STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235102	A. Building B. Wing	01/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ambassador, A Villa Center	8045 E Jefferson Ave Detroit, MI 48214

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview, and record review the facility failed to: 1. Properly store food items; 2. Remove undated, unlabeled food from the kitchen walk-in cooler and the reach in freezer; 3. Adequately clean kitchen surfaces. These deficient practices had the potential to affect all residents who consumed food from the kitchen, resulting in an increased potential for foodborne illness.Findings include:On 1/6/2025 beginning at 8:45 AM, the initial tour of the kitchen was conducted with Kitchen Manager (KM) A. During the tour, the following items were observed:-in the walk-in cooler a prepared pan of rice and a prepared pan of gravy were stored on the bottom shelf directly next to raw ground meat. KM A said prepared food should not be stored next to raw food. -an undated, unlabeled container full of approximately two dozen packages of lunch meat. KM A said the container contained bologna and should be labelled and dated.-In the reach in freezer an undated, unlabeled bag of frozen turkey legs and an open bag of breaded tilapia. KM A stated, They are freezer burned, they should be labelled dated and need to be thrown out due to freezer burn. -the deep fryer surface was soiled with grease and debris. KM A said the fryer was not in use this morning and was not cleaned after the last use.-the double door warmer exterior was soiled with grease and food debris. -the clean pot/pan shelves area where clean sheet pans were stored was soiled with debris. KM A said the clean pan shelves should be clean.-the flooring under and between the deep fryer and flat grill was heavily soiled.-the flooring under the dish machine line was heavily soiled. KM A said both the line floor and dish room floor needed a deep clean and hasn't been done lately.On 1/6/2025 at 9:30 AM a kitchen cleaning schedule was requested and was not provided by survey exit.On 1/08/2026 at 9:56 AM, the Nursing Home Administrator (NHA) was interviewed and said the expectation is for the kitchen staff to follow kitchen policies and the food code. The kitchen should be clean and sanitary, and food should be stored properly. Review of the facility policy titled Food Storage date issued 9/2/2021 revealed in part.Standard all time/temperature control for safety foods, frozen and refrigerated will be appropriately stored in accordance with guidelines of the FDA food code. 5. All foods will be stored wrapped or in covered containers, labeled and dated, and arranged in a manner to prevent cross contamination. Review of the facility policy titled Clean & Sanitary date issued 9/1/2021 revealed in part. All food preparation areas, food service areas, and dining areas will be maintained in a clean and sanitary condition. 1. The Dining Services Director will ensure that the kitchen is maintained in a clean and sanitary manner, including floors, walls, ceilings, lighting, and ventilation. 4. The dining Services Director will ensure that a routine cleaning schedule is in place for all cooking equipment, food storage areas, and surfaces.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235102	A. Building B. Wing	01/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ambassador, A Villa Center	8045 E Jefferson Ave Detroit, MI 48214

