

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 504011	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 2/26/2025
--	---	--	--

NAME OF PROVIDER OR SUPPLIER SHOREPOINTE NURSING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 26001 EAST JEFFERSON AVENUE SAINT CLAIR SHORES, MI 48081
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F0000 SS=	INITIAL COMMENTS Shorepointe Nursing Center was surveyed for an Abbreviated survey on 2/26/25. Intakes: MI00150544, MI00150491, MI00150356, and MI00149943 Census=186	F0000		
F0602 SS= D	Free from Misappropriation/Exploitation §483.12 The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. This REQUIREMENT is not met as evidenced by: This citation pertains to Intake: MI00150544. Based on interview, and record review, the facility failed to prevent staff misappropriation of resident funds (linking a gambling app and making withdrawals without resident consent from a joint bank account), for one sampled resident (R901) of four reviewed for abuse, resulting in an unauthorized withdrawal totaling \$18,368.14. Findings include: A review of a facility reported incident (FRI) submitted 2/13/25 to the State Agency revealed, "It was alleged the facility staff misappropriated resident funds." On 2/25/25 at 10:00 AM, R901 explained back in October (2024) they wanted to open a bank	F0602	Element 1: Cited Residents Resident R901 no longer resides in the center. The facility failed to prevent staff misappropriation of resident funds. The facility initiated immediate suspension and investigation of employee. Element 2: Like Residents Residents residing in the facility have the potential to be impacted by the identified practice. The facility completed an initial baseline audit to ensure residents funds are protected. Element 3: Education Staff will be educated on resident rights with a focus on misappropriation and the abuse policy. Element 4: Audits Administrator or designee will complete random audits on 10 residents a week for 4 weeks to ensure residents are free from misappropriation/exploitation. Administrator or designee will complete random audits on 5 employees a week for 3 weeks to ensure staff have knowledge and understanding of the abuse policy. Element 5: Compliance The facility Administrator will be responsible for assuring substantial compliance is attained through this plan of correction by 3/21/2025 and for sustained compliance thereafter.	3/21/2025

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

03/13/2025

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 504011	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 2/26/2025
NAME OF PROVIDER OR SUPPLIER SHOREPOINTE NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 26001 EAST JEFFERSON AVENUE SAINT CLAIR SHORES, MI 48081		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
	<p>account to deposit their check from social security. They had asked their family to assist but they were taking too long. R901 said they had shared they're frustration to Staff "A", and the staff member suggested they (the resident) try to open an account over the phone at Staff "A's" bank. R901 expressed they did not think this would work because it was over the phone, and they only had a picture of their ID on their phone. R901 reported the bank allowed the account to be opened with R901 as primary and Staff "A" as secondary.</p> <p>R901 explained things were going ok until they started to have transactions declined when they tried to use the account. R901 expressed they didn't understand why the transactions were getting declined because they knew they had money in the account. R901 stated they communicated this to Staff "A", and they (the staff member) would say they will add money to the account. R901 explained this continued to happen and decided to look at the account online for the first time since opening the account in October (2024). Once they signed up for the online access, they noticed Staff "A" had a gambling/betting app (application) linked and other unauthorized withdrawals were made from the account. R901 wanted to remove Staff "A" from the account but was unable to over the phone. R901 reported their family member took them to the bank on 2/13/25 at which point bank account was closed and the printed transaction of the account revealed an unauthorized amount total of \$18,364.14 was withdrawn from the account by Staff "A".</p> <p>R901 reported they canceled the old account and opened a new account. A family member called the police to file a report in which the police met them (the resident and family member) back at the facility. R901 stated, "I started crying about it. It had not clicked until then." R901 explained,</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 504011	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 2/26/2025
