

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

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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235374	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/16/2025
NAME OF PROVIDER OR SUPPLIER West Oaks Senior Care & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 22355 W Eight Mile Rd Detroit, MI 48219	
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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. This citation pertains to intake 2680585 Based on interview and record review, the facility failed to provide adequate supervision for one vulnerable resident (R101) of five residents reviewed for supervision, resulting in a resident being left alone during an outside appointment and the potential for injury. Findings include: On 12/15/25 at 9am, record review of order dated 10/14/25 revealed R101 was to have an appointment on 11/19/25 at 12:30 pm with a pickup time at 11:30 am. On 12/15/25 at 2:30pm, R101 and Family Member G were interviewed regarding the incident at the facility. Family Member G explained that R101 has a traumatic brain injury and was taken to a medical appointment far away and left unsupervised for hours. Family Member G stated that the family would have accompanied R101 had they known about the appointment. On 12/16/25 at 9 am, record review revealed an admission date of 4/24/25 with diagnosis that included the following: acute respiratory failure, sepsis, staphylococcus aureus, acute embolism, thrombosis of unspecified femoral vein, anemia, Congestive Heart Failure, Anxiety Disorder, Adjustment Disorder, Dementia, Dysphasia, Quadriplegia. Record review of R101's care plans, last revised 10/6/25, revealed traumatic brain injury, Quadriplegia, incontinence, fall risk, two persons assist for transferring. Record review of a social services progress note dated 12/15/25 noted R101 is a 2 Person Assist- Hoyer lift and utilizes Geri chair when up. On 12/16/25 at 9:17 am Family Member F was interviewed and stated that R101 was sent to a neurology appointment alone. Family Member F stated on 11/19/2025. R101 was sent to a doctor's appointment for three hours unaccompanied by staff. Family Member F stated that she was not informed of this appointment and would have attended if made aware. Family member F stated that she usually rides the transportation van with R101 to all appointments and the facility should have confirmed her attendance or sent a staff person, when she was not at the facility on departure. On 12/16/25 at 12:40pm, Nurse D was interviewed and reported providing Family Member F with a copy of R101's upcoming appointments but admits not following up to ensure accompaniment to the appointment on 11/19/25. When asked what went wrong with this appointment, Nurse D stated, I assumed Family Member F would meet him at the appointment. Nurse D admitted that Family Member F usually met R101 at the facility before appointments. Nurse D stated again, I just assumed she was meeting him there. On 12/16/25 at 1:23pm, Nurse C was contacted by telephone with the DON (Director of Nursing) present. Nurse C stated, I dropped the ball on this one. I assumed his family member was going to meet R101 there. On 12/16/25 at 1:45pm, the transportation company Staff E was contacted and reported R101 was picked up from the facility around 12pm and rode alone on the van to the appointment on 11/19/25. On 12/16/25 at 3:18pm, a policy on supervision at medical appointments was requested. The administrator informed the survey team the facility did not have a policy regarding supervision on medical appointments, We follow physician orders. On 12/16/25 at approximately 3:30 pm, the Administrator and the Regional Clinical Director were queried regarding the incident involving R101. The Administrator and Regional Clinical Director acknowledged that R101 should not have been left without family or a staff member to supervise/accompany R101 and to ensure R101's needs were met while on the medical visit.		

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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