

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235615	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/12/2025
NAME OF PROVIDER OR SUPPLIER Caretel Inns of Brighton		STREET ADDRESS, CITY, STATE, ZIP CODE 1014 E Grand River Brighton, MI 48116	
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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** This citation pertains to Intake 2660312Based on interview and record review, the facility failed to implement a resident-centered intervention which required a two-person total assist for positioning onto a bedpan for one (R701) of one resident reviewed for falls, resulting in R701 falling to the floor, sustaining a left clavicle (collarbone) fracture, new pain and discomfort to their left upper extremity.Findings include:A concern was filed with the State Agency alleging on 9/18/25 prior to being transferred for their weekly outpatient paracentesis (procedure that involves the removal of fluid from the abdomen) appointment, two family members and two EMT's (Emergency Medical Technician) personnel were waiting outside R701's room while they (R701) were cared for by one Certified Nurse Assistant (CNA) to use the bedpan. While waiting, R701 was heard yelling I am going to fall, then a loud thump was heard and R701 was found lying on the floor.Clinical record review revealed R701 was admitted to the facility on [DATE] for advanced end-stage liver disease with ascites (fluid accumulation in the abdominal cavity) that required weekly outpatient peritoneal paracentesis. R701 had a Brief Interview of Mental Status (BIMS) score of 15/15 which indicated no cognitive impairment.Review of R701's care plan dated 8/23/25 documented R701 had a self-care deficit and had limited mobility. R701 was assessed and required .extensive assist with 2 people for with use of bed pan for toileting.Record review of the EMS (Emergency Medical Service) report dated 9/18/25, documented: . EVENTS LEADING UP TO THE CALL: CREW WAS ORIGINALLY AT THE FACILITY TO TRANSPORT THIS PATIENT TO THE HOSPITAL FOR INTERVENTIONAL RADIOLOGY, HOWEVER THE PATIENT (PT) WAS ON A BEDPAN UPON ARRIVAL, THE NURSING ASSISTANT CAME INTO THE ROOM, AND THE CREW WAITED OUTSIDE OF THE ROOM FOR THE AIDE TO COMPLETE THE REMOVAL OF THE BEDPAN AND CLEAN UP OF THE PATIENT. THE CREW HEARD A LOUD SOUND RESEMBLING A FALL IN THE ROOM AND ENTERED, AND FOUND THE AIDE IN THE BATHROOM, THE PATIENT WAS APPROXIMATELY 10 FEET AWAY, LAYING ON HER LEFT SIDE ON THE FLOOR. THE PT HAD KNOCKED OVER FLOWERS AND A LAMP. PT COMPLAINED OF PAIN TO THE LEFT ARM.PT WAS TRANSPORTED TO HOSPITAL.Record review of the emergency room Radiology Report dated 9/18/25 at 11:33 AM confirmed R701 had sustained a fracture to their left clavicle.Record review of a progress note authored by Physician C on 9/19/25 read R701, .is in some pain associated with the collarbone fracture.On 11/12/25 at approximately 1:00 PM, The Director of Nursing (DON), Nursing Home Administrator (NHA), Assistant Director of Nursing (ADON) B and Nurse A who was assigned to R701 on 9/18/25 were interviewed.Nurse A confirmed they were not in the room at time of incident and only one CNA (hereinafter CNA D) provided care to R701.ADON B commented R701 was care planned for two persons assist so they would have support to their enlarged abdomen due to ascites, not to roll off the alternating air mattress.The DON and NHA stated that CNA D who provided the care to R701was terminated because of the incident and review of the termination statement documented it was determined that the CNA D failed to follow care orders, follow the care plan designed to maintain R701's safety which resulted in a fall with injury.</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: 235615
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