

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235613	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/17/2025
NAME OF PROVIDER OR SUPPLIER Maple Manor Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3999 Venoy Road Wayne, MI 48184	
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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to update the care plan for one (R4) of one resident reviewed for care plans to include R4's pressure ulcer or prescribed interventions. On 7/16/2025 at 9:03 AM, R4 was observed sitting up in bed awake and alert with some confusion. There was no pressure relieving mattress in place or other pressure relieving measures observed. R4 consented to receiving incontinence care from CNA (certified nursing assistant) C. During care, a dime-sized shallow crater-like opened area was observed on the resident's coccyx area. There was dried white cream observed to be covering the surrounding area. CNA C reported the resident developed the pressure ulcer a couple weeks ago and a cream was being applied to the area. Registered Nurse (RN) D entered the resident's room and confirmed the resident's pressure ulcer developed in the facility. RN D reviewed R4's Electronic Health Record (EHR) but could not provide any documentation to support R4 had a care plan addressing the pressure ulcer on the coccyx. According to the EHR, R4 admitted to the facility on [DATE] with diagnoses that included Alzheimer's disease. The quarterly Minimum Data Set (MDS) dated [DATE] indicated the resident had moderately impaired cognition and no pressure ulcers. A care plan for skin integrity initiated on 1/8/25 and last reviewed on 4/23/25 had a goal for skin to remain free from breakdown. On 7/9/2025, progress notes from the Wound Care Practitioner (WCP) F indicated the resident had MASD (moisture associated skin damage) and a small, opened area at the coccyx that measured 0.79 cm (centimeter) Length and 0.36 cm Width. WCP F Recommended the following: Zinc Oxide cream followed by a dry bulky dressing changed daily and as needed if soiled, incorporate aggressive off-loading (pressure relieving measures), add foam wedge to assist with off-loading position changes every 2 hours, Low-Air-Loss (LAL) Mattress, and off-loading heel boots bilaterally while in bed. Recommend Dietitian consultation to assist with augmenting protein, add a multi-vitamin with vitamin C and calorie intake for wound healing. The resident's care plan was not updated to reflect actual skin impairment or include the current interventions. On 07/16/2025 at 10:34 AM during an interview with Director of Nursing (DON) B they said the orders and recommendations from WCP F were missed and the care plan was not updated. According to the facility's Pressure Injury Prevention and Management policy last revised on 1/2024 in part reads:4. Interventions for Prevention and to Promote Healing. After completing a thorough assessment/evaluation, the interdisciplinary team shall develop a relevant care plan that includes measurable goals for prevention and management of pressure injuries with appropriate interventions.</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
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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to ensure adequate delivery of activity of daily living (ADL) care for two residents (R9 and R23) out of three residents reviewed for hygiene resulting in unkempt facial hair and overgrown fingernails.R9</p> <p>On 7/15/2025 at 11:50 a.m., R9 was observed in the therapy room with long facial hair and long dirty untrimmed fingernails. R9 was not available for interview.</p> <p>On 7/16/2025 at 10:24 a.m., R9 was observed with long facial hair and long dirty untrimmed fingernails. During the interview the resident confirmed not being asked to get shaved not even on scheduled shower days and been wanting to be shaved and to have nail care provided. The resident said before coming to the facility his beard and mustache were trimmed neat. R9 stated, I was waiting for someone to cut my facial hairs.&rdquo;</p> <p>According to the electronic medical record, R9 was admitted to the facility on [DATE] with diagnoses of hypertension, idiopathic peripheral autonomic neuropathy (a condition where damage to the peripheral autonomic nerves occurs for an unknown reason), asthma, and age-related physical debility. According to the admission Minimum Data Set (MDS) assessment dated [DATE], R9 had intact cognition with a BIMS (brief interview for mental status) score of 15/15.</p> <p>A care plan with a review date of 5/29/2025 for &ldquo;Activity Daily Living (ADL)&rdquo; documented, &ldquo;I have decreased ADL ability related to generalize weakness assistance needed with all ADLS.