STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235488	A. Building B. Wing	05/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
West Bloomfield Health and Rehabilitation Center	6445 W Maple West Bloomfield, MI 48322

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 - Few	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 3002054Based on interview and record review, the facility failed to ensure interventions to prevent falls were completed and in place for one resident (R801) of two residents reviewed for falls. Findings include:On 5/12/26 a concern submitted to the State Agency was reviewed which alleged the facility failed to implement interventions to prevent a fall for R801. On 5/12/26 the medical record for R801 was reviewed and revealed the following: R801 was initially admitted to the facility on [DATE] and passed away on 4/29/26 with diagnoses including Neoplasm of Cardia and Neoplasm of Bladder. A review of R9801's MDS (minimum data set) with an ARD (assessment reference date) of 3/21/26 revealed R801 needed assistance from facility staff with most of their activities of daily living. R801's BIMS score (brief interview for mental status) was 13 indicating intact cognition.A review of R801's careplan revealed the following: Focus-admission .Fall Risk r/t (related to) Risk for Falls R/T Weakness. Date Initiated: 03/15/2026 .Interventions-Dycem to wheelchairDate Initiated: 04/26/2026 .PT (Physical therapy) Evaluate and Treat as necessary proper positioning in wheelchair Date Initiated: 04/26/2026 .A Physician's order dated 4/26/26 revealed the following: PT evaluate and treat as necessary proper positioning in wheelchair.A progress note dated 3/15/26 revealed the following: Fall Risk Evaluation Fall Risk: History of falls (past 3 months): No falls in past 3 months. Level of consciousness / mental status: Intermittent confusion. Resident is ambulatory / incontinent. Systolic blood pressure: No noted drop between lying and standing. Vision status: Adequate (with or without glasses). Predisposing disease: 1-2 present. Resident did not have a change in condition in the last 14 days. Recent hospitalization history in last 30 days: Yes. Gait / balance: Requires use of assistive devices (i.e. cane, wheelchair, walker, furniture). Medication: Takes 1-2 of these medications (or medication classes) currently and / or within last 7 days. Fall Risk Score: 15.0 .A Nurses note dated 4/26/2026 at14:45 revealed the following: CNA (Certified Nursing Assistant) called writer to room to report skin tear directly under right shoulder blade-8cm(centimeter) long x lcm wide. Patient lying in bed when writer arrived. Writer took note of patient up in wheelchair most of the previous day and patient kept sliding down in chair leading staff to frequently correct patient's position in chair. Writer noted a correlation between where skin tear is located and where back of wheelchair touches just beneath Right shoulder blade. Writer was asked how skin tear happened or if patient had any fears or concerns about incident Patient denies any concerns and stated she did not remember how skin tear happened. Patient shook her head No when asked if anyone purposefully hurt her. Provider called and notified about incident. Cleaned tear-applied 5 steri-strips to close tear, applied triple antibiotic ointment and covered with ABT (abdominal) pad and secured with tape. monitor daily. Son called and notified of incident. Order placed for PT/OT to check wheelchair positioning. call light within reach. Will continue monitor.A Nurses note dated 4/28/2026 at 13:57 revealed the following: CNA called writer to come to patient's room. Patient lying on face on floor- on right side of bed. Patient is fully clothed and has socks and shoes on feet. Patient has dry, intact brief on. Patient was seen by CNA 20 mins (minutes) prior to fall sitting in wheelchair speaking with visiting hospice nurse. Patient was assessed for injury's and then picked up (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235488	A. Building B. Wing	05/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
West Bloomfield Health and Rehabilitation Center	6445 W Maple West Bloomfield, MI 48322

