

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

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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 07/09/2026
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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to report an allegation of abuse to the state agency for one resident (R901) of three reviewed for verbal abuse. Findings include: This citation pertains to Intake 3068069. On 07/02/26 in a complaint received by the state agency stated: On 7/1/26 (R901) asked staff to be changed (cleaned up) while they were simultaneously on the phone with their friend (F1). F1 overheard a staff member verbally abusing (R901) allegedly saying they (the alleged staff member) wished (R901) was dead, a burden to staff, no one wants to care for them and not worth the air they breathe. A review of the state's Facility Reported Incidents (FRI) for Long Term Care (LTC) reporting system revealed no facility reported FRI that R901 had reported anything related these allegations. On 07/09/26 at 9:17 AM and 2:24 PM, R901 reported two occasions of verbal abuse by facility staff saying the verbal exchanges were hurtful and subsequently becoming quieter and tearful. On 07/09/26 at 10:52 AM, F1 confirmed the details of the reported allegations and said they had been reported to R901's Responsible Party. On 07/09/26 at 12:10 PM, the Responsible Party for R901 reported F1 had informed them of the verbal abuse allegations, who then on 7/1/26 informed the facility Administrator and Director of Nursing (DON). On 07/09/26 at 3:12 PM, the Administrator and DON were asked about the incident and why the allegations had not been reported to the state agency. The Administrator reported the allegations had not been reported because their investigation did not substantiate the allegations. A review of an investigation report confirmed facility's knowledge of the allegations on 07/01/26 at approximately 1:30 PM. A review of the electronic medical record for R901 revealed the resident was admitted into the facility on [DATE] and readmitted [DATE]. R901's diagnoses included Depression, Anxiety Disorder, and bipolar disorder. The Minimum Data Set (MDS) assessment dated [DATE] documented intact cognition with a 15/15 Brief Interview for Mental Status (BIMS) score, no rejection of care, limited range of motion in the upper and lower extremities and the need for substantial/maximal assistance for toileting and bathing and dependence on staff for lower body dressing and transfers. A review of the facility policy titled, Abuse, Neglect and Exploitation date Implemented: 01/30/2023, revealed, 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. Reporting/Response: A. The facility will have written procedures that include: 1. Reporting of all alleged violations to the Administrator, state agency, adult protective services and to all other required agencies (e.g., law enforcement when applicable) within specified timeframes: a. Immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or b. Not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury.		

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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