

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235716	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/12/2025
NAME OF PROVIDER OR SUPPLIER Wellbridge of Rochester Hills		STREET ADDRESS, CITY, STATE, ZIP CODE 252 Meadowfield Drive Rochester Hills, MI 48307	

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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48680</p> <p>This Citation pertains to intake MI00148469</p> <p>Based on [observations/interviews/record review], the facility failed to protect the resident ' s (R402) right to be free from mental and physical abuse by staff (CNA B). Findings include:</p> <p>On 11/27/24 a complaint was submitted to the State Agency for alleged verbal and physical abuse to R402.</p> <p>On 2/12/25 at 9:42 AM, Family Member (FM) A was interviewed. FM A was asked about the alleged abuse that R402 had gone through. FM A reported that on 11/27/24 at around 5:30 AM, a Certified Nursing Assistant (CNA) B had hit R402 on the hand and degraded a demented resident when they called R404 Grumpy several times. FM A reported that the night before 11/26/24 they placed a camera in the room because there was suspicion of abuse.</p> <p>A review of the video camera footage revealed that CNA B entered R402's room told R402 Happy Birthday and proceeded to change and get them dressed for the day. CNA B started a brief change on R402 when CNA B was observed shoving R402's hand away and began calling R402 Grumpy. Throughout the video CNA B called R402 Grumpy and said Happy Birthday Grumpy. As the video continued R402 was pulling away from CNA B and CNA B made an intimidating gesture towards R402.</p> <p>A record review revealed that R402 was admitted to the facility on [DATE] with a medical diagnosis of dementia, major depressive disorder, and anxiety disorder and received hospice services. R402's Minimum data set (MDS) revealed R402's Brief Interview For Mental Status Score (BIMs) of three, indicating severe cognitive impairment.</p> <p>On 2/12/25 at 11:57 AM, an interview with the Administrator was conducted. The Administrator was asked what the outcome of the investigation for R402 was. The Administrator reported that cameras are not a part of corporate policy but we did educate CNA B on how to talk to individuals, on the company policy for abuse, peri care and, quality of care. The Administrator was asked if they were able to see the video footage and if so what were their thoughts on how the CNA interacted with R402. The Administrator reported that they did see the video footage and that was why CNA B was reeducated.</p> <p>There was no additional information provided by exit of the survey.</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
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