STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235619	A. Building B. Wing	09/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Church of Christ Care Center	23575 15 Mile Rd Clinton Township, MI 48035

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49102 This citation pertains to Intake MI00146997. Based on observation, interview, and record review, the facility failed to protect one resident's (R700) right to be free from physical abuse by staff of one resident reviewed for abuse. Findings include: A review of a Facility Reported Incident (FRI) submitted to the State Agency revealed R700 was the victim of a staff to resident abuse incident. It was alleged that during care of R700, Certified Nurse Aide (CNA) C was observed phycially slapping the resident with two other staff members present. On 9/18/24 at 10:35 AM, R700 was observed sitting up in the dinimg room. R700 could not remember the alleged incident and had no concerns for their safety. A review of R700's clinical record revealed R700 was admitted into the facility on [DATE] with diagnoses of dementia, Adjustment Disorder and Anxiety. A review of a R700's Minimum Data Set (MDS) assessment dated [DATE] revealed R700's Brief Interview of Mental Status (BIMS) assessment score of 3 indicating severely impaired cognition. On 9/18/24, a call was attempted to CNA C to discuss incident and there was no answer and message was left. An interview was held on 9/18/24 at 2:00 PM via phone with CNA A. CNA A confirmed being a witness to the incident saying, I saw the incident. I was orienting with another CNA (CNA B) and CNA C asked for asssistance with the resident. While we were in there caring for resident, CNA C just hauled off and slapped her across her face. I was so suprised. I immediated told the nurse supervisor. I knew this wasn't right. On 9/18/24 at 2:50 PM, an interview occurred with the Director of Nursing (DON) about the incident. The DON stated, Once I received the call about the incident, we reported it to the State Agency, reported it to the police and started our investigation. Unfortunately, it was substantiated and the CNA was terminated. (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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	At 3:00 PM, an interview with the Nursing Home Administrator (NHA) occurred. The NHA stated We did a complete investigation. It is my expectation that all residents will be protected from abuse and neglect. A review of the policy titled. Abuse, Neglect and Misappropriation of Resident Funds or Property revealed Church of Christ Care [NAME] will not tolerate verbal, sexual, physical or mental abuse, involuntary seclusi of and or neglect of its residents or misappropriation of resident funds or property by anyone .Center staff shall report any incident or suspicion of abuse, neglect or misappropriation of property to the administrator immediately or in his/her abscence the director of nursing. During the onsite survey, past noncompliance (PNC) was cited after the facility implemented actions to correct the noncompliance which included: 1. The Administrator reviewed the staffing assignment sheets for the prior month to identify the work location of the involved staff. 2. Resident with a BIMS score of 10 or greater were interviewed by a member of the leadership team by 9/11/24. 3. Residents with a BIMS of 10 or less were provided with a skin and pain assessment by 9/11/24. Measures systemic changes made to ensure that deficient practice will not occur and affect others 1. The administrator /designee re-educated staff on abuse by 9/9/24. 2. The administrator /designee queried facility staff regarding knowledge of any unreported potential abuse events by 9/9/24. How facility monitors its corrective actions to ensure same deficient practice is corrected and will not recur. 1. The Administrator / Designee will perform interview audits review of 10 residents regarding their treatment and sense of safety in the facility weekly x 4 weeks and monthly thereafter until sustained compliance is met and audits are discontinued by QAPI. 2. The Director of Nursing / designee will review 10 skin assessments weekly of residents with BIMS less than 10, weekly X 4 weeks who require 2 person assist, to ensure that ed mobility is completed properly weekly for 4 weeks, and monthly thereafter until sustained compliance is met and audits are discontinued by QAPI. Date of compliance 9/11/24. The facility was able to demonstrate monitoring of the corrective action and maintained compliance.