STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	634021	A. BUILDING _____ B. WING _____	12/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EVERGREEN HEALTH AND REHABILITATION CENTER	19933 WEST THIRTEEN MILE ROAD SOUTHFIELD, MI 48076

(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 Evergreen Health and Rehabilitation Center was surveyed for an Abbreviated survey on 12/10/24. Intakes: MI00148791, MI00148497, MI00148260, MI00147674, MI00147187 Census=149	F0000		
F0600 SS= D	Free from Abuse and Neglect §483.12 Freedom from Abuse, Neglect, and Exploitation 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. §483.12(a) The facility must- §483.12(a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion; This REQUIREMENT is not met as evidenced by: This citation pertains to Intake Number MI00147674. Based on interviews and record review, the facility failed to protect the resident's right to be free from physical abuse by a resident for one (R803) of four residents reviewed for abuse, resulting in R804 pushing R803 out of their wheelchair. Findings include: A review of a Facility Reported Incident (FRI) submitted to the State Agency (SA) revealed an allegation that R804 "pushed" R803's wheelchair	F0600	It is the practice of the facility to protect the resident's right to be free from physical abuse. Residents 803 and 804 continue to reside in the facility, no injuries to either resident have occurred because of this incident. Residents 803 and 804 reside in separate rooms at the facility. Resident 803 and Resident 804 have been evaluated by social services and remain at baseline with no other concerns voiced. There has been no other interaction/altercation between resident 803 and resident 804. Dietary staff C has been educated on checking residents□ rooms prior to assisting residents to their rooms. Element 2 Residents that currently reside on Anna's Place have the potential to be affected by this cited practice. Those residents were reassessed for the appropriate rooms placement to avoid potential altercation/abuse between residents. All rooms on Anna□s Place have residents□ identification to prevent accidental placement of residents in the wrong room. Element 3 The Interdisciplinary Team reviewed the Facility□s Policy on Abuse and deemed it appropriate. Current staff have been educated on this policy with emphasis on ensuring that no residents will be placed in the wrong room/ situation to avoid potential altercation/abuse	12/30/2024

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 12/23/2024

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	634021	A. BUILDING _____ B. WING _____	12/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EVERGREEN HEALTH AND REHABILITATION CENTER	19933 WEST THIRTEEN MILE ROAD SOUTHFIELD, MI 48076

(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
	and R803 fell. On 12/10/24 at 12:40 PM, an interview was conducted with R803. R803 reported he used to be in another room and has had many roommates. R803 was difficult to understand, but said something about not trying to bother anyone. When queried about whether there had been any physical altercations with other residents, R803 reported there was, but did not give additional details and reported his memory was not good. On 12/10/24 at approximately 12:50 PM, R804 was observed seated at the table in the dining room for lunch. A review of R803's clinical record revealed R803 was admitted into the facility on 1/5/23 and readmitted on 9/13/24 with a diagnoses of Alzheimer's Disease with hallucinations. A review of a Minimum Data Set (MDS) assessment revealed R803 had moderately impaired cognition and no behaviors. A review of R803's progress notes revealed the following: A "Nursing-Progress Note" dated 10/15/24 and written by Licensed Practical Nurse (LPN) 'B', noted, "Writer was alerted to (R804's room) after hearing screaming. Upon entering room, (R804) was standing near doorway irate and yelling towards (R803). (R804) stated he pushed (R803) and suggested (R803) was trying to take items. (R803) was on the L (left) side of (R804's) bed, on the floor sitting upright directly parallel to his wheelchair behind him. (R803) stated he was pushed when questioned by writer. (R803) is currently housed in (another room number). Occurrence happened in (R804's room number), where (R803) was previously housed. (R803) states slender black male rolled him into (R804's		between residents. New staff will be educated on the abuse policy upon hire to the facility. Element 4 The Administrator/Designee will audit five residents from each nursing unit weekly for 4 weeks, and then monthly for 3 months to ensure there is no abuse/altercation between residents. Any deficient practice will be corrected/updated immediately. The results will also be taken to the Quality Assurance and performance review meeting. The Administrator is responsible for compliance.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	634021	A. BUILDING _____ B. WING _____	12/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EVERGREEN HEALTH AND REHABILITATION CENTER	19933 WEST THIRTEEN MILE ROAD SOUTHFIELD, MI 48076

