STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235254	A. Building B. Wing	02/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Vista Grande Villa	2251 Springport Road Jackson, MI 49202

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 - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record reviews, the facility failed to effectively clean and maintain food service equipment affecting 42 residents who consume food products, resulting in the increased likelihood for cross-contamination and bacterial harborage.Findings Include:On 02/18/2026 at 9:17 A.M., The ambient air thermometer in the walk-in cooler was observed with accumulated and encrusted moist black droplets resting upon the metallic surface.On 2/18/2026 at 9:26 A.M., The walk in cooler metal wire shelving units was observed soiled with accumulated and encrusted food residue.On 2/18/2026 at 10:01 A.M., The clean equipment storage rack found two shallow pans with encrusted food residue on the rim. Director of Dining Services (DODS) P removed the pans to be washed.On 2/18/2026 at 10:04 A.M., The clean equipment drying rack surface was observed with accumulated and encrusted black residue. When the drying rack was wiped with a clean white paper towel, a grey/black residue accumulation was observed on the towel surface.On 2/18/2026 at 10:25 A.M., The can opener was observed with an accumulation of food residue on and around the blade. An interview at this time with (DODS) P found the cooks usually clean it every night, but it looks like they missed a day or two.On 2/18/2026 at 10:27 A.M., The meat slicer was observed soiled with accumulated and encrusted food residue at the base and back of the blade. An interview at this time with (DODS) P found the slicer is cleaned after each use and indicated the food residue present is greater than expected for a single use. Further observation found the table beneath the slicer soiled with a tacky residue.On 2/18/2026 at 10:30 A.M., The Robo Coupe food processor base and the Vita Mix blender base were both observed with accumulated and encrusted food residueOn 2/18/2026 at 10:33 A.M., The ice scoop holder was observed with pooling water at the bottom and black residue particles floating.On 2/18/2026 at 10:35 A.M., The char broiler (grates, side/back perimeter panels, and front collection tray) were observed with accumulated and encrusted food residue.On 2/18/2026 at 10:36 A.M., The deep fat [NAME] interior burner compartment was observed with accumulated and encrusted (food residue, cooking oil deposits, dust/dirt deposits).On 2/18/2026 at 12:07 P.M., The food product serving room paper towel dispenser undersurface was observed with accumulated and encrusted tacky food residue.The 2022 FDA Model Food Code section 4-601.11 Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils. States: (A) EQUIPMENT FOOD-CONTACT SURFACES and UTENSILS shall be clean to sight and touch. (B) The FOOD-CONTACT SURFACES of cooking EQUIPMENT and pans shall be kept free of encrusted grease deposits and other soil accumulations. (C) NonFOOD-CONTACT SURFACES of EQUIPMENT shall be kept free of an accumulation of dust, dirt, FOOD residue, and other debris.A record review of the facility provided Policy/Procedure entitled Equipment dated 9/2017 revealed under Policy Statement: All foodservice equipment will be clean, sanitary, and in proper working order. The procedures include: (3) All food contact equipment will be cleaned and sanitized after every use. (4) All non-food contact equipment will be clean and free of debris.On 02/18/2026 at 9:22 A.M., A bottle of red wine dressing was observed with a facility marked date 2/1/2026-3/1/2026. An interview at this time with the (DODS) P found the dressing was made in house and is date marked one month out.On 2/18/2026 at (continued on next page)

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
	235254	A. Building B. Wing	02/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Vista Grande Villa	2251 Springport Road Jackson, MI 49202