NAME OF PROVIDER OR SUPPLIER SHOREPOINTE NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 26001 EAST JEFFERSON AVENUE SAINT CLAIR SHORES, MI 48081	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	<p>after the police interview, they were instructed to call 911 if Staff "A" approached them. The police indicated they would notify the administration staff that Staff "A" is to not have any contact with them (R901).</p> <p>R901 reported the next morning (2/14/25), Staff "A" came to they're room and was "in their face", very close and said aggressively, "I got fired". R901 stated, "I told her to back up. Police said to call 911, I wanted to, but it was over there, (pointing to nightstand which was out of reach)." Staff "A" also said, "Don't make me lose it". R901 continued telling Staff "A" to back up. R901 expressed they were "scared" and was trying to figure out how they were going to defend themselves. R901 said Staff "A" eventually left.</p> <p>After Staff "A" left they called the resident 10 times back-to-back. R901 shared a voice mail message dated 2/14/25 at 7:04 AM, "Call me ASAP (as soon as possible)", at 7:11 AM, "You need to talk to me now." and 7:31 AM "Answer your phone. The least you can do is talk to me that's what you can do, and you don't even have the respect to do that. Shame on you, [R901] shame on you."</p> <p>R901 expressed they were fearful of retaliation because of this situation, and they will be transferred to another facility. R901 explained they were scared Staff "A's" sons and or husband my come to the facility and make it to their room and possibly harm them. R901 was asked the impact this incident has had on them. R901 expressed the missing money means they can't pay bills, they can't afford physical therapy they want, and they may not have money to leave after they pass away to their family. R901 stated, "I can't go into it, because it will mess with my head."</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 504011	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 2/26/2025
NAME OF PROVIDER OR SUPPLIER SHOREPOINTE NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 26001 EAST JEFFERSON AVENUE SAINT CLAIR SHORES, MI 48081	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	<p>A review of R901's medical record noted, R901 was admitted to the facility on 08/05/24 with diagnosis of Malignant Neoplasm of Unspecified site of left Breast. A review of R901's quarterly Minimum Data Set (MDS) assessment dated 2/11/25 revealed. R901 with an intact cognition and dependent of staff for activities of daily living.</p> <p>On 2/25/26 at 11:55 AM, Staff "A" was asked about the bank account with R901. Staff "A" explained they became friends with R901 when they were a housekeeper. Staff "A" told me they couldn't get a bank account, and I suggested R901 to try and open one over the phone. Staff "A" stated, "I deposited the checks" for R901. Staff "A" was asked if they used the money for their own personal use. Staff "A" explained, they did use the account for a gambling/betting app to play games but put the money back. Staff "A" was asked when they found out they were suspended and explained on Thursday night (2/13/25), R901 told them they couldn't talk to them anymore. Staff "A" further explained they came into work the next day Friday (2/14/25) at 7:00 AM when Nursing Supervisor (Nurse) "B" told them they couldn't be in the building because they were suspended. Staff "A" confirmed, "Before I left, I went to [R901's] room and asked [R901] if I needed a lawyer."</p> <p>On 2/25/25 at 11:36 AM, a Family Member ("FM") for R901 was asked about the incident. The "FM" confirmed the account was opened on 10/15/25, and closed 4 months later, on 2/13/25. The "FM" said they reviewed the transactions print out and once they saw the amount of money taken, they called the police on 2/13/25. The "FM" reported Staff "A" called R901 a lot and left voice mails and text messages, with foul language.</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 504011	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 2/26/2025
NAME OF PROVIDER OR SUPPLIER SHOREPOINTE NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 26001 EAST JEFFERSON AVENUE SAINT CLAIR SHORES, MI 48081	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	<p>On 2/26/25 at 8:53 AM, the Nursing Home Administrator (NHA) was asked about the incident and explained they became aware of the bank account incident on 2/13/25 when the police came into the facility. The NHA said they called Staff "A" on 2/13/25 and left a voice message telling her she was suspended pending investigation. Staff "A" came in Friday (2/14/25) morning because she said alleged she didn't get the message. The NHA explained they received a call from Nurse "B" asking what they should do because Staff "A" was in the building. The NHA said, they directed Nurse "B" to instruct Staff "A" to leave the building.