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 - Few	off floor and placed into bed. Call light is laying on patient's bed attached to the bed covers inactivated. Wheelchair was sitting behind patient next to bed with breaks on. Patient stated she was unable to stop from falling forward. Patient denies pain and discomfort. Neuro (neurological) checks started. Grip is equal, pupils are reactive, Patient denies nausea .Patient agreed she would use call light when needing something. Will continue to monitor.A Nurses note dated 4/28/2026 at 15:35 revealed the following: wheelchair taken from patient d/t (due to) safety reasons- Geri (geriatric)-chair obtained for patient.An incident report dated 4/26/26 at 10:30 revealed the following: Notes: Around 10:30 a.m., CNA called nurse to resident's room to report skin tear/abrasion directly under right shoulder blade-8cm long x 1cm wide .Investigation: Resident was lying in bed when nurse arrived. Nurse took note of patient being up in wheelchair most of the previous day, per her preference, and she kept sliding down in w/c (wheelchair) leading staff to frequently re-adjust resident's position in w/c. Nurse noted a correlation between where skin tear is located and where back of wheelchair comes in contact with area of the skin just beneath the right shoulder blade. Nurse asked how kin tear happened or if patient had any fears or concerns about incident-resident denies any concerns and stated, 'she did not remember how skin tear happened.' .Interventions-Dycem anti-skid pad to above and below w/c cushion PT/OT eval (evaluation) for positioning in w/c .An incident reported dated 4/28/26 at 11:00 revealed the following: Un-witnessed Fall .Notes: Around 11 a.m., CNA summoned nurse into resident's room. Resident was obseved lying on her face on the floor of her room-to the right side of the bed Resident was previously observed by the staff 20 minutes (minutes) prior to fall-she sitting in her w/c speaking with hospice nurse .Resident stated she was unable to stop from falling forward off the w/c Investigation: Resident was observed by the staff sliding down out of her w/c during several previous shifts .Intervention: Status changed to Geri-chair .Further review of the medical record did not reveal any PT/OT evaluations per Physician's order on 4/26/26. On 5/12/26 at approximately 11:28 a.m., R801's medical record was reviewed with Therapy Director B (TD B). TD B was asked if they were aware of the Physician's order for R801 to be evaluated by therapy for wheelchair positioning and they indicated it was processed on 4/27 because no one was available to read the orders on 4/26/26. TD B indicated that R801 went on hospice on 4/28 and did not know what happened to the order or communication of the order after that. TD B indicated they did not know if the order was ever communicated to hospice for approval. TD B was asked if the therapy department had ever assessed R801 for positioning and they reported that nobody had and the last time the therapy department had worked with R801 was on 4/16/26. On 5/12/26 at approximately 12:25 p.m., Nurse A was interviewed regarding R801's fall on 4/28/26 and they reported they were notified by a CNA and had gone into to assess R801 when they were on the floor. Nurse A reported R801 was on the floor next to the bed. Nurse A was queried regarding R801's wheelchair and they indicated it was a standard wheelchair with a standard cushion and the brakes were locked. Nurse A was asked if R801 had any anti-skid plastic (dycem) on their cushion and they indicated they did not, and that it was added to R801's wheelchair after their fall. Nurse A was queried reading their note on 4/26 that indicated a PT order for evaluation of wheelchair positioning, and they said they wrote it because they felt R801's w/c was inappropriate for them and to assess for a different chair. 5/12/26 at approximately 1:43 p.m., the ADON (Assistant Director of Nursing) and DON (Director of Nursing) were queried regarding R801's fall. The ADON reported they fell in their room and the resident stated they were unable to stop from falling forward out of wheelchair. The ADON indicated that R801 was observed by sliding out of wheelchair multiple times during several previous shifts. The DON was queried regarding the interventions for R801 to have been assessed for positioning and the dycem to the cushion that was not present when they fell and they reported that all fall interventions on the careplan should have been implemented. On 5/12/26 at approximately 2:58 p.m., during a follow-up conversation with the DON, the DON was queried regarding falls in the facility, and they indicated they had developed an action plan for falls including identifying Past noncompliance with a compliance date of 5/1/26 and had been doing weekly audits Including audits of (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235488	A. Building B. Wing	05/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
West Bloomfield Health and Rehabilitation Center	6445 W Maple West Bloomfield, MI 48322

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 - Few	R801's fall interventions with the week ending of 5/1/26.During the onsite survey, past noncompliance (PNC) was cited after the facility implemented actions to correct the noncompliance which included weekly audits of fall interventions and staff education. The facility was able to demonstrate monitoring of the corrective action and maintained compliance.