

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235587	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/03/2025
NAME OF PROVIDER OR SUPPLIER  Fountain Bleu Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  28910 Plymouth Road Livonia, MI 48150	

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  Level of Harm - Actual harm  Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.  (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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<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> This citation pertains to Intake Number: 2626257 Based on interview and record review, the facility failed to ensure the safety of one sampled resident (R701) of two residents reviewed for falls resulting in hospitalization. Findings include: Review of the R701's electronic medical record (EMR) revealed that R701 was admitted to facility on 8/25/25 with diagnoses including cerebral infarction, hypertension and dysphagia. A review of the most recent Minimum Data Set assessment (MDS) dated [DATE] indicated R701 required maximum assistance with all activities of living. Further review of R701's care plan indicated that two-person assistance was needed with bed mobility. Review of an Incident/Accident report (IA) was reviewed regarding an incident involving R701 and documented the following, Date of Incident: 9/22/25. Incident description: Resident observed to have fallen out of bed while being assisted by staff Location of Incident: Resident's room. Immediate action taken Resident immediately assessed and assisted back to bed. Resident complained of pain in right elbow and hitting head during fall. Sent to (name of local hospital) for further evaluation. Review of R701's Kardex (Summary of Patient's Care Plan) revealed R701 required two-person physical assistance for bed mobility and two-person physical assistance for incontinence brief change and/or bed pan use. On 12/03/25 at 10:15 AM, Licensed Practical Nurse (LPN) A was contacted by phone and queried about the incident involving R701. LPN A stated they were at their (medication) cart and heard a loud noise. Certified Nursing Assistant (CNA) B called for them and stated a resident had fallen. CNA B had been in the room changing the bed with R701 still in it when R701 rolled off and fell on the floor hitting their head, complained of pain in their elbow, and subsequently sent to the hospital. At 1:25 PM an interview occurred with Physical Therapy Assistant (PTA) D, querying why R701 needed assistance. PTA D stated R701 was a two-person transfer due to safety, lack of mobility and weakness. At 2:55 PM, CNA B was contacted by phone and queried about the incident involving R701. CNA B stated while rounding they noticed R701 needed to be changed. CNA B said, Unfortunately, they didn't notice the 'happy feet' (a program to inform how much staff assistance is needed) sign. CNA B confirmed R701 required two-person assistance and when they went in by themselves to change the bed R701 rolled off the bed onto the floor injuring their head and elbow. At 1:35 PM, the Nursing Home Administrator (NHA) was interviewed and queried about the incident involving R701. The NHA stated, We have completed an internal investigation of the incident. A facility policy titled Fall Management Guidelines Effective Date: 12.13.23 was reviewed and stated the following, Purpose: To provide guidelines to assist with fall risk identification and fall management of residents in the facility. The facility, with the input of the attending physician, will implement a resident -centered comprehensive care plan that addresses the fall management program, the goal for fall management, individualized interventions to address the resident's modifiable fall risk factors, interventions to try to minimize the consequences of risk factors that are not modifiable, and the plan for reduction of risk. During the onsite survey, past noncompliance (PNC) was cited after the facility implemented actions to correct the noncompliance which included: 1 On 9/22/25, (R701) was being having a brief changed by (CNA B) when (R701) was rolled on the left side and the (CNA B) pulled the sheets up from under the resident to center the resident. (R701) rolled to the floor. (R701) is a 2-person bed assist; CNA did not adhere to Kardex. (R701) was assessed by the nurse; (R701) stated their elbow was hurting. The physician was notified and was sent to the hospital via 911 to be further evaluated due to being on blood thinners. Incident report was completed, family and physician both aware. (R701) was transferred to the hospital on 9/22/25 and will not be returning back to the building. Review of the care plan - 2 person assist with transfers. A. CNA B has been suspended on 9/23/25 leading to termination. B. Nursing staff will be educated 100% by 9/26/25 by DON or designee on ensuring to validate transfer status prior to transferring a resident and ensuring adequate supervision with transfers. C. Current residents will be audited by 9/26/25 to ensure transfer status is accurate and updated in the Kardex/care plan. D. Unit manager / designee will complete random audits to ensure residents are being transferred according to the Kardex/care plan on 3 residents three times a week for 6 weeks. any deficiencies will be corrected immediately. Results of all audits will be submitted to QA&amp;A for trending and review. Administrator is responsible for maintaining compliance. Date of compliance is 9/26/25. The facility was able to demonstrate monitoring of the corrective action and maintained compliance.</p>		