| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 235475 | A. Building<br>B. Wing | 06/05/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Beaconshire Nursing Centre | 21630 Hessel<br>Detroit, MI 48219 |

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<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** This citation pertains in intake: MI00153399 and MI00153424.<br><br>Based on observation, interview, and record review the facility failed to ensure staff reported a bruise of unknown origin for one (R503) of five residents reviewed for abuse, resulting in an unreported incident of potential abuse.<br><br>Findings include:<br><br>The State Agency (SA) received a complaint on 6/1/2025 that the resident had a bruises of unknown origin to the body and left breast.<br><br>On 6/4/25 at 1:00 PM R503 was observed seated in the dining room eating lunch and interacting with other residents. R503 had bruises to both lateral upper arms at the same area where the resident's arms were touching and resting on the wheelchair's armrests. Upon interview the resident denied anyone hitting her or having pain to either upper arm area. The resident declined to go to her room for further skin assessment.<br><br>On 6/4/25 at 1:15 PM Licensed Practical Nurse (LPN) B reported they were unaware of any bruising to R503's upper arms. LPN B said the resident was on blood thinners and a skin assessment would be completed when the resident completed her lunch.<br><br>A review of R503's Electronic Health Record (EHR) revealed that R503 had initially admitted to the facility on [DATE] with multiple diagnoses that included bipolar disorder, psychotic disorder with delusions and schizophrenia. The resident was identified to have moderately impaired cognition with a Brief Interview for Mental Status Score of 8/15. The Medication administration record indicated that R503 was receiving Eliquis, a blood thinner twice a day. A skin assessment dated [DATE] did not identify any bruises to the resident's body.<br><br>On 6/5/25 at 10:00 AM R503 was observed in the day room interacting with other staff and residents during an activity. R503 was agreeable to a skin assessment in their room. Certified Nursing Assistant (CNA) E assisted R503 to her room and was present for the observation of the resident's left breast. A purplish red bruise that was approximately the size of a soft ball was observed underneath and on the resident's left breast. R503 denied anyone hitting or hurting them at this time. R503 denied any abuse or pain at the site. CNA E was asked if the bruise was present at the time of AM care and replied, Yes, I told the nurse about it.<br><br>(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 |
|---|---|---|---|
| | 235475 | A. Building<br>B. Wing | 06/05/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Beaconshire Nursing Centre | 21630 Hessel<br>Detroit, MI 48219 |

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<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | At this time LPN F interviewed and said, I have no idea about the resident having a bruise to her left breast.<br><br>Nurse unit manager, LPN C was interviewed about R503's bruising. LPN C reported that they were unaware of the resident's multiple bruises until now. LPN C completed a skin assessment at this time and confirmed that the bruises were of unknown origin and initiated an investigation. LPN C could not explain why the skin assessment dated [DATE] did not identify any bruising.<br><br>On 6/5/25 at 12:45 PM R503 was observed in the day room eating lunch and interacting with other residents. Upon interview R503 continued to deny abuse or concerns about the bruise to their left breast area or bilateral arms.<br><br>On 6/5/25 at approximately 1:00 PM during an interview with the Director of Nursing (DON) they said an investigation was being conducted and an incident was reported to the State Agency at this time. The DON could not explain the delay in initiating an investigation for bruises of unknown origin. They confirmed it was the facility's policy to report and investigate any bruises in potential areas of abuse such as the breast. The DON said R503 had been to the emergency room (ER) on 6/2/25 and the bruises could have resulted during transportation or while in the ER. The DON could not explain why a skin assessment on 6/4/25 did not identify any bruises or why the State Agency received a complaint on 6/1/25 regarding the bruising of the left breast.<br><br>According to the facility's policy for Abuse, Neglect and Exploitation last reviewed 6/5/2025 in part reads:<br><br>IV. Identification of Abuse, Neglect and Exploitation.<br><br>B. Possible indicators of abuse include, but are not limited to:<br><br>2. Physical marks such as bruises or patterned appearances such as a hand print, belt or ring mark on a resident ' s body<br><br>3. Physical injury of a resident, of unknown source<br><br>V. Investigation of Alleged Abuse, Neglect and Exploitation<br><br>A. An immediate investigation is warranted when suspicion of abuse, neglect or exploitation, or reports of abuse, neglect or exploitation occur.<br><br>VI. Protection of Resident<br><br>The facility will make efforts to ensure all residents are protected from physical and psychosocial harm, as well as additional abuse, during and after the investigation. Examples include but are not limited to:<br><br>VI. Reporting/Response<br><br>A. The facility will have written procedures that include:<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 235475 | A. Building<br>B. Wing | 06/05/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Beaconshire Nursing Centre | 21630 Hessel<br>Detroit, MI 48219 |

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<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | 1. Reporting of all alleged violations to the Administrator, state agency, adult protective services and to all other required agencies (e.g., law enforcement when applicable) within specified timeframes:<br><br>a. Immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or<br><br>b.<br><br>Not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 235475 | A. Building<br>B. Wing | 06/05/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Beaconshire Nursing Centre | 21630 Hessel<br>Detroit, MI 48219 |

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 0919<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Make sure that a working call system is available in each resident's bathroom and bathing area.<br><br>This citation pertains to intake MI00152716.<br><br>Based on observation, interview and record review, the facility failed to ensure a call light was available and in place for 6 residents (R503, R508, R509, R510, R511, and R512) of 91 residing in the facility resulting in the potential for unmet needs, harm or serious injury.<br><br>Findings include:<br><br>The State Agency received a complaint that R503 did not have a call light or a way to notify staff that assistance was needed.<br><br>On 6/4/25 at 11:50 AM R503's private room was observed to not have a call light cord plugged into the call light outlet. There was no desk bell or any other way to notify staff that assistance may be needed. R503 was not in the room at this time. Certified Nursing Assistant (CNA) B entered the room and was asked where the call light was. CNA B could not find the call light cord or a bell.<br><br>At this time Licensed Practical Nurse (LPN) A was asked where the call light was for R503. The room was searched and no call light or bell was found in the room.<br><br>On 6/4/25 at approximately 12:00 PM nurse unit manager, LPN C was asked about the lack of a call light for R503 and replied, Some of the call lights were not functioning properly and we are getting that repaired. In the meantime we have provided desk bells for the residents whose call lights are not functioning. LPN C confirmed that R503 did not have a call light or desk bell.<br><br>At 12:06 PM R503 was observed and in the day-room and did not voice any concerns regarding the lack of the call light in their room.<br><br>An inspection of the facility determined that in addition to R503, the following residents did not have call lights or any additional way to notify staff that assistance was needed; R508, R509, R510, R511, and R512. During the time of the observations all of the residents were not in their room. The residents were in common areas or dining rooms and did not report any concern with the lack of the call light or desk bell in their room.<br><br>On 6/4/25 at approximately 2:00 PM the Nursing Home Administrator (NHA) said the facility was in the process of repairing the call light system and all residents that were identified to have malfunctioning call lights should have had a desk bell or cow bell to alert staff that assistance was needed. The NHA was unable to provide a list of malfunctioning call lights at this time but provided an undated invoice for repair of the facility's call light system. The NHA said there was no policy for call lights. |