STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235634	A. Building B. Wing	04/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Fox Run Village	41215 Fox Run Road Novi, MI 48377

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview, and record review the facility failed to maintain best practices in the food service area resulting in the potential to spread foodborne illness to all residents that consume food from the kitchen. Findings Include:On 04/28/2026 at 9:15 AM during the kitchen tour with Dietary Manager (DM) I and Dietary Services Director (DSD) J observed in the walk-in cooler: two clear deep covered plastic containers of facility made tomato soup. The soup in each container was approximately 6 deep and was labeled as being prepared on 4/27. The temperature of the soup measured at the top of the product was in the range of 45 F-49 F. During this observation, when DM I was queried about the cooling of this product, it was confirmed that it had been cooked and cooled on the previous day more than 6 hours prior. DM I said cooling records are typically kept in the production logs binder referred to as the Red Book, but no monitoring records were logged for this item. Cooling practices described by DSD J were to use an ice wand for stirring product while cooling. DM I indicated the product would be discarded since it had not met cooling parameters and that staff would be re-trained on cooling methods and facility policies.On 04/29/2026 record review of facility policy Cooling Potentially Hazardous Foods dated 10/2025 states: Utilizing a comprehensive cooling log is vital in monitoring a product as it progresses through the cooling cycle. Proper food cooling procedures will be followed and documented in the Red Book. The procedures identify appropriate cooling methods, monitoring, documentation and corrective actions. According to the 2022 FDA Food Code section 3-501.14 Cooling. (A) Cooked TIME/TEMPERATURE CONTROL FOR SAFETY FOOD shall be cooled: (1) Within 2 hours from 57 C (135 F) to 21 C (70 F); and (2) Within a total of 6 hours from 57 C (135 F) to 5 C (41 F) or less.According to the 2022 FDA Food Code section 3-501.15 Cooling Methods. (A) Cooling shall be accomplished in accordance with the time and temperature criteria specified under S 3-501.14 by using one or more of the following methods based on the type of FOOD being cooled: (1) Placing the FOOD in shallow pans; (2) Separating the FOOD into smaller or thinner portions; (3)Using rapid cooling EQUIPMENT; (4) Stirring the FOOD in a container placed in an ice water bath; (5) Using containers that facilitate heat transfer; (6) Adding ice as an ingredient; or (7) Other effective methods. (B) When placed in cooling or cold holding EQUIPMENT, FOOD containers in which FOOD is being cooled shall be: (1) Arranged in the EQUIPMENT to provide maximum heat transfer through the container walls; and (2) Loosely covered, or uncovered if protected from overhead contamination as specified under Subparagraph 3-305.11(A)(2), during the cooling period to facilitate heat transfer from the surface of the FOOD.On 04/28/2026 at 9:20 AM observed small flying insects (drain flies) near clean equipment storage and around the floor drain near the dishwashing area in the main kitchen. When queried during this observation, DM I and DSD J also observed and said they are working with their pest control operator (PCO) and also working to keep this floor area clean and use a drain cleaning product. On 04/28/2026 at 9:45 AM observed small flying insects (drain flies) near the steam table and beverage area in the 2nd floor pantry serving kitchen. Also observed approximately 1/4 of standing water and some food debris in the floor drain insert located in the floor drain near the corner of the steam table. Also observed red sticky substance on the bag-in-box syrup stored on the shelf in the beverage area. On 04/29/2026 at 9:25 AM interview with Maintenance (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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Supervisor (MS) K regarding pest control and any drain management concerns, MS K indicated that dietary staff is responsible for cleaning and maintenance of drains and floor areas in the kitchens. MS K was aware of the presence of small flying insects and confirmed weekly visits from the contracted pest control operator. On 04/29/2026 record review of PCO service record dated 4/27/26 indicated observations from the 4/20/26 visit: RC Kitchen debris present and recommendation to customer: clean and sanitize area. Pest type: (not specified)On 04/29/2026 record review of facility policy Integrated Pest Management dated 3/17/2025 included the following procedures: The community is responsible for . following up on situations noted by the Pro. Also, repairing any leaks and eliminating standing water wherever possible. Work orders must be submitted for repairs. The community is responsible for reviewing sanitation practices and reducing clutter. Sanitation includes areas such as kitchen cleaning and maintenance, waste disposal procedures, and elimination of clutter.According to the 2022 FDA Food Code section 6-501.111 Controlling Pests. The PREMISES shall be maintained free of insects, rodents, and other pests. The presence of insects, rodents, and other pests shall be controlled to eliminate their presence on the PREMISES by: (A)Routinely inspecting incoming shipments of FOOD and supplies; (B)Routinely inspecting the PREMISES for evidence of pests; (C)Using methods, if pests are found, such as trapping devices or other means of pest control .; and (D)Eliminating harborage conditions.

