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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                          | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>235445 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                        | (X3) DATE SURVEY COMPLETED<br><br>06/03/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Fairlane Senior Care and Rehab Center |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>15750 Joy<br>Detroit, MI 48228 |  |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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| (X4) ID PREFIX TAG   | SUMMARY STATEMENT OF DEFICIENCIES<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)  |
| <p>F 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Keep residents' personal and medical records private and confidential.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> This citation pertains to intake MI00153194.</p> <p>Based on interview, and record review the facility failed to maintain one resident's (R101) right to privacy and confidentiality when a staff member posted a video of the resident on social media without their or their Legal Guardian's consent.</p> <p>Findings include:</p> <p>The State Agency (SA) received a Facility Reported Incident (FRI) and a Complaint that a video had been temporarily posted on a social media site unbeknownst to the resident or their Legal Guardian.</p> <p>On 6/3/25 at approximately 10:30 AM the Nursing Home Administrator said R101's family informed them that on 5/18/25 the resident's image had been posted on a staff member's social media site for a short period of time before it was deleted. During an immediate investigation it was confirmed the video had been temporarily posted on a staff member's social media site and the SA was notified. The video was viewed and revealed the resident was seated in a wheelchair fully clothed in a common area by themselves yelling out. The video was approximately 20 seconds. There was no signs or symptoms of injury. The resident was sent to the hospital for evaluation per the family's request. The resident of concern has diagnoses of mood disorder, psychotic disorder with delusions, and dementia with behaviors. The NHA immediately suspended the staff member, Certified Nursing Assistant (CNA) A, and ultimately terminated their employment with the facility for violating the facility's privacy and abuse policy. The NHA initiated re-education for all facility staff on the facility's privacy and abuse policy and began auditing other residents to determine an on-going concerns. The NHA said no additional concerns had been identified. R101 no longer resides at the facility.</p> <p>On 6/3/25 at 11:07 AM during an interview with CNA A they said it was all a misunderstanding. CNA A said they were unaware the video was being posted to their social media site. I'm a new CNA and was not paying attention to what I was doing. I'm very sorry this happened. CNA A confirmed they had been terminated from the facility for violating the facility's privacy policy.</p> <p>On 6/3/25 at 11:22 AM, R101's family member and Legal Guardian (LG) was interviewed regarding the incident. R101's LG said the resident has a history of behaviors shown on the video and did not believe the resident (R101) was abused. The LG said they would be making arrangements to have the resident transferred back to the facility.</p> <p>(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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>According to R101's Electronic Health Record (EHR) they admitted on [DATE] with multiple diagnoses that included altered mental status, unspecified dementia with behaviors, and psychotic disorder with delusions. A care plan for behaviors included the following intervention; allow the resident to have space in a stress free environment.</p> <p>During the onsite survey, past noncompliance was cited after the facility implement actions to correct the noncompliance which included:</p> <p>Review of the facility's education sessions from 5/18/25 and 5/19/25 revealed all staff had been re-educated on the facility's abuse policy by 5/19/25.</p> <p>Review of the facility's resident audits revealed that no additional residents had been affected or had concerns with staff.</p> <p>Review of the facility's resident council meeting minutes from 2/2025, 3/2025, and 4/2025 revealed there were no complaints or concerns regarding abuse or violations of resident's privacy.</p> <p>The facility was able to demonstrate monitoring of the corrective action and maintained compliance.</p> |