</p> <p>On 2/26/25 at 9:33 AM, the Social Worker (SW "D") reported on February 12, 2025, they were told R901 was going to the bank to remove a friend from their bank account, because there were small amounts of money missing. SW "D" explained they informed the NHA that day. SW "D" reported on February 14, (2025) after around 9:30 AM, R901 told them the friend was Staff "A".</p> <p>A review the facility's statement interview revealed, Staff "A" via phone. "Please Explain your situation with [R901] and the bank account starting from the beginning. "I had gotten to know [R901] a bit and [R901] was trying to cash [R901's] checks but couldn't because [R901] daughter had [R901's] ID. I said I could maybe see if my bank (local bank) would allow [R901] to open one. Since [R901] had a photo ID [R901] was able to open one with my name on the account. I didn't want my name on the account but they said I had to be. The account was opened and [R901] deposited 1 check into the account and then started paying bills \$1000 to medical bills, \$1500 to sister and \$500 to [R901's] uncle. [R901's] daughter for a debit care and [R901] for one." Did you ever make any transactions through [R901's] account? "Yes. I would buy [R901] food</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 504011	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 2/26/2025
NAME OF PROVIDER OR SUPPLIER SHOREPOINTE NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 26001 EAST JEFFERSON AVENUE SAINT CLAIR SHORES, MI 48081	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	<p>and things periodically." Did you know about any [online gambling app] transactions? "Yes, a little while ago I realized my account had been linked to [R901's] and not mine so I had transferred \$3000.00 in December and \$1700.00 to pay [R901] back. I also transferred more at various amounts \$80, \$40, \$20. [R901] would always text me crying about not having funds in the account so I would transfer money to [R901's] account for [R901]. I also transferred \$300 at Christmas time because [R901] was crying about not being able to buy for [R901's] grandchildren. I have the texts!" Can you sent those to me? "Yes." At this time in the interview, [Staff "A"] began talking in circles, repeating the reimbursements over and over again. She kept saying that family wasn't taking care of [R901] so she was. She said she had transferred enough money to cover what was taken out "Whatever I spent, I gave back." [Staff "A"] I understand that you reimbursed and transferred money to [R901's] money to [R901] but I am still missing a piece of the puzzle. \$18,000 were taken out, \$14,000 was towards [the online gambling app]. I didn't spend all that, I paid [R901] back around \$6,000.00 that I took out. I bought [R901] things. I transferred [R901] money when [R901] asked. I tried to get off the account a couple of months ago but they wouldn't let me." How did [R901] information get on your [online gambling app] account? "I punched it in myself. I have my debit card to my account and the debit card to [R901's] account and I got them mixed up. I though I changed the information but I guess it didn't go through." But what about the \$14,000? " I don't know what to tell you it wasn't me. I kept track of what was spent and I paid it all back. The statements will show how much I took." The statements show around \$14,000.00 from [the online gambling app]. How did you track it? We went through it together." So you knew [R901's] account had been linked to [the online gambling app]? "Yes but I paid back what I took. [R901's] account is closed as of</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 504011	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 2/26/2025
NAME OF PROVIDER OR SUPPLIER SHOREPOINTE NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 26001 EAST JEFFERSON AVENUE SAINT CLAIR SHORES, MI 48081		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
	<p>yesterday." I am not trying to accuse you. I am trying to find out what happened to the additional \$8000.00 to 10,000.00 withdrawn by [the online gambling app]. "I don't know what to tell you it wasn't me..." Interview conducted 2/14/25 around 12:30 PM in the Administrators Office... present for phone interview... signed 2/14/25."