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 - Many	9:28 A.M., A metal holding pan was observed unmarked, containing a liquid substance with plastic wrap covering the top. During this observation, when asked what was in the pan, (DODS) P stated Must be soup from last night.The 2022 FDA Model Food Code section 3-501.17 states: (A) Except when PACKAGING FOOD using a REDUCED OXYGEN PACKAGING method as specified under S 3-502.12, and except as specified in (E) and (F) of this section, refrigerated, READY-TO-EAT, TIME/TEMPERATURE CONTROL FOR SAFETY FOOD prepared and held in a FOOD ESTABLISHMENT for more than 24 hours shall be clearly marked to indicate the date or day by which the FOOD shall be consumed on the PREMISES, sold, or discarded when held at a temperature of 5 C (41 F) or less for a maximum of 7 days. The day of preparation shall be counted as Day 1.A record review of the facility provided Policy/Procedure entitled Food Storage: Cold Foods dated 2/2023 revealed under Procedures: (5) All foods will be stored wrapped or in covered containers, labeled and dated, and arranged in a manner to prevent cross contamination.On 2/18/2026 at 9:40 A.M., An observation of the chemical storage room found broken drywall at the base of the wall creating a visible hole. Three tiles were observed missing from the baseboard. Further observation found the floor soiled with an accumulation of dirt and soil residue.On 2/18/2026 at 11:03 A.M., An observation of the mop room found the dry wall adjacent to the mop sink damaged leaving a visible hole in the wall.The 2022 FDA Model Food Code section 6-501.11 Repairing states: PHYSICAL FACILITIES shall be maintained in good repair.On 2/18/2026 at 9:52 A.M., The return air vent in the dry storage room was observed soiled with dust/dirt buildup and black residue.On 2/18/2026 at 10:00 A.M., The pan storage area was observed with an accumulation of debris beneath the storage rack.On 2/18/2026 at 10:23 A.M., The hand sink trash receptacle located near the three-compartment sink was observed with accumulated dirt/debris on the lid and surface.On 2/18/2026 at 10:38 A.M., An observation of the dish room found an accumulation of black buildup on the floor surface. Further observation found grey splash residue on the hand sink and trash receptacle. On 2/18/2026 at 11:01 A.M., An observation of the mop sink closet found the mop bucket wringer and interior soiled with an accumulation of black residue. The mop sink basin contained an accumulation of debris and soil. The broken glass container lid was observed with a buildup of black residue on the surface. During an interview at this time, (DODS) P stated they would throw the lid away. Further observation found the wall surface above the mop sink accumulated with black residue. An observation of the mop room ceiling revealed debris in the ceiling light and areas of peeling paint.The 2022 FDA Food Code section 6-501.12 Cleaning, Frequency and Restrictions states: (A) PHYSICAL FACILITIES shall be cleaned as often as necessary to keep them clean.On 2/18/2026 at 10:07 A.M., An observation of the cookware storage area found nine 8-inch pans, nineteen 12-inch pans and five 16-inch pans etched scored and worn. (DODS) P was observed setting pans aside, adjacent to the three-compartment sink, to be discarded.On 2/18/2026 at 11:07 A.M., The Metro C5 hot box unit was observed with a torn door gasket, preventing the surface from being easily cleanable.On 2/19/2026 at 12:21 P.M., The service pass through heating assembly was observed with three lightbulbs out and one missing.The 2022 FDA Food Code section 4-501.11 Good Repair and Proper Adjustment states: (A) EQUIPMENT shall be maintained in a state of repair and condition that meets the requirements specified under Parts 4-1 and 4-2. (B) EQUIPMENT components such as doors, seals, hinges, fasteners, and kick plates shall be kept intact, tight, and adjusted in accordance with manufacturer's specifications.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235254	A. Building B. Wing	02/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Vista Grande Villa	2251 Springport Road Jackson, MI 49202

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 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to justify the increased dose of an antipsychotic medication for one (R9) of five reviewed. Findings include: Review of the medical record revealed R9 was admitted to the facility on [DATE] with diagnoses that included anxiety disorder, delusional disorders, and vascular dementia. The Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 1/24/26 revealed R9 scored 1 out of 15 (severe cognitive impairment) on the Brief Interview for Mental Status (BIMS-a cognitive screening tool). On 02/19/2026 at 10:13 AM R9 was observed sitting in a gerichair in his room watching television with headphones and a super ear hearing device. R9 appeared calm and was very talkative. Review of the Physician's Orders revealed R9 was ordered Seroquel (antipsychotic medication) 25 milligrams (mg) twice a day for vascular dementia until 12/15/25. On 12/15/25, the Seroquel was increased to 50 mg twice a day for anxiety. Review of the