

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235529	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/15/2025
NAME OF PROVIDER OR SUPPLIER The Manor of Novi		STREET ADDRESS, CITY, STATE, ZIP CODE 24500 Meadowbrook Rd Novi, MI 48375	

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>Based on interview and record review the facility failed to respect a resident's right to choices for one resident (R601) of three residents reviewed for resident rights resulting in verbalized complaints, frustration, and dissatisfaction with an assigned caregiver. Findings include: A complaint received by the State Agency alleged a caregiver who was not supposed to be assigned to the resident's care was assigned to their care. On 7/15/25 at 11:30 AM, an interview was conducted with R601. They said they had a conflict with a Certified Nurse Aide (CNA) sometime in May. They said they were a new CNA, had a bad attitude, and they were rude. R601 was not able to identify the CNA in question by name but said they reported them to Unit Manager 'A'. They continued to say Unit Manager 'A' told them the CNA would no longer be assigned to their care. They went on to say the CNA they reported was again assigned to their care on the night shift of June 9th and so they made their complaint to the State Agency on June 10th. On 7/15/25 at 11:50 AM, an interview was conducted with Unit Manager 'A'. They were asked if R601 had reported a CNA's behavior and requested they not be assigned to their care. Unit Manager 'A' confirmed R601's complaint and identified them as CNA 'B'. They were asked if they were aware CNA 'B' had been assigned to R601's care after their complaint and said they were not. On 7/15/25 at 12:10 PM, a review of staffing sheets for R601's unit was conducted and revealed CNA 'B' had been assigned to their unit for the midnight shift on 5/28/25. Continued review of the staffing sheets further revealed CNA 'B' had again been assigned to R601's unit for the midnight shift on 6/9/25. On 7/15/25 at 1:36 PM, a review of R601's Documentation Survey Report (a report that shows CNA charting for care tasks provided) for June 2025 was conducted and revealed CNA 'B' signed off on R601's CNA tasks for the midnight shift. On 7/15/25 at 2:32 PM, an interview was conducted with the facility's Administrator, and they indicated CNA 'B' should not have been assigned to R601's care after their complaint. A review of a facility provided policy titled, Resident Rights was conducted and read, 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 services inside and outside the facility. Residents have freedom of choice, to the maximum extent possible, about how they wish to live their everyday lives and receive care.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235529	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/15/2025
NAME OF PROVIDER OR SUPPLIER The Manor of Novi		STREET ADDRESS, CITY, STATE, ZIP CODE 24500 Meadowbrook Rd Novi, MI 48375	
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 0585</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 voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p>Based on interview and record review the facility failed to implement their grievance process for one resident (R601) of three residents reviewed for grievances, resulting in an undesired caregiver being assigned to the resident's care after they requested they no longer be assigned to their care. Findings include: On 7/15/25 at 11:30 AM, an interview was conducted with R601. They said they had a conflict with a Certified Nurse Aide (CNA) sometime in May. They said they were a new CNA, had a bad attitude, and they were rude. R601 was not able to identify the CNA in question by name but said they reported them to Unit Manager 'A' after the incident. They continued to say Unit Manager 'A' told them the CNA would no longer be assigned to their care. They went on to say the CNA they reported was again assigned to their care on the night shift of June 9th. They were asked if they were assisted to fill out a grievance form and said they were not. On 7/15/25 at 11:50 AM, an interview was conducted with Unit Manager 'A'. They were asked if R601 had reported a CNA's behavior and requested they not be assigned to their care. Unit Manager 'A' confirmed R601's complaint and identified them as CNA 'B'. Unit Manager 'A' was asked if they recorded R601's complaint on a grievance/concern form and said they did not. They were then asked if they were aware CNA 'B' had been assigned to R601's care on 6/9/25 after their complaint, and said they were not aware. On 7/15/25 at 1:45 PM, a review of Resident Family, Employee, and Visitor Assistance Form(s) for R601 was conducted, however none of the forms provided indicated R601 had filed a form regarding CNA 'B's behavior. On 7/15/25 at 2:32 PM, an interview was conducted with the facility's Administrator regarding R601's concerns with CNA 'B'. They were asked if a grievance/concern form should have been filled out and said it should have. A review of a facility provided policy titled, Care Program was conducted and read, .To ensure that the facility actively resolves any concerns/grievances submitted orally or in writing to the Administrator, Director of Nursing, or any other member of the facility's staff .1. If a resident, a resident's representative, or another interested person has a concern .a staff member should encourage and assist the resident .to file a written concern/grievance with the facility .</p>		