STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235669	A. Building B. Wing	04/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Maple Manor Rehab Center of Novi Inc	31215 Novi 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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. This citation pertains to intake# 2788480 Based on observation, interview and record review, the facility failed to maintain a clean and homelike environment for two residents (R57 and R65) of five residents reviewed for environmental concerns, as well as the residents that utilized the central shower room, resulting in unclean floors and shower/resident rooms in disrepair. Findings include: On 04/27/2026 at approximately 10:33 a.m., R57 was observed in their room, laying in the bed. R57's floor was observed to have old food debris covering it. R57 was queried regarding their floor, and they reported that housekeeping was not doing a good job of moping the floor. At that time, R57's Baseboard by their hand sink was observed to be peeling away from the wall along with the corner drywall strips. On 04/27/2026 at approximately 11:08 a.m., R65 was observed in their room, up in their wheelchair. R65's floor was observed to be sticky with darkened dirt spots covering it. On 4/29/2026 at approximately 10:40 a.m., R57 was observed in their room, laying in their bed. R57's baseboard was still observed to be peeling away from the drywall. R57's drywall was reviewed with the Maintenance Director F (MD F). MD F indicated they were unaware of the need to repair R57's walls and that they would have to start on the repair. On 04/27/2026 at 10:25 AM on a building tour with Director of Maintenance (DM) F and Maintenance Technician (MT) S the following was observed in the central spa areas: blue shower mats worn/cracked and no longer smooth and cleanable in the 2nd floor north and 1st floor north shower rooms light bulb burned out in the 1st floor north showering area at the showering area perimeter at the floor/wall juncture caulk is missing and this area is soiled with black mold-like substance in the 2nd floor north and 1st floor north shower rooms a disinfectant unit/cart containing bleach product was stored next to the sink in the 2nd floor south shower room several bottles of personal care items (soaps and shampoos) stored on the sinks in all spa rooms At this time, these observations were also noted by DM F and MT S, and they indicated these items would be addressed. The disinfectant unit was relocated, and they would let an administrator know about shower mats needing replaced. (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235669	A. Building B. Wing	04/29/2026

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	A record review of Routine Cleaning and Disinfection policy dated January 2026 found that these guidelines do not address cleaning and disinfection of the central spa areas. A record review of Safe and Homelike Environment policy dated January 2026 found the following compliance guidelines:Housekeeping and maintenance services will be provided as necessary to maintain a sanitary, orderly and comfortable environment.The facility will provide and maintain adequate and comfortable lighting levels in all areas.Report any furniture in disrepair to maintenance promptly.