Psychiatry Follow-Up Note dated 2/4/26 revealed Chart review indicates that the patient has not had recent behaviors of note .continues managed with trazodone 50 mg at bedtime for sleep, Seroquel 25 mg twice daily [of note: resident's order at that time was for 50 mg twice daily], and Ativan 0.5 mg every 6 hours for anxiety per hospice. The note further revealed that Seroquel will continue with current medication regimen as it appears to be providing stability. Review of the Progress Notes and Behavior Monitoring task revealed no documented behaviors, hallucinations, or delusions after 2/4/26. Review of the hospice binder at the nurse's station revealed a Visit Communication Note dated 2/16/26 that indicated yelling out after lunch again-not consistent. Review of the Resident Progress Note dated 2/18/26 at 1:20 PM and authored by Licensed Practical Nurse (LPN) G, revealed Resident experiencing anxiety at lunch time per Hospice start Seroquel 25 mg one-time [by mouth] [every] day. Review of the Physician's Order dated 2/18/26 revealed an order for Seroquel 25 mg in the afternoon for anxiety. This was in addition to the already ordered Seroquel 50 mg twice daily. In an interview on 02/19/2026 at 10:50 AM, LPN G reported they worked with R9 for approximately two to three hours on 2/18/26 and prior to that, it had been approximately six to twelve months since working with R9. LPN G reported on 2/18/26, R9 had a decent day and in the morning was yelling out. LPN G reported R9 had a history of yelling there was a fire and to get the baby, but that did not happen on 2/18/26. LPN G reported they reported to the hospice nurse that these behaviors had been occurring. LPN G reported they spoke with the hospice nurse, and hospice added an additional dose of Seroquel 25 mg at lunch time. LPN G reported if R9 were having delusions or hallucinations, it would be documented in the progress notes. In an interview on 02/19/2026 at 9:51 AM, Social Worker (SW) E reported they had been at the facility since June 2026 and R9 had been pretty stable with behaviors since then. When asked how behaviors, hallucinations, and delusions were tracked, SW E reported the expectation was that staff entered a note in the medical record. When asked about R9's most recent behavior documentation, SW E reported the last noted behavior was in May 2025. SW E was not aware of where Certified Nursing Assistants (CNAs) documented behaviors. In an interview on 02/19/2026 at 12:03 PM, Director of Nursing (DON) B reported R9's orders indicated they were prescribed Seroquel for anxiety. DON B reported behaviors should be documented in the progress notes or in the CNAs charting and Social Services tracked the behaviors. Unit Manager (UM) D joined the interview at 12:21 PM. UM D reported they were aware that R9 had been yelling out more but was not yet aware that R9's Seroquel dose had increased. UM D reported they were aware there was a lack of documentation related to behaviors, hallucinations, and delusions. Review of the Medication Administration Record (MAR) revealed R9 received the additional dose of Seroquel 25 mg at 12:00 PM on 2/19/26.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235254	A. Building B. Wing	02/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Vista Grande Villa	2251 Springport Road Jackson, MI 49202

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to develop and/or implement policies and procedures for ensuring the reporting of a reasonable suspicion of a crime in accordance with section 1150B of the Act.for one resident (Resident #15) of one reviewed for abuse/misappropriation. Review of Resident 15s (R15) clinical record, including the Minimum Data Set (MDS) dated [DATE], revealed R15 was admitted on [DATE] with diagnosis that included cardiac diagnosis, and anxiety. R#15 scored 14 out of 15 (cognitively intact) on the Brief Interview for Mental Status (BIMS). Further review of R15's clinical record included a progress note made by formal facility Social Worker (SW) L dated 1/23/25 at 10:04 and revealed SW L and Biller K had discovered on 01/22/25 that R15's family member had been misappropriating funds from R15's checking and savings account. The note continued to reveal that Adult Protective Services (APS) and the Ombudsman had been notified. A second progress note also written on 1/23/25 authored by SW L revealed SW L offered assistance in helping R15 notify the bank and calling the police, R15 did not want to get her family member in trouble and requested the police not be called. On 02/19/2026 at 1:33 PM, during an interview with Interim Nursing