on 5/20/26 included allegations that the garage door is broken and left open, the trash in the dumpster outside is overflowing, and there is trash all over the parking lot and around the building.On 6/15/26 at 8:25 AM, upon arriving to the facility the garbage/refuse area in the parking lot at the back of the facility was observed to have two smaller dumpsters that were packed and overflowing with both lids open. There were additional trash bins, and other debris and garbage on the surrounding ground and under the dumpster. Additionally, the area near the north side of the building side-door entrance was observed to have five pallets stored along the brick wall.On 6/15/26 at 10:50 AM, an observation of the facility's outside environment was conducted with the Maintenance Director (Staff ?A'). At that time, observation of the external garage/shed revealed a broken garage door that was in the fully open position, and the entire inside of the garage/shed was filled with multiple items. These items included: multiple medical equipment (bladder scan, walkers, wheelchairs, beds), there were several boxes, bins, window air conditioning units, metal shelving units, large helium tanks, window blinds, and several boxes of resident clothing. During this observation, there was a small black kitten observed inside the back of the garage/shed.Staff ?A' was asked how long the garage/shed had been in this condition and they reported since they started in 2019. They further reported all of the items in the garage/shed were due to be picked up today and they had rented a dumpster just last week.Additional observations included:The grassy area behind the brick wall that separated the two smaller dumpsters and the property to the left of the garage/shed was observed to have multiple broken furniture, bins, and other items stored along the wall. The exit door closest to the dumpster area was observed to have a small garbage container on wheels and the surrounding grass was littered with debris/garbage, including used (turned inside out) disposable gloves. The two smaller dumpsters were observed to be completed full and had garbage bags spilled out onto the surrounding concrete including some debris under the dumpster. Staff ?A' reported Maintenance was not responsible for maintaining the garbage area and that would be the Housekeeping Supervisor (Staff ?B'). Staff ?A' reported garbage pick-up was scheduled for Monday, Wednesday, and Friday and reported the dumpster lids should be closed even if full and proceeded to close the lids. When asked if the facility had discussed a potential increase in garbage/refuse pick-up given the increased facility census, Staff ?A' reported they had not.To the left of the two smaller dumpsters, there was an unlocked storage unit/pod. When asked to see the inside, Staff ?A' proceeded to lift the unlocked door up. The entire inside of the storage unit/pod was filled with multiple boxes, bags and a suitcase. These items were not stacked neatly and there was no way to enter the storage unit/pod to see beyond the initial items up front.When asked about the items, Staff ?A' reported those were items from residents that had passed away, some had holiday decorations, and some were clothes for those residents that didn't have their own clothes. There were several boxes and a suitcase near the front of the storage unit/pod that were labelled with resident's names. One suitcase was observed to be covered with dust and thick spider webs. Staff ?A' reported the had passed away a while ago. When asked what the process was for storing residents' personal items when they passed, Staff ?A' reported Staff ?B' had attempted to contact the family to pick up but there was no follow-up.Staff ?A' further reported Staff ?B' was responsible for maintaining the dumpster area and at that time, Staff ?A' called Staff ?B' by phone. Staff ?B' reported they were not working today but could answer questions. When asked about the items in the storage unit/pod, Staff ?B' reported those were from previous residents they had attempted to get in contact with but never came to get their items. They further reported some of the items included clothing that was used to provide to those residents that might not have clothing (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235433	A. Building B. Wing	06/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Greenfield Rehab and Nursing Center	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 0814 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	available.Staff ?A' and Staff 'B' were asked why these items were not locked and they reported they were not able to answer that question but could put a lock on there today and proceeded to inform Staff ?B' by phone that they intended to place a lock.Additional observations to the left side of the storage unit/pod revealed more trash debris on the ground and a rusted dining room chair.On 6/15/26 at 1:21 PM, the facility was requested via email to provide a policy for maintaining garbage/refuse. There was no further documentation or information provided for a policy.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235433	A. Building B. Wing	06/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Greenfield Rehab and Nursing Center	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 0825 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide or get specialized rehabilitative services as required for a resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** This citation pertains to intake: 3018535 & 3018571.Based on interview and record reviews the facility failed to ensure Physical & Occupational Therapy (PT/OT) services were provided as ordered by the Physician in the residents therapy plan for one (R302) of one resident reviewed for therapy services.Findings include:A review of multiple complaints submitted to the State Agency (SA) documented concerns of the facility's failure to provide appropriate physical and occupational rehabilitation services to R302.A review of the medical record revealed that R302 was admitted to the facility on [DATE] and transferred to the hospital on 4/9/26. The resident did not return to the facility. R302 was admitted with diagnoses that included: dementia, severe protein calorie malnutrition and acute osteomyelitis (infection and inflammation of the bone) of the right femur and required staff assistance for all Activities of Daily Living (ADLs).On 6/15/26 at 9:35 AM, the Therapy Director (TD) F was asked to provide the Physical Therapy (PT) and Occupational Therapy (OT) admission & discharge evaluations and all encounter evaluations for R302.A review of R302's Physical Therapy PT Evaluation & Plan of Treatment with a Certification Period of 3/11/2026 to 4/9/2026, documented the following, . Frequency: 5 time(s)/week, Duration: 30 day(s), Intensity: Daily, Cert. (certification period): 3/11/2026 - 4/9/2026.The treatment plan was electronically signed by the Physical Therapist and the Medical Physician on 3/11/2026.A review of the Physical Therapy Treatment Encounter Note(s) revealed the resident had PT services on the following dates:3/11/26, 3/12/26, 3/16/26, 3/18/26, 3/19/26, 3/25/26, 3/27/26, 4/1/26, and 4/2/26. This is a total of nine PT sessions provided to R302.With the admission date of 3/10/26 and discharge date of 4/9/26, and a treatment plan implemented with a frequency of five times a week, R302 should have been provided more PT sessions than nine.A review of R302's Occupational Therapy OT Evaluation & Plan of Treatment with a Certification Period of 3/11/2026 to 4/9/2026, documented the following, . Frequency: 5 time(s)/week, Duration: 30 day(s), Intensity: Daily, Cert. Period: 3/11/2026 - 4/9/2026.The treatment plan was electronically signed by the Occupational Therapist and Medical Physician on 3/11/2026.A review of the Occupational Therapy Treatment Encounter Note(s) revealed the resident had OT services on the following dates:3/11/26, 3/16/26, 3/17/26, 3/24/26, 3/26/26, 4/1/26, and 4/2/26. A total of seven OT sessions.With the admission date of 3/10/26 and discharge date of 4/9/26, and a treatment plan implemented with a frequency of five times a week, R302 should have been provided more than seven OT sessions.On 6/15/26 at 12:04 PM, TD F was interviewed (in attendance was the facility's Regional Clinical Support - RCS G) and asked why the therapy department failed to provide Physical Therapy and Occupational Therapy services five times a week according to the residents plan of treatment signed by the Physician. TD F began looking through their laptop and stated they would look into it further and follow back up. At 1:25 PM, TD F returned and stated they were able to find three refusals and verbalized . that's all I have. TD F was asked to provide the three refusals for review. A review of the three refusals provided noted the following:On 3/13/26, the resident was Unavailable for OT.On 3/31/26, the resident refused Occupational Therapy treatment.On 3/30/26, the . pt (patient) found very sleepy and unable to stay awake to attend the session. For OT services.No PT refusals were provided.