| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 235508 | A. Building<br>B. Wing | 10/30/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| The Manor of Farmington Hills | 21017 Middlebelt Rd<br>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) |
|---|---|
| F 0689<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Few<br><br>Note: The nursing home is disputing this citation. | Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.<br><br>(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 |
|---|---|---|
| | | |

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| F 0689<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Few<br><br>Note: The nursing home is disputing this citation. | **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** This citation pertains to Complaint #2649369Based on interview and record review the facility failed to provide 1:1 feeding assistance per the resident's assessment and plan of care and thoroughly conduct a Root Cause analysis investigation for one (R701) out of one resident reviewed for accidents/choking, resulting in R701 choking on corned beef and expired shortly thereafter. Findings include:A complaint was filed with the State Agency (SA) alleged on 10/16/25 during lunch, R701 choked on corned beef while eating in the dining room and died from choking. The complainant reported R701 required 1:1 feeding assistance but believed that nobody was sitting with the resident and/or watching them eat during lunch. The complaint reported that prior to the resident's death they had informed the Administrator that R701 was not receiving 1:1 feeding assistance as needed.A review of R701's clinical record was conducted on 10/29/25 and 10/30/25. The following was revealed:R701 was initially admitted to the facility on [DATE] with diagnoses that included: dementia, psychotic disturbances, mood disturbances and need for assistance with personal care. A review of R701's Minimum Data Set (MDS) with an ARD (assessment reference date) of 9/12/25 revealed the resident had a Brief Interview for Mental Status (BIMS) score of 3/15 (severely cognitively impaired). Section GG of the MDS noted the resident as a 4 (needed supervision or touching assistance) for eating. 6/16/25: Physician order: .Details.1:1 feed with meals.Care Plan Review: Focus: R701 has alteration in nutritional and/or hydration .9/17/25 sig. wt. (significant weight) loss -15.6% x 180 days.Interventions: .provide 1:1 feeding assistance. Focus: R701 is a DNR (do not resuscitate).Focus: R701 is at risk for decline in condition. Receives Hospice services .Interventions: Adjust provisions of ADLS (activities of daily living) to compensate for resident's changing abilities.Work cooperatively with hospice so that residents.physical.needs are met. IDG (interdisciplinary group) Hospice Review (certification period - 8/25/25- 10/23/25): .Patients Name: (R701).Provider (Hospice).Meeting notes: . 9/23/25.Pt (patient) remains confused, 1:1 feed.unable to name food items that were on breakfast tray. Pt. also trying to eat nonfood items- napkins menu.Diet as tolerated, 1:1 feed .During last visit tried to get pt to name objects on her breakfast tray, but pt was unable to do so, very confused, Pt. tried eating her menu.10/14/25: Physician Note: R701.assigned on Hospice.Anticipate further unavoidable decline .impulsivity and poor safety awareness.Vital signs: BP (blood pressure) 156/86, HR (heart rate) 65, RR (respiratory rate) 20, Temperature 96.8, 02 98% .is sitting in a high back wheelchair, requires it for trunk support .frail patients are clinically challenging.encourage oral nutrition and hydration dietary to optimize nutrition. Authored by Physician/Medical Director (MD) A.10/16/25: Vitals: 9:15 AM Respirations: 18 breaths per minute.9:15 AM-O2 states: 95% .10:30 AM.Blood Pressure: 144/83.10:30 AM-83 bpm (heart rate). *It should be noted that the vitals noted above were the last vitals documented in R701's electronic record.10/16/25 (4:14 PM): Nurses Note: At approximately 1:05 PM, resident was eating lunch (corned beef) in the dining room. CNA (certified nursing assistant) alerted another nurse that resident began coughing and appeared to be choking. Unit manager on shift immediately initiated chest thrust and back blows. Resident was transferred from dining room to her bedroom with aspiration protocols being continued (finger sweeps, utilization of suction machine and 02 (oxygen) administration). Writer arrived on scene and observed MD (Medical Doctor), DON (Director of Nursing) and Unit Managers continuing care at resident's bedside. Writer observed when R701 expelled small amounts of food but continued to have labored respirations. Oxygen applied via nasal cannula and oral suctioning performed; additional food particles were cleared. Resident took a deep breath and displayed strong and bounding carotid and brachial pulses, per DON. While MD did assessment of resident, breathing became unstable and subsequently absent. Attempted to obtain vital signs-none detected. Fellow nurse called EMS (Emergency Medical Services) who arrived on the scene during aspiration protocols. Writer contacted hospice and notified attending MD who arrived on scene to complete and pronounced resident deceased at 1:16 PM. Authored by Nurse K.10/16/25: Physician Note (Late Entry-10/17/25): .Time: 1: 30 PM.REASON FOR VISIT: Aspiration/Respiratory Arrest.Resident with.dementia, hypothyroidism, hypertension, osteoarthritis, chronic pain and anxiety.signed on Hospice.Responded to code blue overhead. Nursing staff reports patient choked while eating lunch.Time of death 1:16 PM. (Authored by MD A.)A request for all Incident/Accident (IA) reports and Grievances for the past four months was requested. The documentation provided was reviewed and noted, in part, the following:IA (Incident/Accident) Investigation Form: Date 10/16/25.Time: 12:15 PM.(R701). Brief description of the incident: Resident was in dining room during lunch time. The CNA (Certified Nurse |