

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235715	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/15/2026
NAME OF PROVIDER OR SUPPLIER Wellbridge of Fenton		STREET ADDRESS, CITY, STATE, ZIP CODE 901 Pine Creek Drive Fenton, MI 48430	
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)		
<p>F 0710</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Obtain a doctor's order to admit a resident and ensure the resident is under a doctor's care.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** This Citation Pertains to Intake Number #2660972. Based on interview and record review, the facility failed to ensure two residents (Resident #69 and Resident #94) of 20 residents reviewed for physician services, had timely physician assessments and notes to ensure continuity of care and treatment for facial wounds after a resident-to-resident altercation, resulting in the potential for lack of care to promote prevention and treatment of facial wounds. Findings Include: Resident #69: On 1/12/2026 at 10:43 AM, Resident #69 was observed sitting in a wheelchair in his room watching TV. He said he was hit by another resident (#94) and stated, I went down to the cafe to get a drink, and he (another resident) took umbrage to that. I was next in line, and he was being a jerk; he was in line and then he wheeled away. I went to the counter and put my order in, and he came back and said you cut in front of me. I told him I wasn't waiting anymore; he started to back away and then slugged me right in the face. I told the head nurse, and they told him to go sit down. I'm not going to be hit in the face by someone who shouldn't touch me and that is when I hit him; then I told the head nurse. There was blood coming out of my nose and lips. A Policeman came in to talk to us. I haven't had any trouble since then. Resident #69 said the other resident did not live on his hall now, but they were on the same hall previously. A record review of a Facility Reported Incident/FRI indicated Resident #69 and Resident #94 had a physical altercation near the facility cafe while standing in line on 10/18/2025 at approximately 7:00 AM. The FRI investigation said Resident #94 became upset with Resident #69, they had words with each other and Resident #94 hit Resident #69 in the face with his fist. The incident was not observed by staff, but the details were relayed by each resident to the facility. A staff member (Nurse W) encountered the residents immediately after it occurred and they were separated and assessed for injuries by the nurse. The Administrator was notified, and the police were called. On 10/18/2025 at 10:24 AM, Officer X arrived at the facility and conducted an interview with the facility and Residents #69 and #94. The incident was determined to be non-aggravated assault, and no charges were filed. The officer identified that each resident sustained injuries from the altercation. Pictures of each residents' injuries were in the FRI investigation chart. Resident #69 had multiple small scratches on his nose; his nose was very red and appeared swollen. Resident #94 had a red laceration on his cheek. A record review of the Face sheet and Minimum Data Set/MDS assessment indicated Resident #69 was admitted to the facility on [DATE] with diagnoses: Alzheimer's dementia, diabetes, depression, kidney failure, hypertension, gout, GERD, and history of falls. The MDS assessment dated [DATE] revealed the resident had full cognition with a Brief Interview for Mental Status/BIMS score of 15/15 and the resident needed some assistance with care. A review of the progress notes for Resident #69 identified the following: 10/18/2025 at 7:32 AM, a Skilled Charting note by Nurse W, This writer was notified of that guest gotten (spelling) involved in an altercation with another guest in the dining room over a line. Upon assessment, the guest was noted to have scratches to his nose and to the face.</p> <p>(continued on next page)</p>		

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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 235715
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