</p> <p>A review of the facility's investigation interviews revealed, " ...The account was set up and [R901] was able to have a couple large SSI deposits into the account and [R901] started paying off bills. [R901] had not thought of anything of it, but started to notice funds were not being available when [R901] would go to use it. [R901] would ask [Staff "A"] for money. About 2 weeks ago, [R901] had no cash again so [R901] wanted to create an online profile so [R901] could see the activity and transactions on the account. That is when [R901] saw all the gambling transactions. [R901] said that [Staff "A"] said "I told you I do online gambling." [R901] told her to put the money back and [Staff "A"] said "I do." [R901] called the bank Wednesday (2/12/25) to see if [R901] could have [Staff "A"] removed from the account if [R901] went there with [R901's] daughter and the bank said yes. [R901] and [R901's] daughter went to the bank on 2/13/25 and the bank would not allow [R901] to take [Staff "A"] off the account but they did allow [R901] to close the account. They proceeded with that and had the account closed. They also had the bank print out the history of transactions back to the opening of the account in October 2024. The daughter took the large stack and reviewed with the police. Total amount taken was \$18,368.14. The daughter stated it was around \$14,030 towards gambling and the resident were purchases at places like [local pharmacy], gas stations, etc. The daughter said she put back \$6,193.59, which \$570 was from [Staff "A"], the rest was from gambling winnings. The Police arrived last night (2/13/25) with [R901's]</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 504011	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 2/26/2025
NAME OF PROVIDER OR SUPPLIER SHOREPOINTE NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 26001 EAST JEFFERSON AVENUE SAINT CLAIR SHORES, MI 48081	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F0607	<p>daughter. They said to call 911 if she (Staff "A") comes in to the facility. This morning (2/14/25), [Staff "A"] got in (the facility) somehow and got in [R901's] face saying "Do I need to get a lawyer? Your daughters did this to me." She told [R901] that she was the reason she was fired from her job and that she wasn't going to help anymore ever again." She left the room at that point [R901] said [R901] has been texting and calling [R901] ever since last night and the Cops said not to block her number right now. Interview conducted 2/14/15 around 10 am in the residents room. Administrator, Assistant Admin, Resident, and Daughters (one on phone) present for interview." Signed and Dated 2/14/25 by the resident, witness and interviewer.</p> <p>Review of the facility policy titled, "Abuse" dated 5/24/23 documented, "Residents have the right to be free from abuse, neglect, exploitation, mistreatment, and misappropriation of resident property. This includes, but is not limited to, freedom from corporal punishment, involuntary seclusion, and any physical or chemical restraint that is not required to treat the patient/resident ' s medical symptoms...Prevention consists of facility systems designed to detect, identify, correct, and prevent the occurrence of abuse. The facility utilizes the Quality Assurance and Performance Improvement Plan (QAPI) process to review care practices, trends, and patient outcomes in order to maintain continued performance improvement...Identifying, correcting, and intervening in situations in which abuse, neglect, exploitation, and/or misappropriation of resident property is more likely to occur in accordance with the facility ' s Quality Assurance and Performance Improvement Plan (QAPI)."</p>	F0607	Element 1: Cited Residents R901 no longer resides in the facility. The	3/21/2025
	Develop/Implement Abuse/Neglect Policies §483.12(b) The facility must develop and			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 504011	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 2/26/2025
NAME OF PROVIDER OR SUPPLIER SHOREPOINTE NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 26001 EAST JEFFERSON AVENUE SAINT CLAIR SHORES, MI 48081		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
SS= G	<p>implement written policies and procedures that: §483.12(b)(1) Prohibit and prevent abuse, neglect, and exploitation of residents and misappropriation of resident property, §483.12(b)(2) Establish policies and procedures to investigate any such allegations, and §483.12(b)(3) Include training as required at paragraph §483.95, §483.12(b)(4) Establish coordination with the QAPI program required under §483.75. §483.12(b)(5) Ensure reporting of crimes occurring in federally-funded long-term care facilities in accordance with section 1150B of the Act. The policies and procedures must include but are not limited to the following elements. §483.12(b)(5)(ii) Posting a conspicuous notice of employee rights, as defined at section 1150B(d)(3) of the Act. §483.12(b)(5)(iii) Prohibiting and preventing retaliation, as defined at section 1150B(d)(1) and (2) of the Act.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>This citation pertains to Intake: MI00150544.</p> <p>Based on interview, and record review, the facility failed to protect one resident (R901) during an abuse investigation out of four residents reviewed for abuse resulting in fear of retaliation and feeling scared. Findings include:</p> <p>A review of a facility reported incident (FRI) submitted 2/13/25 to the State Agency revealed, "It was alleged the facility staff misappropriated resident funds."