

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235508	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/05/2025
NAME OF PROVIDER OR SUPPLIER  The Manor of Farmington Hills		STREET ADDRESS, CITY, STATE, ZIP CODE 21017 Middlebelt Rd Farmington Hills, MI 48336	
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 34275</p> <p>This citation pertains to Intake# MI00150024</p> <p>Based on observation, interview and record review the facility failed to ensure a resident was turned properly per their needs to prevent accidents and ensure they were fully assessed following the accident for one (R702) of three residents reviewed for falls/accidents. Findings include:</p> <p>A complaint was filed with the State Agency (SA) that alleged the staff was turning R702 and they hit their head against the wall.</p> <p>On 3/4/25 at approximately 10:03 AM, R702 was observed lying in bed. The resident was alert and able to answer questions asked. When asked about the incident that occurred on or about 1/28/25, R702 reported that one Certified Nursing Assistant (CNA) pushed them against the wall when they were changing them and they hit their head. R702 further reported that the CNA pushed again and they hit their head a second time. The resident noted that they did not believe the CNA intended to hurt them, it was just that they should have used a second person to help. R702 could not recall the name of the CNA but was able to describe what they looked like and noted that the CNA is not allowed to care for them anymore. Further, R702 stated going forward they will make sure that they hold onto a large stuffed animal to ensure they protect their head.</p> <p>A review of the Incident/Accident (IA) report provided by the facility documented, in part, the following: . Investigation Summary .On 1/28/25 the administrator was made aware of an incident with respect to R702. Resident alleges staff member assigned hit her head on the wall .The administrator interviewed R702 . resident stated while have &lt;care&gt; provided, the staff member upon turning her hit her head against the wall on purpose .when asked if she &lt;inform&gt; the staff member that she hit her head against the wall the resident replied yes The Administrator interviewed the assigned staff member regarding this alleged incident. Per the staff member, she stated she had provided care to the resident without injury noted. Upon providing care to her roommate, she could hear R702 saying my head hurts. She said, I think you hit my head when you turned me over .Investigation Conclusion: .After completion of this investigation, the facility was able to determine the resident complained of a headache .the resident has a lot of items on her bed .bed is against the wall and turning the resident was evident of the potential for the staff member to have hit her head unintentional .One to One Inservice Record: Staff Name (CNA H) .Topic of Discussion . Providing care related to the POC (plan of care) .Employee will be able to follow the plan of care to provide care without injury .</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:	Facility ID: 235508
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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the facility policy titled, documented, in part: .A neurological assessment is an indispensable tool for evaluating a resident's neurologic status .A focused neurologic assessment is necessary after a fall if the resident may have sustained a head injury .</p>