(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
	room number) and he thought it was his room. He was looking through the drawers when (R804) entered became upset and pushed him onto the floor from his w/c (wheelchair)..." A "Social Work " progress note dated 10/21/24 noted, "...Resident stated he was taken to a room by mistake. The occupant of room became angry, shook my wheelchair and I fell out per resident. Resident stated he was spouting profanities at him. Resident also stated he feels he is being stalked by this resident because he keeps walking back and forth all day, I feel he's menacing per resident. Resident also stated the man yelled I don't like people touching my stuff. Per resident, when I see him coming, I look the other way..." A "Physician Note" dated 11/4/24 noted an altercation with R803's roommate and the roommate hit his left hand on 9/4/24 and the altercation on 10/15/24 when R803 was "found in his old room...pushed on the floor and kicked in his back by other resident after going through his things..." A review of R804's clinical record revealed R804 was admitted on 5/16/24 and readmitted on 10/9/24 with diagnoses that included: Metabolic encephalopathy. A review of a MDS assessment dated 8/22/24 revealed R804 had severely impaired cognition. A review of R804's progress notes revealed the following: A "Nursing-Progress Note" dated 9/5/24 noted, "(R804) pushed roommate (determined to be R803) due to roommate touching his belongings... (R804) encouraged to notify staff for further concerns without touching roommate..." A "Nursing -Progress Note" dated 9/30/24 noted,			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	634021	A. BUILDING _____ B. WING _____	12/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EVERGREEN HEALTH AND REHABILITATION CENTER	19933 WEST THIRTEEN MILE ROAD SOUTHFIELD, MI 48076

(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
	"Resident was visibly upset this morning and refused all medication. I tried to talk to the resident, and he cursed at me...Resident began to pace quickly/aggressively up and down the hall...I saw (R803) in the hallway sitting in his wheelchair. (R804) was pacing angrily and pushed the wheelchair of (R803) and telling him to get out of his way and accusing him of trying to trip him. I did not witness (R803) try and trip (R804)..." On 10/4/24, R804 asked staff if he could get a weapon to protect himself "from a guy". On 10/7/24, R804 was sent to the hospital. There was no documentation in R804's record regarding the incident that occurred with R803 on 10/15/24. A "Social Work" progress note dated 10/21/24 noted, "...Resident remembered that a person was in his room going through his stuff which upset him. Per resident, I grabbed his w/c to take him out of my room and he fell onto the bed not the floor. Per resident, I did use profanity. SW (Social work) explained resident was taken by mistake to his room and that's why he was there..." On 12/10/24 at 12:28 PM, an interview was conducted with LPN 'B' regarding the incident between R803 and R804 on 10/15/24. LPN 'B' reported they returned to the unit from break, redirected a female resident away from R804's doorway and went to the medication cart. LPN 'B' reported R804 had the curtain closed and therefore they were unaware R803 was in R804's room at that time. When LPN 'B' was at the medication cart, they heard R804 yelling so they ran back to the room and R803 was on the floor near his wheelchair and next to R804's bed. Upon			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	634021	A. BUILDING _____ B. WING _____	12/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EVERGREEN HEALTH AND REHABILITATION CENTER	19933 WEST THIRTEEN MILE ROAD SOUTHFIELD, MI 48076

(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
	entrance to R804's room, LPN 'B' reported R804 was walking toward the door and yelling. R804 reported he pushed R803. When queried about how R803 got into R804's room, LPN 'B' reported there were "only rumors" that another staff member brought R803 into R804's room. LPN 'B' confirmed R803 previously resided in R804's room as his roommate and stated, "(R804) is just aggressive, in general". A review of an investigation conducted by the facility revealed the following: A handwritten note by the Assistant Director of Nursing (ADON)/Inservice Director, Registered Nurse (RN) 'A'. that read, "On 10/22/24, (RN 'A') had conversation with (Dietary Staff 'C') from kitchen. (Dietary Staff 'C') reported that on 10/15/24 he did assist (R803) to (R804's room)..." A summary of the facility's investigation that documented, "Per interview with (R804's roommate), shortly before 5 pm 'young skinny male' assisted (R803) to (R804's) side of the room. On 12/10/24 at 1:30 PM, a phone interview was attempted with Dietary Staff 'C' who was no longer employed at the facility. Dietary Staff 'C' was not available for interview prior to the end of the survey. On 12/10/24 at 1:32 PM, an interview was conducted with RN 'A'. When queried about the education provided to Dietary Staff 'C', RN 'A' reported initially Dietary Staff 'C' denied that he brought R803 into R804's room, but RN 'A' talked to him again to try to figure out what happened. RN 'A' explained Dietary Staff 'C' was able to point out the resident (R803) but did not know his name and told RN 'A', R803 was in the doorway of R804's room, R803's wheelchair			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	634021	A. BUILDING _____ B. WING _____	12/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EVERGREEN HEALTH AND REHABILITATION CENTER	19933 WEST THIRTEEN MILE ROAD SOUTHFIELD, MI 48076