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 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Keep residents' personal and medical records private and confidential. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to properly secure protected health information for one resident (R28) of 30 residents reviewed for privacy, resulting in the potential for unauthorized disclosure and access. Findings include: On 01/07/2026 at 12:50 PM, observations revealed R28's personal information face up on a medication cart on the 1 (one) north hallway. R28's personal information was available for anyone to see walking through the hallway. The hallway had staff, residents, and visitors walking down the hallway. The personal information pertained to resident R28 being readmitted to the facility. The admission notification sheet listed the R28's diagnosis as well as other personal information. 01/07/2026 12:55 PM, Licensed Practical Nurse (LPN) F approached the medication cart. LPN F was queried and if that was their medication cart. LPN F said that was their medication cart. LPN F acknowledged seeing R28's admitting information face up on the medication cart. LPN F said the admitting office or concierge may have left the information on the medication cart. LPN F said information should not have been left face up for everyone to see that was walking by because it had patient diagnosis and other information was on the documentation. 01/08/2026 12:57 PM, Unit Manager (UM) G was interviewed and said the information may have been left by admissions department. The UM G said the information should have been turned (placed) face down or given to another nurse or the UM G. 01/08/2026 11:15 AM, the Director of Nursing (DON) was interviewed and said that readmit information should have been given to another nurse for best practice (instead of being placed on the medication cart). Record review of R28's medical record revealed an Initial admission of 11/28/2025. R28 was admitted with diagnosis as follows: Pneumonia, OSTEOMYELITIS OF VERTEBRA, SACRAL AND SACROCOCCYGEAL REGION, PARAPLEGIA, CONGESTIVE HEART FAILURE and MAJOR DEPRESSIVE DISORDER. R28 was readmitted on [DATE] with a diagnosis of sepsis. Review Minimum Data Set (MDS) dated for 12/4/2025 revealed R28 Brief Interview for Mental Status (BIMS) was noted as 15 out of 15 indicating R28 was cognitively intact.A policy was requested regarding HIPPA and confidentiality. The policy provided was titled Resident Rights with an effective date of 11/28/2017. However, the document provided did not specifically address confidentiality of resident's medical records.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235102	A. Building B. Wing	01/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ambassador, A Villa Center	8045 E Jefferson Ave Detroit, MI 48214

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 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures for flu and pneumonia vaccinations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, observation and record review, the facility failed to provide Influenza and Pneumococcal Immunizations for three residents (R9, R128 and R7) of five residents reviewed with compromised health conditions resulting in the potential for infection and a decrease in health status.Findings include: On 01/08/2026 at 9:00 AM, Infection Preventionist (IP) B was interviewed, and vaccine consents and administration forms were reviewed. Three of five residents reviewed had signed consents, however, there was no record of immunizations being administered to R7, R9 and R128. There was also no evidence that R7, R9 and R128 had refused these immunizations or that they were contraindicative. A record review revealed signed consents dated 10/13/25 for R7 and R9 to receive Influenza and Pneumococcal vaccinations. A record review revealed a signed consent dated 10/21/25 for R128 to receive Influenza and Pneumococcal vaccinations. As of 1/08/2026 there was no evidence of influenza and pneumococcal immunizations administered for R7, R9, and R128 or documentation that they were refused or contraindicated. On 01/08/2026 at 9:20 AM, IP B was asked to provide a reason why immunizations were not provided upon consent. IP B explained they were new in the position, unfamiliar with the vaccine clinic protocol, and had not realized the amount of time required to administer immunizations to facility residents. On 01/08/2026 at 9:40 AM, the Director of Nursing (DON) was interviewed and reported having no knowledge of late or missing vaccinations. The DON stated, Usually the IP would report this to me. The DON was queried as to how many residents are currently awaiting vaccinations. The DON stated, I don't know, I'll ask the IP. Record review revealed the following:R7 was admitted to the facility on [DATE] and has a diagnosis of Heart Failure, Type 2 Diabetes, Schizophrenia, Hypertension, Peripheral Vascular Disease, Dysphagia and Mood Disorder.R9 was admitted to the facility on [DATE] and has a diagnosis of End of Stage Heart Failure, Osteomyelitis of the Vertebrae, Hemialgia, Psychotic Disorder, Dysphasia, Hyperlipidemia, Kidney Disease and Blindness. R128 was admitted to the facility on [DATE] and has a diagnosis of Encephalopathy, Diabetes, Heart Failure, Hypertension, Pressure Ulcer and Kidney Failure. According to the facility's 4/1/22 Guidelines for Administering Pneumococcal Vaccinations Policy: Most pneumococcal infections are mild. However, some can result in long term problems such as brain damage or hearing loss. Meningitis, bacteremia and pneumonia caused by pneumococcal disease can be fatal. According to the facility's 11/28/17 Influenza Vaccination Guideline Policy: It is recognized that influenza is a serious risk for the elderly. Therefore, residents will be encouraged to have the vaccine.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235102	A. Building B. Wing	01/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ambassador, A Villa Center	8045 E Jefferson Ave Detroit, MI 48214

