

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

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235730	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/29/2026
NAME OF PROVIDER OR SUPPLIER Northville Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 520 W Main St Northville, MI 48167	
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 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure the resident and/or legal representative formulated an Advance Directive to grant and/or withhold life sustaining treatment (Cardiopulmonary Resuscitation/CPR, Artificial Nutrition/Peg Tube, Artificial Hydration/ IV, and Diagnostic Testing) according to their wishes upon for two residents (6 and 25) of five residents reviewed for advance directives, potentially resulting in inaccurate life sustaining or life withholding medical treatment. Findings include: R25-On [DATE] at 10:48 p.m. R25 was observed resting in bed. R25 presented as alert and oriented to person and place only with difficulty with hearing. R25 became confused while attempting to answer interview questions. R25 was unable to complete the initial interview. On [DATE] at 2:07 p.m. review of the clinical electronic medical record documented R25 was initially admitted into the facility on [DATE] with diagnosis that included epilepsy, dementia, major depressive disorder and chronic kidney disease. According to the annual Minimum Data Set (MDS) assessment dated [DATE], R25 was severely cognitively impaired (BIMS-6) and required total assistance from staff with activities of daily living. Review of the Resident Code Status form dated [DATE] documented a Do-Not-Resuscitate (DNR) code status that was signed by the healthcare legal decision maker. Review of the physician order dated [DATE] documented: DNR- Do Not Resuscitate. Review of face sheet documented R25 had a Durable Power of Attorney (DPOA-A power of attorney is a legal document that allows someone else to handle your legal, medical, or financial affairs). Review of the DPOA document in the electronic medical record was for finances, not medical. On [DATE] at 1:08 p.m. the facility submitted R25's DPOA document for finances due to a Medical DPOA being not available. Review of the care plans revealed the absence of a DNR care plan. Review of the social service and care conference progress notes revealed no discussion with the legal representative (for finances) requesting legal documents to make medical decisions. On [DATE] at 11:56 a.m. Social Service Tech (SST) A was interviewed about the facility's process for ensuring advance directives were properly formulated. SST A said a Medical DPOA had not been requested and the DPOA for finances should not have signed an order for DNR. SST A also said R25's level of decision making had not been confirmed. R6-On [DATE] at 11:19 a.m. R6 observed resting in bed and presented as alert and oriented to person and place. R6 said they were not feeling well today but could not verbalize the reason. R25's voice low and with some incoherent speech. R25 did not understand what an advance was exhibited by shrugging shoulders. Review of the EMR documented R25 was initially admitted into the facility on [DATE] with diagnosis that included chronic obstructive pulmonary disease, generalized anxiety, schizophrenia disorder, and dementia. According to the quarterly MDS assessment dated [DATE] R25 had moderate impaired cognition and required partial assistance with activities of daily living. Review of the face sheet revealed R25 had a court appointed (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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	legal guardian. Review of the Resident Profile page in the EMR documented a Full Code status for an advance directive. There was no evidence that an advance directive was formulated with the legal guardian and placed in the EMR. There was no evidence a code status was established by the legal guardian. There was no evidence of an advance directive being addressed in Social Service progress notes. On [DATE] at 10:54 a.m. R6's advance directive was requested and had not been provided by the end of the survey. On [DATE] at 11:51 a.m. Social Service Tech (SST) A was interviewed about the facility's process to ensure advance directives were properly formulated. The SST said the advance directive had not been uploaded to the electronic medical record due to not being able to reach the legal guardian. Contact with legal guardian had been made via email and fax. SST A said there was no documentation that contact was made. There have been no attempts to contact since February 2026. On [DATE] at 2:30 p.m. the Nursing Home Administrator (NHA) was interviewed and said they had to work with the Social Service Department to ensure all residents have the correct advanced directives. Review of the facility's policy titled Residents Rights Regarding Treatment and Advance Directives revised date [DATE] documented in part the following: It is the policy of this facility to support and facilitate a resident's right to request, refuse and/or discontinue medical or surgical treatment and to formulate an advance directive. On admission, the facility will determine if the resident has executed an advance directive, and if not, determine whether the resident would like to formulate an advance directive. The facility will provide the resident or resident representative with information, in a manner that is easy to understand, about the right to refuse medical or surgical treatment and formulate an advanced directive. Upon admission, should the residents have an advanced directive, copies will be made and placed on the chart as well as available to the staff in the EMR.		

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F 0912 Level of Harm - Potential for minimal harm Residents Affected - Some	Provide rooms that are at least 80 square feet per resident in multiple rooms and 100 square feet for single resident rooms. Based on observation, interview, and record review the facility failed to provide at least 80 square feet per resident in multiple resident bedrooms, affecting seven (2, 7, 10, 11, 12, 14, 15) of 15 resident rooms. Findings include: On 05/28/26 at 9:15 AM, observation of resident rooms and record review of the facility documentation revealed the following: Room # Sq./Ft # # of Beds current # residents in room 2 283 4 27 218 3 110 225 3 311 215 3 312 154 2 114 144 2 215 144 2 2 Observations and interviews with various residents revealed no specific complaints and no specific health/safety concerns.		