(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
	wheels were locked up. Dietary Staff 'C' was trying to be helpful, unlocked the wheels and R803 proceeded into R804's room, but Dietary Staff 'C' did not know that was not R803's room. RN 'A' provided education to ask the nursing staff when not sure of a resident's room. A review of a facility policy titled, "Abuse", updated on 5/24/23, revealed, in part, the following, "Residents have the right to be free from abuse..."			
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. This REQUIREMENT is not met as	F0609	It is the practice of the facility to report allegations of neglect to the Administrator/Abuse Coordinator and to the State Agency (SA). The allegation that R806 was observed covered in dry feces and Nurse F and the Director of Nursing (DON) indicated that incontinence care was not needed has been reported to the State Agency (SA). Allegation of neglect was reported to Administrator/Abuse Coordinator and to the State Agency (SA) for Resident 806. Unit Manager D has been notified of the allegation. Nurse □F and DON have been interviewed regarding the allegation and deny the allegation occurred. Both Nurse F and Director of Nursing (DON) received education on Facility□s Abuse Policy to ensure allegations of neglect/abuse are reported to Administrator/Abuse Coordinator and State Agency immediately but not later than two hours after allegation is made. Element 2 All Residents have the potential to be affected by this cited practice. Current residents have been assessed to ensure any allegations of Neglect has been reported to the Administrator/Abuse Coordinator and to the State Agency. No other deficient practice has been identified. Element 3	12/30/2024

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	634021	A. BUILDING _____ B. WING _____	12/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EVERGREEN HEALTH AND REHABILITATION CENTER	19933 WEST THIRTEEN MILE ROAD SOUTHFIELD, MI 48076

(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
	evidenced by: This citation pertains to Intake # MI000148791 Based on interview and record review the facility failed to report allegations of neglect to the Administrator/Abuse Coordinator and to the State Agency (SA) for one (R806) out of four residents reviewed for Abuse/Neglect. Findings include: A complaint was filed with the SA that alleged that on 12/5/24, R806 was observed covered in dry feces over an extended part of their body. The complainant noted that the allegation had been reported to Nurse "F" and the Director of Nursing (DON) on 12/5/24. The complainant noted that both the Nurse "F" and the DON indicated that incontinence care was not needed as the resident was dying and it was okay to leave them covered with hardened feces. The Complainant further reported that Unit Manager (UM) "D", a family member of R806 was never informed on the incident until after the resident was discharged. A review of R806's clinical record revealed the resident was initially admitted to the facility on 11/1/24 with diagnoses that included: spontaneous bacterial peritonitis, cirrhosis of the liver and malnutrition. The resident was discharged from the facility to home on 12/6/24. Review of the resident's Minimum Data Set (MDS) noted the resident had a Brief Interview for Mental Status (BIMS) score of 14/15 (cognitively intact cognition). Continued review of R806's clinical record revealed: Care Plan: "Focus: Risk for Pressure Injury ...Incontinent of bowel and bladder ....Interventions: prevent skin care post		The Interdisciplinary Team reviewed the Facility□s Policy on Abuse and deemed it appropriate. Current staff have been educated on this policy with emphasis on ensuring to report allegations of neglect to the Administrator/Abuse Coordinator and to the State Agency (SA). Element 4 The Administrator/Designee will audit five residents from each nursing unit weekly for 4 weeks, and then monthly for 3 months to ensure that any allegations of Neglect has been reported has been reported to the Administrator/Abuse Coordinator and to the State Agency. Any deficient practice will be corrected/updated immediately. The results will also be taken to the Quality Assurance and performance review meeting. The Administrator is responsible for compliance.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	634021	A. BUILDING _____ B. WING _____	12/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EVERGREEN HEALTH AND REHABILITATION CENTER	19933 WEST THIRTEEN MILE ROAD SOUTHFIELD, MI 48076

(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
	incontinence care daily/prn ...". *There was no documentation in the resident care plan that documented they refused incontinence care. On 12/10/24 at approximately 1:23 PM, an interview was conducted with Unit Manager (UM) "D". UM "D" was queried as to the allegation that R806 was left in dried feces and staff members told CNA (certified nursing assistant) 'E" not to worry about it as the resident was dying. UM "D" reported that they heard that had happened on Saturday (12/7/24) and had a discussion with the DON. UM "D" noted that R806 had discharge home on 12/6/24 with Hospice and had passed away at home. On 12/10/24 at approximately 1:30 PM, an interview was conducted with Nurse "F". Nurse "F" identified themselves as a Registered Nurse (RN) and had been employed by the facility for a year. When asked if they recalled CNA "E" reporting that that R806 was left covered in feces, Nurse "F" noted that they were not familiar with R806. Further, they had never been assigned to work with the resident. They noted they had never had a conversation with CNA "E", never responded that the resident should be left alone as they were "dying" and further never had a conversation with the DON. On 12/10/24 at approximately 2:00 PM, an interview was conducted with the DON. The DON was queried as to the facility's protocol when allegations of abuse/neglect are observed by a CNA. The DON noted that all allegations of abuse/neglect should be reported to their supervisor and/or to her as the DON and/or the Administrator. When asked if they were made aware of any neglect concerns pertaining to R806, the DON noted that they believe someone had mentioned an incident where the resident was left soiled, however they were not aware of anyone			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	634021	A. BUILDING _____ B. WING _____	12/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EVERGREEN HEALTH AND REHABILITATION CENTER	19933 WEST THIRTEEN MILE ROAD SOUTHFIELD, MI 48076

