STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235528	A. Building B. Wing	12/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Village of East Harbor	33875 Kiely Drive Chesterfield Township, MI 48047

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** This citation pertains to Intake 2688079.Based on observation, interview, and record review, the facility failed to ensure two persons assisted with toileting assistance for one (R901) resident of three transfer-dependent residents reviewed for assistance. Findings include: Review of a complaint called into the State Agency revealed a concern from R901's family member that on 11/30/25, after the family member requested toileting assistance for the resident, the resident was manually transferred to the toilet by one staff person then manually transferred from the toilet by two staff rather than via two-person assistance using a mechanical lift as physician ordered.Review of the facility record for R901 revealed they were admitted into the facility on [DATE] with diagnoses including Dementia, Anxiety Disorder, and Osteoarthritis. Review of R901's Activities of Daily Living (ADL) care plan revealed the resident required direct assistance with all ADLs including transfers.Review of R901's physician orders revealed an order dated 11/20/25 stating Transfer with (name of) Lift and 2 persons assist. The (name of) lift is also known as a Sit to Stand lift and refers to a mechanical transfer assistance device that brings the individual from a seated to/from a standing position with mechanical support and assistance and requires the presence and assistance of staff. On 12/22/25 at 1:45 PM, R901 was observed in the common area sitting in the wheelchair. The resident was not able to respond to questions regarding the reported situation in a coherent manner.On 12/22/25 at 2:03 PM, Licensed Practical Nurse (LPN) and Unit Manager B was interviewed and reported they were aware that on 11/30/25 Certified Nursing Assistant (CNA) A did complete a one-person manual transfer onto the toilet with R901, then requested assistance of another CNA to complete another manual transfer from the toilet. LPN B reported their understanding was that CNA A was aware of the physician ordered transfer status and chose to complete the transfer manually because they felt the resident was safe to do so that day and added but that would still not be appropriate. LPN B confirmed residents should always be transferred according to the current physician order. On 12/22/25 at 2:15 PM, CNA A was interviewed and reported during the incident in question, they transferred the resident manually to the toilet without assistance from other staff. CENA A indicated they realized they were supposed to have used the mechanical lift after R901's daughter commented about the lack of the lift. CNA A reported they did receive assistance from another CNA to transfer the resident off the toilet but did so manually rather than using the lift. On 12/22/25 at 2:55 PM, the facility Director of Nursing (DON) was interviewed and reported the expectation is staff will complete resident transfers according to the physician order.Review of the facility policy Transfer Activities, with a most recent review date of 11/15, revealed the policy statement To transfer the resident from the bed to chair, toilet or tub safely. Review of the facility disciplinary report related to the incident revealed the statement [CENA A] failed to follow the ordered transfer status of a resident that requires a [NAME] lift and two persons assist. For safety reasons, it is imperative that residents are transferred per their ordered transfer status.

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