</p> <p>On 2/25/25 at 10:00 AM, R901 explained back in October (2024) they wanted to open a bank account to deposit their check from social security. They had asked their family to assist but</p>		<p>facility failed to protect one resident during an abuse investigation resulting in fear of retaliation and feeling scared.</p> <p>Element 2: Like Residents Residents who reside in the facility have the potential to be impacted by the identified practice. The facility completed an initial baseline audit to ensure that residents feel protected in the facility.</p> <p>Element 3: Education Staff will be educated on the facility abuse policy and process to ensure that residents are protected and free from abuse.</p> <p>Element 4: Audits Administrator or designee will complete 10 random audits x4 weeks to ensure that residents feel safe in this facility has no fear of retaliation.</p> <p>Element 5: Compliance The facility Administrator will be responsible for assuring substantial compliance is attained through this plan of correction by 3/21/2025 and for sustained compliance thereafter.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 504011	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 2/26/2025
NAME OF PROVIDER OR SUPPLIER SHOREPOINTE NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 26001 EAST JEFFERSON AVENUE SAINT CLAIR SHORES, MI 48081	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	<p>they were taking too long. R901 said they had shared they're frustration to Staff "A", and the staff member suggested they (the resident) try to open an account over the phone at Staff "A's" bank. R901 expressed they did not think this would work because it was over the phone, and they only had a picture of their ID on their phone. R901 reported the bank allowed the account to be opened with R901 as primary and Staff "A" as secondary.</p> <p>R901 explained things were going ok until they started to have transactions declined when they tried to use the account. R901 expressed they didn't understand why the transactions were getting declined because they knew they had money in the account. R901 stated they communicated this to Staff "A", and they (the staff member) would say they will add money to the account. R901 explained this continued to happen and decided to look at the account online for the first time since opening the account in October (2024). Once they signed up for the online access, they noticed Staff "A" had a gambling/betting app (application) linked and other unauthorized withdrawals were made from the account. R901 wanted to remove Staff "A" from the account but was unable to over the phone. R901 reported their family member took them to the bank on 2/13/25 at which point bank account was closed and the printed transaction of the account revealed an unauthorized amount total of \$18,364.14 was withdrawn from the account by Staff "A".</p> <p>R901 reported they canceled the old account and opened a new account. A family member called the police to file a report in which the police met them (the resident and family member) back at the facility. R901 stated, "I started crying about it. It had not clicked until then." R901 explained, after the police interview, they were instructed to call 911 if Staff "A" approached them. The police</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 504011	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 2/26/2025
NAME OF PROVIDER OR SUPPLIER SHOREPOINTE NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 26001 EAST JEFFERSON AVENUE SAINT CLAIR SHORES, MI 48081	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	<p>indicated they would notify the administration staff that Staff "A" is to not have any contact with them (R901).</p> <p>R901 reported the next morning (2/14/25), Staff "A" came to they're room and was "in their face", very close and said aggressively, "I got fired". R901 stated, "I told her to back up. Police said to call 911, I wanted to, but it was over there, (pointing to nightstand which was out of reach)." Staff "A" also said, "Don't make me lose it". R901 continued telling Staff "A" to back up. R901 expressed they were "scared" and was trying to figure out how they were going to defend themselves. R901 said Staff "A" eventually left.</p> <p>After Staff "A" left they called the resident 10 times back-to-back. R901 shared a voice mail message dated 2/14/25 at 7:04 AM, "Call me ASAP (as soon as possible)", at 7:11 AM, "You need to talk to me now." and 7:31 AM "Answer your phone. The least you can do is talk to me that's what you can do, and you don't even have the respect to do that. Shame on you, [R901] shame on you."</p> <p>R901 expressed they were fearful of retaliation because of this situation, and they will be transferred to another facility. R901 explained they were scared Staff "A's" sons and or husband my come to the facility and make it to their room and possibly harm them. R901 was asked the impact this incident has had on them. R901 expressed the missing money means they can't pay bills, they can't afford physical therapy they want, and they may not have money to leave after they pass away to their family. R901 stated, "I can't go into it, because it will mess with my head."</p> <p>A review of R901's medical record noted, R901</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 504011	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 2/26/2025