Home Administrator C and Director of Nursing (DON) B, neither were aware of the misappropriation. Interim NHA C searched for a facility reported incident and was unable to locate one. DON B had no recollection of R15's funds being misappropriated. Neither were able to explain why former NHA R failed to call the police or report it to the State Agency as required. On 2/19/2026 at 1:59 PM, during an interview with Biller K she reported she and former SW L were trying to get R15's Medicaid application approved last January and upon them reviewing R15's bank statements they noticed several withdrawals from R15's checking and savings accounts that R15 could not have made. Biller K stated she and former SW L met with R15 who was very upset and called her family with them present asking why and how they could steal her money. When queried if the Police were called, Biller K stated they did not call the police per R15's request. When queried if they notified the Administrator at the time of the event (NHA R), Biller K provided an email dated 1/22/25 to former NHA R that listed concerns of charges on the bank statements to liquor stores, general stores, television streaming services and other large withdrawals. On 02/19/26 at 5:00pm, during a phone interview with former SW L she reported DON B and former NHA R were on vacation when the misappropriation was discovered. SW L stated she thought she did the right thing by calling APS and the Ombudsman and honoring R15's wishes not to call the Police. When queried if she called DON B or former NHA R she reported she sent emails to former NHA R but didn't want to bother either of them while on vacation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235254	A. Building B. Wing	02/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Vista Grande Villa	2251 Springport Road Jackson, MI 49202

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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Respond appropriately to all alleged violations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to thoroughly investigate an allegation of abuse/misappropriation, and implement interventions to protect the resident, for one resident (#15) of one reviewed. Review of Resident 15s (R15) clinical record, including the Minimum Data Set (MDS) dated [DATE] revealed R15 was admitted on [DATE] with diagnosis that included cardiac diagnosis, and anxiety. R15 scored 14 out of 15 (cognitively intact) on the Brief Interview for Mental Status (BIMS). Further review of R15's clinical record included a progress note made by formal facility Social Worker (SW) L dated 1/23/25 at 10:04 and revealed SW L and Biller K had discovered on 01/22/25 that R15's family member had been misappropriating funds from R15's checking and savings account. The note continued to reveal that Adult Protective Services (APS) and the Ombudsman had been notified. A second progress note also written on 1/23/25 authored by SW L revealed SW L offered assistance in helping R15 notify the bank and calling the police, R15 did not want to get her family member in trouble and requested the police not be called. On 02/19/2026 at 1:33 PM, during an interview with Interim Nursing Home Administrator C and Director of Nursing (DON) B, neither were aware of the misappropriation of R15's funds. Interim NHA C searched for a facility reported incident or any other type of documentation/investigation and was unable to locate one. DON B had no recollection of the R15's funds being misappropriated. Neither were able to explain why former NHA R failed to investigate R15's stolen money. On 2/19/2026 at 1:59 PM, during an interview with Biller K she reported she and former SW L were trying to get R15's Medicaid application approved last January and upon them reviewing R15's bank statements they noticed several withdrawals from R15s checking and savings accounts that R15 could not have made. Biller K stated she and former SW L met with R15 who was very upset and called her family with them present asking why and how they could steal her money. When queried if the Police were called, Biller K stated they did not call the police per R15's request. When queried if they notified the Administrator at the time of the event (NHA R), Biller K provided an email dated 1/22/25 to former NHA R that listed concerns of charges on R15's bank statements to liquor stores, general stores, television streaming services and other large withdrawals. When queried what was done at this time to protect R15 and her assets, Biller K stated she was not sure how former NHA R handled it. On 02/19/26 at 5:00pm, during a phone interview with former SW L she reported DON B and former NHA R were on vacation when the misappropriation was discovered. SW L stated she thought she did the right thing by calling APS and the Ombudsman and honoring R15's wishes not to call the Police. When queried if she called DON B or former NHA R she reported she sent emails to former NHA R but didn't want to bother either of them while on vacation. When queried what was done to ensure R15's funds wouldn't be misappropriated again, former SW L stated she offered to help R15 call the bank, but she didn't want her assistance.