STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	634026	A. BUILDING _____ B. WING _____	6/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SKLD WEST BLOOMFIELD	6950 FARMINGTON RD WEST BLOOMFIELD, MI 48322

(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 SKLD West Bloomfield was surveyed for an Abbreviated survey on 6/17/25. Intakes: MI00153039, MI00153243, MI00153266, MI00153326, MI00153330, MI00153348, MI00153658. Census=86	F0000		
F0609 SS= D	Reporting of Alleged Violations §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures. §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.	F0609	Element 1- The facility identified resident #803 and they no longer reside at the facility. The administrator during this survey is no longer employed at the center effective 6/19/2025. Element II- The facility identified that all residents residing at the center could be affected by the deficient practice. The facility interviewed all patients who can be interviewed (BIMS>11), to ensure that any potential abuse allegations have been reported. There were no findings to report. Element III- The new facility administrator reviewed and understands the reporting requirements of the abuse policy. The facility educated the transitional care staff on proper abuse reporting methods to promote timely abuse reporting. Element IV- The facility administrator/designee will conduct 3 random interviews, weekly, times four weeks to ensure that all abuse allegations have been identified and reported. The results from those interviews will be submitted to the QAPI committee for review and recommendation. Element V- The administrator is responsible for achieving and maintaining compliance. The compliance date is 7/15/25.	7/15/2025

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		07/07/2025

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.

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	This REQUIREMENT is not met as evidenced by: This citation pertains to intakes MI00153326, MI00153330, MI00153348. Based on interview and record review, the facility failed to ensure an allegation of physical abuse was reported to the State Agency for one resident (R803) of two residents reviewed for abuse. Findings include: A review of multiple complaints received by the State Agency alleged R803 was assaulted by a staff member. Review of the clinical record revealed R803 was initially admitted into the facility on 1/9/25, readmitted on 5/28/25, and discharged to the hospital on 6/6/25. As of this review, R803 did not return to the facility. Diagnoses included: fracture of unspecified part of right clavicle (5/28/25), generalized anxiety disorder, dysthymic disorder, unspecified dementia, unspecified severity, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety. According to the Minimum Data Set (MDS) assessment dated 5/31/25, R803 had a Brief Interview for Mental Status (BIMS) score of "00" which indicated severe cognitive impairment, and was dependent upon staff			

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	for most aspects of care. On 6/17/25 at 9:42 AM, the facility was requested to provide any grievances and incident reports including the facility's documentation of any investigations for R803 since 5/1/25. Review of the facility documentation for R803 included an email thread from the facility's Transitional Care Liaison (Staff 'F') to multiple facility staff including the Administrator, Director of Nursing (DON) and Corporate Staff 'D' which read: "...I wanted to bring this to everyone's attention. She [R803] is alleging assault on staff at [Facility] and CM (Case Manager at hospital) has contacted APS (Adult Protective Services). Her son does not want her returning to us per attending's note as he is not satisfied with care. CM note is attached as well, and it does state that son reports his mother's story is inconsistent and keeps changing and our SW (Social Worker) was working him <sic> to find new placement..." The included note from the hospital CM dated 5/25/25 at 8:24 AM read: "...CM consulted due to abuse concerns. Patient resides at [Facility Name]. Patient presented to the ER (Emergency room) by EMS (Emergency Medical Staff) following a 'fall from her wheelchair'. Patient claims that she was pushed from her wheelchair by staff			

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	at the facility. CM contacted patients son, [Name Redacted]. He reports that the patient's story is very inconsistent and keeps changing...He is aware that CM will place a report to APS for further investigation based on the claims patient is making-he is agreeable and appreciative..." On 6/17/25 at 10:25 AM, an interview was conducted with the Administrator in the presence of Corporate Staff 'D'. At that time, the above email notification and note from the hospital CM of R803's abuse allegation was reviewed and when asked to explain why that allegation wasn't reported to the State Agency, the Administrator reported "We discussed that and felt it didn't happen". When asked what the facility's policy stated to do for any abuse allegations, the Administrator reported if it's abuse allegation, it should be reported, it was not reported. According to the facility's policy titled, "Abuse and Neglect" dated "Updated 03/24/2023": "...Reporting/Response...All allegations and/or suspicions of abuse must be reported to the Administrator immediately...All allegations of abuse will be reported to the appropriate State Agencies immediately after the initial allegation is received..."			