

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

Printed: 08/27/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235619	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/11/2026
NAME OF PROVIDER OR SUPPLIER Church of Christ Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0602 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from the wrongful use of the resident's belongings or money. This citation pertains to Intake: 3030980 Based on interview and record review, the facility failed to prevent misappropriation of property for one resident (R901) of three residents reviewed for misappropriation. Findings include: A review of a complaint submitted to the State Agency (SA) revealed (R901's) money (\$60.00) was reported missing (On 5/14/26) from their possession after receiving from trust fund on 5/11/26. Upon investigation identified Housekeeper A had entered into R901's room on three separate occasions outside of their job duties. On 6/11/26 at 9:57 AM, an interview was completed with R901 who reported they obtain \$60.00 monthly from the resident trust fund and allocates the money to family members to run errands on their behalf. The resident confirmed they obtained their \$60.00 for the month of May, placed it inside a pouch, and placed it on their overbed table. Upon waking up one morning they discovered the money was missing. R901 explained they do not know who took the money but explained they did not leave their room after receiving the money and getting up in their wheelchair is too uncomfortable, saying they did not give the money to anyone. R901 said they spoke to the Nursing Home Administrator (NHA) about the missing money, as well as the local police. A review of R901's medical record revealed they were admitted into the facility on 7/25/25 with diagnoses which included Chronic Kidney Disease, Diabetes, and Obesity. Further review revealed the resident was cognitively intact and required extensive assistance for some activities of daily living. On 6/11/26 at 11:48 AM, it was confirmed through the Nursing Home Administrator (NHA) R901 did not have any visitors between 5/11/26 and 5/14/26. On 6/11/26 at 11:36 AM, an attempt to interview Housekeeper A was unsuccessful as they disconnected the call once the surveyor identified themselves. On 6/11/26 at 1:35pm, an interview was completed with the NHA regarding their investigation into the missing money. They explained during the initial interview conducted with Housekeeper A; they explained walking past R901's room when the resident requested for them to get the assigned staff for the day to report stolen money. The NHA explained after the interview, they reviewed camera footage and observed Housekeeper A entering R901's room on three separate occasions prior to their scheduled shift, and when confronted about those occasions provided different contradictory reasons as to why they had entered the room, none being related to the duties of the job. A review of documentation submitted to the SA, Housekeeper A was terminated on 5/19/26 for the following, Failure to cooperate with an active investigation and willful disobedience of management directives/insubordination. Regarding the outcome of the facility's investigation, they noted it as inconclusive, and noted, .It is possible that [R901] may still have the money, or that [they] gave the money to a relative, or misplaced it. A review of the facility's, Abuse, Neglect and Exploitation policy revealed the following, Policy: It is the policy of this facility to provide protections for the health, welfare and rights of each resident by developing and implementing written policies and procedures that prohibit and prevent abuse, neglect, exploitation and misappropriation of resident property . Misappropriation of Resident Property means the deliberate misplacement, exploitation, or wrongful, temporary or permanent, use of a resident's belongings or money without the resident's consent .		

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
--	-------	-----------