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235254	A. Building B. Wing	02/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Vista Grande Villa	2251 Springport Road Jackson, MI 49202

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 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	PASARR screening for Mental disorders or Intellectual Disabilities **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to complete a Level II screening for one (R9) of one reviewed.Findings include:Review of the medical record revealed R9 was admitted to the facility on [DATE] with diagnoses that included anxiety disorder, delusional disorders, and vascular dementia. The Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 1/24/26 revealed R9 scored 1 out of 15 (severe cognitive impairment) on the Brief Interview for Mental Status (BIMS-a cognitive screening tool). On 02/19/2026 at 10:13 AM R9 was observed sitting in a gerichair in his room watching television with headphones and a super ear hearing device. R9 appeared calm and was very talkative. Review of R9's medical record revealed the Annual Resident Review (ARR) Level I screening was completed on 9/22/25. The Level I screening indicated Yes responses for questions one through four in Section II. The Level I screening revealed If any answer to items 1-6 in SECTION II is Yes, send ONE copy to the local Community Mental Health Services Program (CMHSP), with a copy of form DCH-3878 [level II screening] if an exemption is requested. R9 did not have a DCH-3878/Level II screening completed. In an interview on 02/19/2026 at 9:51 AM, Social Worker (SW) E reported they did not complete PASARR assessments and that they were completed by a third party MDS group. SW E agreed that R9's most recent Level I screening was dated 9/22/25 and that the medical record did not contain a Level II screening. In an telephone interview on 02/19/2026 at 10:04 AM, MDS Nurse N reported they worked for the third-party company hired by the facility. MDS Nurse N reported they were unable to locate a Level II screening/3878 for R9.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235254	A. Building B. Wing	02/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Vista Grande Villa	2251 Springport Road Jackson, MI 49202

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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to revise care plans for two (R16, R58) of 12 reviewed. Findings include:R16 Review of the medical record revealed R16 admitted to the facility on [DATE]. R16 was diagnosed with COVID-19 on 2/10/26. The Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 2/1/26 revealed R16 scored 15 out of 15 (cognitively intact) on the Brief Interview for Mental Status (BIMS-a cognitive screening tool). On 02/18/2026 at 9:15 AM, R16 was observed lying in bed. R16 reported she was recently diagnosed with COVID-19. There was no signage or Personal Protective Equipment (PPE) on the door. On 02/19/26 at 9:40 AM, R16 did not have signage or PPE available at the door. Review of the Progress Notes dated 2/10/26 revealed Resident tested positive for covid [at 11:35 AM]. [Symptoms] unproductive cough, runny nose, headache, nausea, and fatigue x 1 day. Review of R16's care plans revealed they were not updated to indicate R16 was diagnosed with COVID-19 or had transmission-based precautions implemented. In an interview on 02/19/2026 at 12:48 PM, Director of Nursing (DON) B and Unit Manager (UM) D reported COVID-19 transmission-based precautions should be implemented for 10 days. UM D reported R16 should still be on Droplet/Contact precautions at this time, but they were mistakenly discontinued on 2/17/26. On 02/19/26 at 2:32 PM, UM D agreed that R16 did not have a COVID-19 or TBP care plan in place until 2/19/26. R58 Review of the medical record revealed R58 admitted to the facility on [DATE] and readmitted [DATE] with diagnoses that included hypertensive heart and chronic kidney disease, type 2 diabetes, congestive heart failure, atrial fibrillation, and chronic obstructive pulmonary disease. The MDS with an ARD of 1/12/26 revealed R58 scored 15 out of 15 on the BIMS. R58's electronic medical record profile indicated R58 was a full code. Review of R58's care plan dated 1/16/26 revealed R58 had chosen a Do Not Resuscitate (DNR) code status. In an interview on 02/19/2026 at 12:35 PM, Director of Nursing (DON) B agreed R58's medical record indicated they were a full code, but the care plans indicated DNR. On 02/19/2026 at 2:07 PM, DON B reported R58 was supposed to be a full code and that the care plan was not updated.