(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
	stating that the resident should not be cared for as they were dying. The DON was asked if they remembered who reported the concern and the date and time. The DON could not recall the name of the person who reported the concern. The DON was asked if they discussed any concerns pertaining to R806 with UM 'D". The DON reported that they did not. The DON did note that towards the end of their stay at the facility, R806 refused care and was combative at times when being changed. The DON was asked to provide any documentation that noted the resident refused to be cleaned following a bowel movement. *It should be noted that no documentation was provided prior to the end of the Survey. Further, no documentation reviewed in R806's clinical record noted the resident's refusal of incontinent care. On 12/10/24 at approximately, 2:10 PM, an interview was conducted with the Administrator/Abuse coordinator. The Administrator was asked if they had received any indication that R806 had been lying in dried feces and that nursing staff indicated that the resident did not need to be changed as they were dying. The Administrator reported that they did not receive any allegations of abuse by any staff on 12/5/24. The Administrator reported that today they received notice from the DON that the resident may have been left in feces but refused care. On 12/10/24 at approximately 2:50 PM, the DON reported that they believe the staff person who noted the resident was left sold was most likely CNA "E". Again, they were not able to recall the date/time they reported the allegation. The DON noted that they had written up the CNA on two occasions and believed they were upset and might have alleged that R806 was neglected. *It should be noted that that prior to the interview, Human Resource (HR) staff provided staff personnel			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	634021	A. BUILDING _____ B. WING _____	**12/10/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EVERGREEN HEALTH AND REHABILITATION CENTER	**19933 WEST THIRTEEN MILE ROAD SOUTHFIELD, MI 48076**

(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
	records for four employees, including CNA "E", there was no indication in CNA "E"'s personnel record that they had received any disciplinary actions. HR "G" was able to confirm that all disciplinary actions should be in the staff's record. On 12/10/24 at approximately 4:15 PM, the DON presented a typed document, not dated that documented, in part: "Investigation report re: R806 ...On 12/5/24 at around 4:30 PM CENA (*No name was noted) reported to writer that R806 was found in bed covered in dry feces ...Per interview with CENA (hereinafter CNA "H") who was assigned to R806 7 AM to 3 PM ....At time resident removed his incontinent briefs and at time did not like to be changed. The last round was completed at around 2 PM ...resting in bed clean and dry ...per interview with Nurse "F" who was assigned to R806 on 12/5/24, 7 AM to 11 PM; no concerns or issues were reported (*It should be noted that Nurse "F" when interviewed on 12/20/24 reported that they were not familiar with R806 and was never assigned to the resident or interviewed regarding concerns) ...Per interview with UM "D" ...R806 was presented with worsening confusion ...at 10 am resident demonstrated aggressive behavior ...staff kept the resident safe and wait till resident calm down to continue with care ...". *It should be noted that during an initial interview with the DON on 12/10/24 at approximately 2:00 PM, there was no mention that the incident as noted above occurred on 12/5/24 and further that any staff were interviewed as to the alleged incident. The facility policy titled, "Abuse" (5/24/23) was reviewed and documented, in part, the following: " ...Resident have the right to be free from abuse, neglect ...mistreatment ...the facility will develop and implement written policies and procedures that include: ....training new and existing staff on prohibiting, preventing and identifying abuse ...The facility will ensure that all allegations			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	634021	A. BUILDING _____ B. WING _____	**12/10/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EVERGREEN HEALTH AND REHABILITATION CENTER	**19933 WEST THIRTEEN MILE ROAD SOUTHFIELD, MI 48076**

(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
	involving abuse, neglect ...mistreatment ...are reported immediately to the Administrator and Reported to the State Agency immediately but not later that two hours after the allegation is made if the allegation involves abuse ...Definitions: ...Abuse: the willful infliction of injury ...Abuse also includes the deprivation by an individual, including a caretaker, of goods or services that are necessary to attain or maintain physical, mental and psychosocial well-being ...Neglect: Failure of the facility, its employees, or service providers to provide goods and services to a resident that are necessary to avoid physical harm, pain, mental anguish or emotional distress ...".			