NAME OF PROVIDER OR SUPPLIER SHOREPOINTE NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 26001 EAST JEFFERSON AVENUE SAINT CLAIR SHORES, MI 48081	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	<p>was admitted to the facility on 08/05/24 with diagnosis of Malignant Neoplasm of Unspecified site of left Breast. A review of R901's quarterly Minimum Data Set (MDS) assessment dated 2/11/25 revealed. R901 with an intact cognition and dependent of staff for activities of daily living.</p> <p>On 2/25/26 at 11:55 AM, Staff "A" was asked about the bank account with R901. Staff "A" explained they became friends with R901 when they were a housekeeper. Staff "A" told me they couldn't get a bank account, and I suggested R901 to try and open one over the phone. Staff "A" stated, "I deposited the checks" for R901. Staff "A" was asked if they used the money for their own personal use. Staff "A" explained, they did use the account for a gambling/betting app to play games but put the money back. Staff "A" was asked when they found out they were suspended and explained on Thursday night (2/13/25), R901 told them they couldn't talk to them anymore. Staff "A" further explained they came into work the next day Friday (2/14/25) at 7:00 AM when Nursing Supervisor (Nurse) "B" told them they couldn't be in the building because they were suspended. Staff "A" confirmed, "Before I left, I went to [R901's] room and asked [R901] if I needed a lawyer."</p> <p>On 2/25/25 at 11:36 AM, a Family Member ("FM") for R901 was asked about the incident. The "FM" confirmed the account was opened on 10/15/25, and closed 4 months later, on 2/13/25. The "FM" said they reviewed the transactions print out and once they saw the amount of money taken, they called the police on 2/13/25. The "FM" reported Staff "A" called R901 a lot and left voice mails and text messages, with foul language.</p> <p>On 2/26/25 at 8:53 AM, the Nursing Home</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 504011	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 2/26/2025
NAME OF PROVIDER OR SUPPLIER SHOREPOINTE NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 26001 EAST JEFFERSON AVENUE SAINT CLAIR SHORES, MI 48081	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	<p>Administrator (NHA) was asked about the incident and explained they became aware of the bank account incident on 2/13/25 when the police came into the facility. The NHA said they called Staff "A" on 2/13/25 and left a voice message telling her she was suspended pending investigation. Staff "A" came in Friday (2/14/25) morning because she said alleged she didn't get the message. The NHA explained they received a call from Nurse "B" asking what they should do because Staff "A" was in the building. The NHA said, they directed Nurse "B" to instruct Staff "A" to leave the building.</p> <p>On 2/26/25 at 9:33 AM, the Social Worker (SW "D") reported on February 12, 2025, they were told R901 was going to the bank to remove a friend from their bank account, because there were small amounts of money missing. SW "D" explained they informed the NHA that day. SW "D" reported on February 14, (2025) after around 9:30 AM, R901 told them the friend was Staff "A".</p> <p>On 2/26/25 at 2:31 PM, during an interview, Nurse "B" stated, "I saw her (Staff "A") at the bistro (located on the first floor) and told her that she had to leave, because she was suspended." Nurse "B" further explained they called the NHA and the NHA instructed them to tell Staff "A" to leave and Staff "A" acted like they didn't know why they had to leave. Nurse "B" explained Staff "A" wanted to speak with Dietary Manager (DM "C") as they were coming into the building. Nurse "B" explained they "left" Staff "A" with DM "C" and that was the last time they saw her, until they were told that, Staff "A" was in R901's room (located on the third floor of the facility).</p> <p>On 2/26/25 at 1:42 PM, NHA reported the management staff were told Staff "A" was suspended on 2/13/25. The NHA was asked the</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 504011	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 2/26/2025
