

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  02/02/2026
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)		
F 0609  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>This citation pertains to Complaint #2729896Based on interview and record review, the facility failed to report an injury of unknown origin to the State Agency (SA) for one (R701) out of one resident reviewed for neglect/injury of unknown origin. Findings include:A complaint was filed with the SA that alleged R701 sustained bruising to their right shoulder and a fracture to their hip during their five-day Hospice respite stay at the facility.A review of R701's clinical record revealed the resident was admitted to the facility for respite services on 12/28/25 with diagnosis that included: unspecified dementia, chronic respiratory failure and history of falling.Continued review of R701's record noted, in part, the following:12/28/25 (2:12 PM): Resident arrived to facility.pain 0/10.Medication verified with hospice.Skin note: R (right) top of ankle discoloration and slight redness to front peri area.12/29/25: Administration Note: .Resident able to go to the restroom with one person assist.12/29/25: History and Physical: .she was admitted to the facility for hospice respite care.found to be at her baseline, no acute distress.vitals stable.12/30/25: Skin Check: .No skin issue.12/31/25: Post Discharge Plan: Skin condition at time of discharge.Discoloration noted to upper left shoulder, purplish/yellow.per DON (Director of Nursing) looks to be from pre trauma prior to admission to facility.1/15/26: Encounter: .Date of Imaging: Left hip and pelvis -Xray demonstrates evidence of a healed or healing nondisplaced .femoral neck fracture, consistent with a non-acute fracture.On 2/2/26 at approximately 3:16 PM, a phone interview was conducted with Hospice Staff A. Hospice Staff A was queried about R701's hospice stay at the facility. They reported R701 was seen by Hospice CNAs on Tuesday (12/30/25) and they did not notice any bruising. On Friday (1/1/26) the Hospice CNA noted bruising to the left shoulder area when the hospice CNA gave a shower. They stated the facility could not determine the cause of the bruise.On 2/2/26 at approximately 3:25 PM, an interview was conducted with the Director of Nursing (DON). The DON noted that an IA (incident/accident) report had been completed and the facility was not able to determine the cause of the large bruise to the left shoulder.A review of the Incident/Accident (IA) report revealed, in part, the following: .Incident involved: (R701) .Brief Description: Charge nurse was completing skin assessment prior to discharge and noted discoloration on the left shoulder. Director of Nursing examined and noted purple and yellow coloration that would indicate the area was healing .To whom was it reported: DON and Administrator .Conclusion: The facility did a thorough investigation .Based on staff interviews, the resident did not have a fall at the facility .The Medical Director reviewed the image of the discoloration and discussed the way the blood was pooling behind (R701) should &lt;sic&gt; blade that would indicate to him that there could be an issue with the rotator cuff. An MRI (medical imaging device) would need to be completed .They decided to forgo the MRI because (R701) is on hospice services. On 2/2/26 at approximately 3:46 PM, a phone interview was conducted with the Administrator/Abuse Coordinator. The Administrator was asked if they were able to determine the cause of the bruise and noted that they did not. When asked if they should have reported the injury of unknown origin to the SA and</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: 235529
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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>they stated they should have. The facility policy titled, Abuse Prohibition Policy (9/9/22) was reviewed and read, in part: Policy: Each guest shall be free from abuse, neglect. Allegations of guest/resident abuse, neglect, shall be thoroughly investigated and documented by the Administrator, and reported to appropriate state agencies. The Administrator or Director of Nursing shall initiate the Incident and Accident Investigation Form, if the incident has resulted in an injury. The Administrator or designee will notify State or Federal agencies of allegations. 2 hours if abuse allegation or serious injury.</p>		