</p> <p>On 7/17/2025 at 1:34 p.m., during an interview, Registered Nurse/Unit Manager (UM) D stated, &ldquo;the Certified Nursing Assistance (CNA) are supposed to provide nail care and shaves on shower days. The nurses go into the shower room to make sure the showers, shaves and nail care are complete. The resident scheduled shower days are Monday&rsquo;s and Thursdays, and the barber comes into the facility every Thursday&rsquo;s.&rdquo; UM &ldquo;D&rdquo; confirms the resident was admitted into the facility with long facial hair and long fingernails and did not add resident to the barber list or assist the resident with nail care.</p> <p>During an interview on 7/17/2025 at 3:30 p.m. the Director of Nursing (DON) confirmed the CNA should provide shaves and nail care on the resident&rsquo;s scheduled shower days and the nurses should have made sure the ADL care was completed.</p> <p>According to the facility's January 2025 Activity Daily Living (ADL) policy: &ldquo;The facility will base (care) on the resident's comprehensive assessment and consistent with the resident's needs and choices, ensure a resident's ability in ADLs do not deteriorate&hellip;&rdquo;</p> <p>R23</p> <p>Observations conducted on 7/15/25 at 9:25 AM and 12:51 PM, and on 7/16/25 at 9:30 AM and 3:02 PM, revealed that R23 had long fingernails with visible debris underneath nails.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 7/16/25 at 3:02 PM, R23 reported being unable to cut fingernails independently and had a preference of short nails.</p> <p>Record review of R23's electronic medical record (EMR) revealed admission into the facility on 6/27/18 with a pertinent diagnosis of cerebral palsy (congenital disorder). Further review revealed R23 had scored 15 out of 15 (intact cognition) on a Brief Interview for Mental Status (BIMS) on 4/16/25 and required substantial/maximal assistance with ADLs. Additionally, review of R23's EMR revealed care plans documented no specific interventions for nail care and progress notes contained no documentation of refusals to allow staff to provide ADL assistance during the prior three-week period.</p> <p>On 7/16/25 at 3:05 PM after an observation with Registered Nurse (RN) "A" of R23's fingernails, it was reported by RN "A" that residents' fingernails should not be long and unkempt.</p> <p>On 7/17/25 at 12:30 PM, the Director of Nursing (DON) reported during an interview that all residents' nails should be trimmed and cleaned in accordance with their preferences.</p> <p>On 7/17/25 at 12:35 PM, during an interview with the Nursing Home Director (NHA), it was reported that residents should receive routine nail care and should not have long nails if they are unable to perform care independently.</p> <p>Record review of facility's policy "Providing Nail Care" dated January 2018, it was documented, "3. Routine cleaning and inspection of nails will be provided during ADL care on an ongoing basis."</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>(continued on next page)</p>

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to implement pressure ulcer care for one (R4) of one resident reviewed for pressure ulcers resulting in R4 developing a stage two pressure ulcer (open sore, partial thickness loss of skin, presents as shallow crater) on the coccyx when prescribed pressure ulcer skin treatments that included a Low-Air-Loss (LAL) mattress were not implemented. On 7/16/2025 at 9:03 AM, R4 was observed sitting up in bed awake and alert with some confusion. There was no pressure relieving mattress in place or other pressure relieving measures observed. R4 consented to receiving incontinence care from CNA (certified nursing assistant) C. During care, a dime-sized shallow crater-like opened area was observed on the resident's coccyx area. There was dried white cream observed to be covering the surrounding area. CNA C reported the resident developed the pressure ulcer a couple weeks ago and a cream was being applied to the area. Registered Nurse (RN) D entered the resident's room and confirmed the resident's pressure ulcer developed in the facility. RN D reviewed R4's Electronic Health Record (EHR) but could not provide any documentation to support R4 had been prescribed or was receiving skin treatments for the pressure ulcer. R4 did not have a care plan addressing the pressure ulcer on the coccyx. According to the EHR, R4 admitted to the facility on [DATE] with diagnoses that included Alzheimer's disease. The quarterly Minimum Data Set (MDS) dated [DATE] indicated the resident had moderately impaired cognition and no pressure ulcers. A care plan for