

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235492	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/26/2026
NAME OF PROVIDER OR SUPPLIER  Sheffield Manor Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  15311 Schaefer Rd Detroit, MI 48227	
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)		
<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review the facility failed to treat one (R72) of three residents reviewed for resident rights, with dignity and respect during incontinence and routine activities of daily living care resulting in mistrust and discomfort, with the potential for mistreatment. Findings include: On 2/26/2026 at 11:30 a.m. R72 was observed in the hall, going to an activity, and wanted the interview to be held at the nurse's station. R72 was alert, oriented to person, place, and situation, and able to recall the incident that was alleged on 12/17/25. R72 said CNA D became upset because she needed to be changed. R72 stated, (CNA D) said why did you wait so long to be changed. You're always doing this. While we were in the bathroom, and I was on the toilet, she tossed the brief at me. I got mad because the aide (CNA D) had been good to me before this. What she did to me hurt my feelings, so I started to curse at her (CNA D). Although the aid apologized and I accepted it, I still didn't have a good feeling about what happened. The trust was gone. The aid (CNA D) would still come into the room, walk pass me without speaking and give care to my roommate. I would just leave the room every time she came in. R72 said they were uncertain why CNA D was still allowed to come into the room after what occurred and bothered them. R72 said the concern was expressed to the Social Worker. On 2/25/25 at 2:00 p.m. an attempt to contact CNA D was made via telephone. Review of clinical record revealed R72 was admitted into the facility on 8/13/16 with diagnoses that included Parkinson's disease with dyskinesia, adjustment disorder with mixed anxiety and depressed mood, generalized anxiety disorder, vascular dementia, major depressive disorder, hemiplegia, and cerebral infarction. According to the quarterly Minimum Data Set assessment dated [DATE], R72 was cognitively intact (BIMS-15), and required extensive one-person assistance with most activity of daily living. Review of the Social Service progress note dated 12/22/2025, documented in part the following: I was able to talk to (R72) about the incident with one of the CNAs throwing pamper at her. She mentioned that she is not sure what's going to happen to her. She just feels like she doesn't want to be around her anymore. On 02/26/2026 at 1:24 p.m. review of Daily Assignment forms, CNA D was assigned to R72's room on 1/17/26, 1/18/26 and 1/28/26. On 2/26/26 at 1:38 p.m. the Nursing Home Administrator (NHA) was interviewed about R72 allegation against CNA D and being assigned to R72's room. The NHA said the Abuse Coordinator (NHA) was responsible for ensuring the nurse aide's assignment was away from R72. The NHA said they were unaware CNA D continued to have contact with R72 and have the right to feel comfortable in the bedroom. The aide should have been removed from the unit and R72 should have never been made to feel uncomfortable by CNA D. The NHA informed SA, CNA D was terminated on 2/24/26 for an unrelated incident. There was no return communication from CNA D by the end of the survey. Review of the facility's policy titled Resident Rights, revision date of 5/14/24 documented the following in part: The facility protects and promotes the rights of each resident. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and</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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:  235492	Facility ID:  235492  If continuation sheet Page 1 of 2

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F 0550  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	services inside and outside of the facility. Residents have freedom of choice, to the maximum extent possible, about how they wish to live their everyday lives and receive care, subject to the facility's rules and regulations affecting resident conduct and those regulations governing protection of resident health and safety.		