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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 facility staff failed to report an allegation of sexual assault to the Administrator/Abuse Coordinator and State Agency for one (R7) out of two residents reviewed for abuse. Findings include:A review of R7's clinical record revealed the resident was last admitted to the facility on [DATE] with diagnoses that included: subdural hematoma, repeated falls and Parkinsons. A review of the Minimum Data Set (4/13/26) noted the resident had a Brief Interview for Mental Status of 13/15 (cognitively intact cognition).Continued review of R7's clinical record revealed the following:4/26/26: Nursing Note: .I was sexually assaulted by girls last night. (Authored by Nurse D)4/27/26: Physician Note: .On the 23rd reported wandering trying to leave the facility.later in the day he reported that some of the female aides helping him last night was messing with him. He said there were 3-4 of them and he was tied down and unable to defend himself as they were overpowering him.Seen today up in a wheelchair.later at night reported that a few female aides were messing with him. He was unable to defend himself. (Authored by Medical Director E)On 4/28/26 at approximately 11:22 AM, a request was made for any Incident/Accident (IA) and/or grievances for R7. Documents provided did not include any details pertaining to R7's allegation of sexual assault.On 4/28/26 at approximately 3:17 PM, a phone interview was conducted with Nurse D. Nurse D was asked about the allegation reported by R7. Nurse D noted that R7 was in the hall and not acting himself and reported the allegation of sexual assault by the Certified Nursing Assistants (CNAs). Nurse D was asked if the allegation was reported to the Abuse Coordinator/Administrator and they replied that they only reported it to the Social Worker and the Charge Nurse.On 4/28/26 at approximately 3:52 PM, an interview was conducted with the Abuse Coordinator/Administrator. The Administer was asked if they reported and/or investigated R7's allegation of sexual abuse to the State Agency. They reported that they were not aware of the allegation and as such did not report it to the State Agency.The facility's policy titled, Abuse Reporting & Investigation (5/2021) was reviewed and noted, in part: .(facility) is committed to providing an environment where resident's rights are protected and residents remain free from abuse.To this end (facility) has adopted a standard of ZERO TOLERANCE of each incidents.and will assure that all allegations of abuse.are reported as required by federal, state and local laws and investigated promptly.Allegations involving abuse.are reported immediately, but not later than two hours after the allegation is made.to the administrator of the facility and to other officials (including the State Survey Agency).Although a resident may have cognitive impairment (mild or severe) allegations of abuse received from these residents should be taken seriously.If the abuse allegation is not substantiated, but a failure to follow appropriate policies and procedures occurred, staff should be counseled as indicated.If an allegation of sexual abuse is made: Immediately contact the appropriate law enforcement officials and the residents attending physician.

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. Based on interview and record review, the facility failed to prevent an avoidable fall for one resident, (R36) of three residents reviewed for accidents, resulting in a fall requiring a transfer to the emergency room. Findings include: On 4/27/26 at 11:59 AM, an interview was conducted with R36's family member and they reported R36 had a fall from their bed during incontinence care because there was only one nurse aide present rendering care and R36 was supposed to have the care provided by two staff members. They further reported the fall from the bed required a transfer to the emergency room. On 4/27/26 at 2:04 PM, a review of R36's progress notes revealed a note dated 12/22/25 at 11:43 PM entered into the record by Nurse 'F' that read, Writer was called by staff saying resident just fell out of bed. When I went to resident's room saw {sic} resident laying on the floor on her back by the window side, the bed is on {sic} a waist height position .unable to assess her arms legs due to stiffness and contracted extremities, staffs {sic} got her off the floor with the use of (mechanical) lift and 3 person assist. Dr. on-call notified and ordered to send res. (resident) out to hospital for further evaluation . On 4/28/26 at 1:26 PM, a review of a facility provided document titled, RESIDENT INCIDENT REPORT FORM dated 12/22/25 and signed by Unit Manager 'H' was conducted and read, .Conclusions of the investigation: While the CA (nurse aide) was providing peri care {sic} she turned the resident on her side and resident rolled out of bed .Steps take to Prevent Recurrence (Actions): Staff member educated on following the holistic care plan as written .Continue to use 2 person assistance for transfers per plan of care . On 4/28/26 at 2:55 PM, an interview was conducted with Nurse 'F'. Nurse 'F' indicated CNA (Certified Nurse Aide) 'G' was performing care for R36 without the assistance of a second staff member and when CNA 'G' rolled R36, they fell out of the bed. Nurse 'F' further said they transferred R36 to the emergency room after the fall. Nurse 'F' was asked if R36 required two staff members for bed mobility and said they did because they were difficult to reposition due to contractures. A review of a facility provided policy titled, Fall Management Version Date: 4/2023 was reviewed and read, Policy: To minimize and/or decrease the risk of fall through an interdisciplinary review of guest/resident and to develop individualized care/service plan approaches . On 4/28/26 at 3:10 PM, an interview was conducted with Unit Manager 'H' regarding R36's fall. They were asked about the root cause of the fall and said R36 was a two-person assist and when CNA 'G' provided care without the assistance of a second staff member, R36 rolled out of bed.