STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235513	A. Building B. Wing	08/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Laurels of Fulton,the	4735 Ranger Rd Perrinton, MI 48871

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 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49103 Based on interview and record review, the facility failed to develop and/or implement policies and procedures for ensuring the reporting of a reasonable suspicion of a crime in accordance with section 1150B of the Act and for ensuring abuse allegations were reported timely to the State Agency for one resident (R211) of three residents reviewed. Findings include: Review of the Facility Reported Incident (FRI) revealed On 8/7/24 at approximately 5:45pm, it was reported by [R212] to a member of the nursing staff that Resident [R210] had his hand up the shirt of Resident [R211] . put his hand on [R211's] chest, inside her shirt. The FRI revealed the incident was discovered on 8/7/24 at 5:45 PM and reported to the State Agency on 8/8/24 at 1:46 PM. The incident was not reported to local law enforcement. Record review disclosed that R210's initial admitted was 9/21/18 with a recent admitted [DATE] and with a pertinent diagnosis of Unspecified Dementia, Unspecified Severity, with Other Behavioral Disturbance. Record review disclosed that R211's admitted was 3/11/22 and a pertinent diagnosis of Unspecified Dementia, Unspecified Severity, without Behavioral Disturbance, Psychotic Disturbance, Mood Disturbance, and Anxiety. In an interview on 8/23/24 at 11:56 AM, Nursing Home Administrator (NHA) A reported she first became aware of the alleged incident on 8/7/24 within one hour. NHA A reported the allegation was not reported to the State Agency until 8/8/24 at 1:46 PM because she had 24 hours to report. When asked about the two-hour reporting requirement, NHA A reported she did not have enough details about the incident. NHA A reported the allegation was not reported to local law enforcement because she knew there was some type of contact allowed between R210 and R211. Review of the medical records of R210 and R211 revealed they each had a guardian or activated Durable Power of Attorney. R210 and R211 did not have a documented assessment for the capacity to consent to sexual relationships.

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