skin integrity initiated on 1/8/25 and last reviewed on 4/23/25 had a goal for skin to remain free from breakdown. Interventions included the following: pressure relieving device on bed and reposition every 2 hours when in bed and every 1 hour while in chair. There was no documentation to support there were pressure relieving devices provided to the resident. A review of R4's Medication Administration Records (MAR) revealed there were no current orders for skin treatments for the resident's coccyx area. A previous skin treatment order for Zinc Oxide cream had been discontinued on 7/5/25. Progress notes from the Wound Care Practitioner (WCP) F dated 7/9/25 indicated the resident had MASD (moisture associated skin damage) and a small, opened area at the coccyx that measured 0.79 cm (centimeter) Length and 0.36 cm Width. Recommended the following: Zinc Oxide cream followed by a dry bulky dressing changed daily and as needed if soiled, incorporate aggressive off-loading (pressure relieving measures), add foam wedge to assist with off-loading position changes every 2 hours, Low-Air-Loss (LAL) Mattress, and off-loading heel boots bilaterally while in bed. Recommend Dietitian consultation to assist with augmenting protein, add a multi-vitamin with vitamin C and calorie intake for wound healing. There was no documentation to indicate any of WCP F 's recommendations were addressed or followed. Progress notes from Registered Dietitian (RD) E dated 7/15/25 documented the resident's skin was intact. There were no further recommendations for supplementation provided by the RD. On 7/16/2025 at 9:39 AM during an interview with RD E they said they were unaware of the most recent wound care team's findings or recommendations and thought the resident's skin was intact. RD E said they would immediately update their progress note, add a multivitamin, and protein supplement for the resident. On 07/16/2025 at 10:34 AM during an interview with Director of Nursing (DON) B they said the orders and recommendations from WCP F were missed and could not explain why the Zinc oxide treatments had been discontinued on 7/5/25. DON B reviewed R4's EHR and confirmed there were no current orders for the Zinc oxide, the LAL mattress, or the off-loading heel boots. At this time WCP F was interviewed via speaker phone and confirmed that all these orders should be in place. WCP F said they expected those treatment orders to be in place. The Zinc Oxide treatment had never been discontinued. According to the facility's Pressure Injury Prevention and Management policy last revised on 1/2024 in part read: This facility is committed to the prevention of avoidable pressure injuries, unless clinically unavoidable, and to provide treatment and services to heal the pressure ulcer/injury, prevent infection and the development of additional pressure ulcers/injuries. 4. a. After completing a thorough assessment/evaluation, the interdisciplinary team shall develop a relevant care plan that includes measurable goals for prevention and management of pressure injuries with appropriate interventions. b. Interventions will be based on specific factors identified in the risk assessment, skin assessment, and any pressure injury assessment (e.g., moisture management, impaired mobility, nutritional deficit, staging, wound characteristics). c. Evidence-based interventions for prevention will be implemented for all residents who are assessed at risk or who have a pressure injury present. Basic or routine care interventions could include, but are not limited to: Redistribute pressure (such as repositioning, protecting</p>		

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<p>F 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement a program that monitors antibiotic use.</p> <p>Based on interview and record review the facility failed to accurately record the use of an antibiotics for 1 of 1 resident (R1) on the facility's antibiotic surveillance log resulting in R1's use of antibiotics from 3/26/25 - 5/23/25 not recorded on the facility log and an incorrect facility infection rate for the months April, May, and June of 2025. On 7/17/25 at 10:01 AM the facility's Infection Prevention Control Program was reviewed with Registered Nurse and Infection Preventionist (RN) G. Antibiotic Stewardship was reviewed for R1. According to R1's Electronic Health Record (EHR), R1 admitted to the facility with diagnoses that included Urinary Retention and required a supra-pubic catheter (flexible tube surgically inserted through the lower abdomen into the bladder to drain urine). On 3/18/25 R1 was diagnosed with a UTI (urinary tract infection). A Urologist prescribed the following antibiotic: Macrobid 