STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235470	A. Building B. Wing	02/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bellbrook	873 W Avon Rd Rochester Hills, MI 48307

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 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	PASARR screening for Mental disorders or Intellectual Disabilities **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to ensure a level I PASARR (Preadmission Screening and Resident Review) screening was completed for one (R6) of one resident reviewed for PASARR's. Findings include:On 2/17/26 at 9:22 AM, R6 was observed in their bedroom sitting in their wheelchair. R6 was interviewed at that time.A review of the medical record revealed R6 was admitted to the facility on [DATE], with diagnoses that included bipolar disorder and received Abilify (an antipsychotic medication)15 milligrams daily.A review of the medical record revealed a Level I Screening Hospital Exemption Discharge to have been completed on 11/11/24, for a prior admission [DATE] to 12/13/24).Further review of the medical record revealed no evidence of a Level I screening to have been completed for the current admission.On 2/17/26 at 3:08 PM, Social Worker (SW) A was interviewed and asked to provide R6's most recent Level I PASARR screening. SW A stated they would look into it and follow back up.Shortly after SW A provided the 2024 Level I PASARR screening for review.On 2/18/26 at 9:25 AM, SW A was recalled for a second interview. The provided 2024 PASARR Level I screening was reviewed. SW A stated a new one should have been done for the current admission. SW A stated they would review the record and follow back up. At 9:52 AM, SW A returned and stated a Level I PASARR screening was not conducted for R6. SW A stated they were following up on it now.On 2/18/26 at 9:58 AM, the Administrator stated the facility did not have a policy regarding PASARR and noted the facility would follow the current regulations.No further explanation or documentation was provided by the end of the survey.

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