NAME OF PROVIDER OR SUPPLIER SHOREPOINTE NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 26001 EAST JEFFERSON AVENUE SAINT CLAIR SHORES, MI 48081	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	<p>procedure in protecting a resident when an investigation is ongoing, and when staff are directed to leave the facility. The NHA, explained they typical walk them to door or it has been done over the phone. The NHA was asked how Staff "A" was able to make it to R901's room, after they were suspended and instructed to leave the facility. The NHA explained they were not sure and it should not have happened.</p> <p>A review of the facility's investigation interviews revealed, " ...The account was set up and [R901] was able to have a couple large SSI (Social Security Income) deposits into the account and [R901] started paying off bills. [R901] had not thought of anything of it, but started to notice funds were not being available when [R901] would go to use it. [R901] would ask [Staff "A"] for money. About 2 weeks ago, [R901] had no cash again so [R901] wanted to create an online profile so [R901] could see the activity and transactions on the account. That is when [R901] saw all the gambling transactions. [R901] said that [Staff "A"] said "I told you I do online gambling." [R901] told her to put the money back and [Staff "A"] said "I do." [R901] called the bank back on Wednesday (2/12/25) to see if [R901] could have [Staff "A"] removed from the account if [R901] went there with [R901's] daughter and the bank said yes. [R901] and [R901's] daughter went to the bank on 2/13/25 and the bank would not allow [R901] to take [Staff "A"] off the account but they did allow [R901] to close the account. They proceeded with that and had the account closed. They also had the bank print out the history of transactions back to the opening of the account in October 2024. The daughter took the large stack and reviewed with the police. Total amount taken was \$18,368.14. The daughter stated it was around \$14,030 towards gambling and the resident were purchases at places like [local pharmacy], gas stations, etc. The daughter said she put back</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 504011	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 2/26/2025
NAME OF PROVIDER OR SUPPLIER SHOREPOINTE NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 26001 EAST JEFFERSON AVENUE SAINT CLAIR SHORES, MI 48081	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	<p>\$6,193.59, which \$570 was from [Staff "A"], the rest was from gambling winnings. The Police arrived last night (2/13/25) with [R901's] daughter. They said to call 911 if she (Staff "A") comes in to the facility. This morning (2/14/25), [Staff "A"] got in (the facility) somehow and got in [R901's] face saying "Do I need to get a lawyer? Your daughters did this to me." She told [R901] that she was the reason she was fired from her job and that she wasn't going to help anymore ever again." She left the room at that point [R901] said [R901] has been texting and calling [R901] ever since last night and the cops said not to block her number right now. Interview conducted 2/14/15 around 10 am in the residents room.</p> <p>Administrator, Assistant Admin, Resident, and Daughters (one on phone) present for interview." Signed and Dated 2/14/25 by the resident, witness and interviewer.</p> <p>Review of the facility's policy titled, "Abuse" dated 5/24/23 documented, "...Abuse against residents can be perpetrated by various people within the facility. The facility supports and protects patients, family members, and staff from harm during an investigation of alleged abuse including retribution and retaliation. Protective actions depend upon the people involved. Any allegation of abuse must be immediately reported to the supervisor and the Abuse Prevention Coordinator. The Administrator initiates investigating any allegation of abuse against a patient. The facility will make efforts to ensure all residents are protected from physical and psychosocial harm during and after the investigation. Examples include but are not limited to:</p> <ul style="list-style-type: none"> · Immediately removing the resident from contact with the alleged abuser. · Evaluation of the physical and psychosocial 			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 504011	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 2/26/2025
NAME OF PROVIDER OR SUPPLIER SHOREPOINTE NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 26001 EAST JEFFERSON AVENUE SAINT CLAIR SHORES, MI 48081		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
	<p>condition of the resident and providing emotional support to the patient during and after the investigation as needed.</p> <ul style="list-style-type: none"> · Providing a safe and secure environment for all patients · If a staff member is the alleged perpetrator, that staff member should be immediately removed from the facility and the schedule pending the outcome of the investigation." 				