100 mg (milligrams) twice a day for 7 days and then Macrobid 50 mg once a day for 90 days. A review of R1's Medication Administration Record (MAR) from 3/18/25 through 6/25/25 revealed R1 received the Macrobid as prescribed. A review of the facility's Infection Control Log from 3/26/25 through 6/25/25 did not include R1's use of the Macrobid 50 mg once a day. RN G was queried and said, I overlooked that. No, that resident was not included in the facility's antibiotic surveillance log or in the infection rate. Yes, I should have carried that over for that resident in April, May, and June. The Infection rate is incorrect because of that. According to the facility's Infection Surveillance policy last revised January 2025 reads in part: 9. All resident infections will be tracked. According to the facility's Infection Prevention and Control Program last revised February 2025 reads in part: 6. Antibiotic Stewardship: An Antibiotic Stewardship program will be implemented as part of the overall infection prevention and control program.</p>		

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<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to provide the influenza and pneumococcal immunizations/vaccines for one (R4) of five residents resulting in R4 not receiving these immunizations/vaccines that were consented to in January 2025. On 7/17/2025 at 11:00 AM the facility's Infection Prevention Control Program was reviewed with Registered Nurse and Infection Preventionist (RN) G. Immunizations/vaccines were reviewed for R4. According to R4's Electronic Health Record the resident admitted to the facility on [DATE] with diagnoses that included Alzheimer's disease. On 1/7/2025 the resident and the resident's Legal Guardian (LG) signed consents for the resident to receive the pneumococcal and influenza vaccines. There was no documentation to support the resident received those vaccines. RN G was queried and said, The resident was screened and determined to be eligible for both the pneumococcal and influenza vaccine but did not receive either one of those vaccines. It was missed. They should have received them. I have no excuse. RN G confirmed the facility administers the influenza vaccine between October 1st and March 31st. According to the facility's Influenza Vaccination policy last revised June 2024 reads in part: 2. Influenza vaccinations will be routinely offered annually from October 1st through March 31 st. 7. The completed, signed, and dated record will be filed in the individual's medical record. According to the facility's Pneumococcal Vaccine policy last revised January 2025 reads in part: 1. Each resident will be offered the pneumococcal immunization unless it is medically contraindicated of the resident has already been immunized.</p>		

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<p>F 0887</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Educate residents and staff on COVID-19 vaccination, offer the COVID-19 vaccine to eligible residents and staff after education, and properly document each resident and staff member's vaccination status.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to provide the Covid-19 vaccine for one (R4) of five residents resulting in R4 not receiving the Covid-19 vaccine that was consented to in January 2025. On 7/17/2025 at approximately 11:00 AM the facility's Infection Prevention Control Program was reviewed with Registered Nurse and Infection Preventionist (RN) G. Immunizations/vaccines were reviewed for R4. According to R4's Electronic Health Record, the resident admitted to the facility on [DATE] with diagnoses that included Alzheimer's disease. On 1/7/2025 the resident and the resident's Legal Guardian (LG) signed a consent for the resident to receive the Covid-19 vaccine. There was no documentation to support the resident had received the Covid-19 vaccine. RN G was queried and said, The resident was screened and determined to be eligible for Covid-19 vaccine. It was missed. They should have received the Covid vaccine. I have no excuse. RN G confirmed it was the facility's policy to screen, educate, and provide residents with the covid vaccine upon admission. According to the facility's Covid-19 Vaccination policy last revised in June 2024 in part reads: It is the policy of the facility to minimize the risk of acquiring, transmitting or experiencing complications from COVID-19 (SARS-CoV-2) by educating and offering our residents and staff the Covid-19 vaccine.2. Covid-19 vaccinations currently in use include the updated 2023-2024 formula MRNA COVID-19 vaccine .5. People who are 65 years and older should receive 1 additional dose of any updated COVID-19 vaccine</p>