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 0887 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Educate residents and staff on COVID-19 vaccination, offer the COVID-19 vaccine to eligible residents and staff after education, and properly document each resident and staff member's vaccination status. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to provide Covid-19 vaccinations for three residents (R7, R9 and R128) of five residents reviewed for vaccination administration. Findings include:On 01/08/2026 at 9:00 AM, immunization consents were reviewed with Infection Preventionist (IP) B. Record review for R7 and R9 revealed a signed consent dated 10/13/25 for the Covid-19 vaccination. However, there was no record of this immunization being administered to R7 and R9. There was no evidence that R7 and R9 refused the Covid-19 immunization. Record review revealed a consent signed by R128, dated 10/21/25, for the Covid-19 vaccination. However, there was no record of this immunization being administered to R128. On 01/08/2026 at 9:20 AM, IP B was asked to provide a reason why immunizations were not provided upon consent. IP B explained they were new in the position, unfamiliar with the vaccine clinic protocol, and had not realized the amount of time required to administer immunizations to facility residents. On 01/08/2026 at 9:40 AM, the Director of Nursing (DON) was interviewed and reported having no knowledge of late or missing vaccinations. The DON stated, Usually the IP would report this to me. The DON was queried as to how many residents are currently awaiting the Covid-19 vaccination. The DON stated, I don't know, I'll ask the IP. Record review revealed the following:R7 was admitted to the facility on [DATE] and has a diagnosis of Heart Failure, Type 2 Diabetes, Schizophrenia, Hypertension, Peripheral Vascular Disease, Dysphagia and Mood Disorder.R9 was admitted to the facility on [DATE] and has a diagnosis of End of Stage Heart Failure, Osteomyelitis of the Vertebrae, Hemialgia, Psychotic Disorder, Dysphasia, Hyperlipidemia, Kidney Disease and Blindness. R128 was admitted to the facility on [DATE] and has a diagnosis of Encephalopathy, Diabetes, Heart Failure, Hypertension, Pressure Ulcer and Kidney Failure.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235102	A. Building B. Wing	01/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ambassador, A Villa Center	8045 E Jefferson Ave Detroit, MI 48214

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 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 and at least 100 square feet for single Resident bedrooms, affecting 32 Resident rooms (#'s 113, 115, 117, 119, 120, 121, 122, 123, 124, 125, 126, 127, 129, 130, 131, 132, 133, 135, 138, 213, 215, 217, 219, 221,223, 224, 225, 226,227, 228, 229 and 230). Findings include: Observation of the resident rooms on 1/7/2026 at 4:00 P.M, and review of the facility documentation revealed the following: Room# Sq. Footage # of Bed Residents 113 141' 1.5 2 2 115 141' 1.5 2 1 117 141' 1.5 2 2 119 141' 1.5 2 2 120 141' 1.5 2 2 121 141' 1.5 2 2 122 141' 1.5 2 2 123 141' 1 2 2 124 141' 1 2 1 125 141' 1 2 2 126 141' 1 2 0 127 141' 1.5 2 1 129 141' 1.5 2 2 130 141' 2 2 1 131 141' 1.5 2 2 132 141' 1.5 2 2 133 141' 1.5 2 1 135 141' 5 2 2 138 141' 1.5 2 1 (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235102	A. Building B. Wing	01/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ambassador, A Villa Center	8045 E Jefferson Ave Detroit, MI 48214

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 0912 Level of Harm - Potential for minimal harm Residents Affected - Some	213 150' 5 2 2 215 150' 6 2 2 215 150' 6 2 2 217 150' 6 2 2 219 150' 6 2 2 221 150' 6 2 2 223 150' 5.5 2 2 224 150' 6 2 2 225 150' 6 2 1 226 150' 6 2 2 227 150' 6 2 2 228 150' 5.5 2 2 229 150' 5.5 2 2 230 150' 5 2 2 On 1/7/26 at 3:15 P.M. and 4:00 P.M, during observation and interview of the residents that resided in the aforementioned rooms, no concerns or complaints were voiced or noted regarding resident room size.