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235254	A. Building B. Wing	02/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Vista Grande Villa	2251 Springport Road Jackson, MI 49202

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to implement physician's orders for daily weights for edema monitoring for one (R27) of one reviewed. Findings include: Review of the medical record revealed R27 was admitted to the facility on [DATE] with diagnoses that included hypertension and spinal stenosis. The Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 1/4/26 revealed R27 scored 15 out of 15 (cognitively intact) on the Brief Interview for Mental Status (BIMS-a cognitive screening tool). On 02/18/2026 at 9:05 AM, R27 was observed sitting in a recliner in their room with their feet down on the floor. R27 reported they had concerns with worsening edema in their legs, especially the left leg. Both legs were observed to be edematous. Compression stockings were observed on R27's bed. On 02/18/2026 at 2:33 PM, R27 was observed in their recliner with their legs elevated and compression stockings on both legs. R27 reported she was weighed more frequently now, but not every day. When asked if she ever refused daily weights, R27 reported if it's too early and she does not want to get up yet, she may refuse. Review of the Physician's Order dated 1/8/26 revealed an order for daily weights for monitoring of edema interventions. The scheduled time was entered as 7:00 AM each day. Review of the Medication Administration Record (MAR) and weight summary revealed daily weights were not completed or documented as refused on 1/9/26, 1/10/26, 1/11/26, 1/13/26, 1/16/26, 1/17/26, 1/20/26, 1/22/26, 1/23/26, 1/27/26, 1/30/26, and 1/31/26. Review of the progress notes revealed R27 refused daily weights on 1/12/26, 2/2/26, 2/4/26, 2/7/26, 2/8/26, 2/9/26. Additional progress notes related to refusals revealed on 2/11/26, R27 wanted to wait until later in the morning, on 2/14/26, R27 wanted to wait until breakfast, and on 2/17/26, R27 wanted to wait until before breakfast. There was no documentation that weights were completed or that reattempts with refusals to weigh R27 were made on those days. In an interview on 02/19/2026 at 12:50 PM, Unit Manager (UM) D reported R27 was supposed to be weighed daily. UM D reported they were aware R27 did not like to get up early and had changed the weight time to 7:00 AM each day.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235254	A. Building B. Wing	02/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Vista Grande Villa	2251 Springport Road Jackson, MI 49202

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 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to implement pharmacy recommendations for one (R9) of 5 reviewed. Findings include: Review of the medical record revealed R9 was admitted to the facility on [DATE] with diagnoses that included anxiety disorder, delusional disorders, and vascular dementia. The Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 1/24/26 revealed R9 scored 1 out of 15 (severe cognitive impairment) on the Brief Interview for Mental Status (BIMS-a cognitive screening tool). On 02/19/2026 at 10:13 AM R9 was observed sitting in a gerichair in his room watching television with headphones and a super ear hearing device. R9 appeared calm and was very talkative. Review of the Physician's Order dated 12/15/25, revealed an order for Seroquel 50 milligrams (mg) twice a day for anxiety. The Physician's Order dated 2/18/26 revealed an order for additional Seroquel 25 mg in the afternoon for anxiety. Review of the Note to Attending Physician/Prescriber dated 12/26/25 revealed Clarify Seroquel diagnosis to support Antipsychotic use. The Physician/Prescriber Response was checked as Agree with delusional disorder/delirium written. The form was signed by the Nurse Practitioner on 1/19/26. R9's Seroquel diagnosis was not updated and continued to reflect anxiety. In an interview on 02/19/2026 at 9:51 AM, Social Worker (SW) E reported R9's medical record reflected Seroquel was prescribed for anxiety. In an interview on 02/19/2026 at 12:03 PM, Director of Nursing (DON) B reported pharmacy recommendations came to her and then were printed off for the physicians who then review and write their own orders. DON B agreed pharmacy recommended a diagnosis change for Seroquel, the Physician/Prescriber agreed, and that the Seroquel continued to have anxiety listed as a indication/diagnosis.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235254	A. Building B. Wing	02/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Vista Grande Villa	2251 Springport Road Jackson, MI 49202

