

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235593	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/17/2026
NAME OF PROVIDER OR SUPPLIER Allegria Village		STREET ADDRESS, CITY, STATE, ZIP CODE 15101 Ford Rd Dearborn, MI 48126	
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 - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** This citation pertains to intake 2807638. Based on interview and record review the facility failed to ensure adequate supervision for one resident (R907) out of three residents reviewed for elopement. As a result, R907 eloped from the facility, placing R907 at risk for harm. Findings include: Record review of facility reported incident revealed that R907 eloped from the facility on 3/8/26. Record review of R907's electronic medical records (EMR) revealed the resident was admitted to the facility on [DATE] with a pertinent diagnosis of myocardial infarction (heart attack). Record review of Brief Interview for Mental Status (BIMS) dated 2/27/26 revealed R907 scored 10 out of 15, indicating moderate cognitive impairment. Record review of Elopement Evaluation dated 3/3/26 revealed R907 scored 6 out of 10, indicating the resident was at risk for elopement. Record review of Elopement care plan dated 3/7/26 documented interventions that included distracting the resident from wandering through pleasant diversions, structured activities, monitor for fatigue and weight loss, Provide structured activities, implementing reorientation strategies and ensure resident wore Wander Alert (alarm bracelet). An interview was conducted on 7/17/26 at 3:17 PM with Registered Nurse (RN) A, it was reported that the resident repeatedly removed wander guard from ankle, a one-to-one sitter was placed with the resident on 3/7/26. An interview was conducted on 7/17/26 at 3:32 PM with Certified Nursing Assistant (CNA) B, It was reported that while providing one to one supervision with R907, another resident required assistance with a brief change. CNA B asked CNA C to monitor R907 while assisting the other resident. CNA B reported that after completing the brief change and returning, an alarm was sounding and R907 was no longer present. When asked how R907 eloped. CNA B reported that CNA C left resident unattended to assist another resident, allowing R907 to leave the facility. An interview was conducted on 7/17/26 at 3:43 PM, it was reported that after agreeing to monitor R907, CNA C heard another resident call out for assistance. CNA C left R907 unattended to respond to another resident. While assisting that resident, an alarm sounded and staff discovered R907 had eloped. CNA C acknowledged that leaving R907 unattended provided the opportunity for the resident to leave the facility. An interview was conducted on 3/17/26 at 4:00 PM with Director of Nursing (DON), it was reported that CNA C should have not left the resident unattended. The DON acknowledged that the resident required continuous supervision and that leaving the resident was inconsistent with the resident's supervision needs. Record review of facility's policy Wandering and Elopements (no date) documented, The facility will identify residents who are at risk of unsafe wandering and strive to prevent harm while maintaining the least restrictive environment for residents. During the onsite survey, past noncompliance (PNC) was cited after the facility implemented actions to correct the noncompliance which included review and update resident-specific care plan, reassess residents for elopement risk, educate staff on elopement (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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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	prevention policy, verify exit alarms/Wander Guard devices are functioning, reinforce shift-to-shift communication regarding at-risk residents, conduct environmental safety review. The facility was able to demonstrate monitoring of the corrective action and maintained compliance.		