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to implement transmission-based precautions according to the Centers for Disease Control and Prevention (CDC) for one (R16) of two reviewed. Findings include: R16 Review of the medical record revealed R16 admitted to the facility on [DATE]. R16 was diagnosed with COVID-19 on 2/10/26. The Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 2/1/26 revealed R16 scored 15 out of 15 (cognitively intact) on the Brief Interview for Mental Status (BIMS-a cognitive screening tool). On 02/18/2026 at 9:15 AM, R16 was observed lying in bed. R16 reported she was recently diagnosed with COVID-19. There was no transmission-based precautions (TBP) signage or Personal Protective Equipment (PPE) on the door. On 02/19/26 at 9:40 AM, R16 did not have signage or PPE available at the door. Review of the Progress Notes dated 2/10/26 revealed Resident tested positive for covid [at 11:35 AM]. [Symptoms] unproductive cough, runny nose, headache, nausea, and fatigue x 1 day. In an interview on 02/19/2026 at 12:48 PM, Director of Nursing (DON) B and Unit Manager (UM) D reported COVID-19 transmission-based precautions should be implemented for 10 days. UM D reported R16 should still be on Droplet/Contact precautions at this time, but the precautions were mistakenly discontinued on 2/17/26. According to the CDC Infection Control Guidance: SARS-CoV-2, Duration of Transmission-Based Precautions for Patients with SARS-CoV-2 Infection:Patients with mild to moderate illness who are not moderately to severely immunocompromised:At least 10 days have passed since symptoms first appearedandAt least 24 hours have passed since last fever without the use of fever-reducing medicationsandSymptoms (e.g., cough, shortness of breath) have improved .The criteria for the test-based strategy are:Patients who are symptomatic:Resolution of fever without the use of fever-reducing medicationsandSymptoms (e.g., cough, shortness of breath) have improved,andResults are negative from at least two consecutive respiratory specimens collected 48 hours apart (total of two negative specimens) tested using an antigen test or NAAT. (Infection Control Guidance: SARS-CoV-2 | Covid | CDC) There was no indication in R16's medical record that the test-based strategy was used to discontinue the transmission-based precautions.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235254	A. Building B. Wing	02/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Vista Grande Villa	2251 Springport Road Jackson, MI 49202

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 0628 Level of Harm - Potential for minimal harm Residents Affected - Many	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to send a copy of the notice of transfer or discharge to the representative of the Office of the State Long-Term CareOmbudsman for two (Resident 54 and 56) of two residents reviewed. Findings include:Review of the medical record reflected R54 was admitted to the facility on [DATE], with diagnoses that included heart failure. R54 no longer resided in the facility. According to a Progress Note, on 12/7/25, R54 was transferred out to a local hospital. Review of the medical record reflected R56 was admitted to the facility on [DATE], with diagnoses that included weakness. R56 no longer resided in the facility. According to a progress note, R56 arrived at the facility on 12/3/25 and discharged home on that same date.In an interview on 2/19/2026 at 12:22 PM, Social Worker E stated that she does not send the monthly list of transfers or discharges to the Ombudsman. In an interview on 2/19/2026 at 12:30 PM, Interim Nursing Home Administrator C stated that it was Social Works responsibility to send the Ombudsman the list of transfers and discharges monthly.In an interview on 2/19/2026 at 12:26 PM, Director of Nursing B and Executive Director A stated they were not sure who was sending the list to the Ombudsman.