

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235298	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/16/2024
NAME OF PROVIDER OR SUPPLIER Father Murray, A Villa Center		STREET ADDRESS, CITY, STATE, ZIP CODE 8444 Engleman Center Line, MI 48015	

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)
<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38207</p> <p>This citation pertains to intake MI00144520.</p> <p>Based on observation, interview, and record review, the facility failed to protect one resident's (R703) right to be free from physical abuse by another resident (R704), of three residents reviewed for abuse. Findings include:</p> <p>A complaint submitted to the State Agency (SA) indicated the following, Resident [R703] was attacked by another resident [R704]. Resident has facial bandages from the attack .Attacker has been removed from the facility temporarily .Unknown if anyone was notified .Staff and residents are fearful of the attacking resident. Date of incident involving R703 and R704 was indicated to be 5/13/24.</p> <p>A review of R704's electronic medical record (EMR) revealed a progress noted dated, 5/7/24 10:27 AM, revealed the following, Resident reviewed in risk meeting r/t (regarding) behaviors. Resident displays increased aggression. behaviors. On 1:1 monitoring to maintain all resident's safety. Social work is currently seeking alternative placement that will fit resident's needs. IDT (Interdisciplinary team) will continue to monitor and assist.</p> <p>A review of R704's care plan revealed the following, Focus: The Resident has a behavior problem .Date Initiated: 04/05/2024. Goal: Resident will show a decrease in negative behaviors .Date Initiated: 04/05/2024 Target Date: 06/11/2024. Interventions: Monitor around vulnerable residents 1-1 monitoring if needed by staff to assure safety .Date Initiated: 04/05/2024.</p> <p>Further review of R704's EMR revealed that R704 was originally admitted to the facility on [DATE] with diagnoses that included UTI (Urinary tract infection) and Dementia. R704's most recent minimum data set assessment (MDS) dated [DATE] revealed that R704 had a severely impaired cognition. R704 was discharged from the facility and transferred to the hospital on 5/13/24 following the incident with R703.</p> <p>A review of R703's EMR revealed the following progress note, 5/13/2024 17:59 (5:59 PM) Skin observation: Note Text: Resident has new skin issue(s) observed .Face - small abrasion on right cheek and under left eye Skin turgor with good elasticity.</p> <p>(continued on next page)</p>

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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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Further review of R703's EMR revealed that R703 was originally admitted to the facility on [DATE] with diagnoses that included Schizoaffective disorder and Dementia. R703's most recent MDS dated [DATE] revealed that R703 had a severely impaired cognition.</p> <p>On 5/16/23 at 11:15 AM, R703 was interviewed about the incident which occurred between themselves and R704 on 5/13/24. R703 was unable to answer any questions regarding the incident. During the interview it was observed that R703 had red scratches on their left cheek.</p> <p>On 5/16/23 at 11:30 AM, certified nursing assistant (CNA) C was interviewed regarding the incident involving R703 and R704. CNA C indicated they witnessed [R704] approach [R703] and [R704] began to scream, then [R704] swore at [R703] and told [R703] to shut up. I intervened and [R704] began to walk away from [R703]. CNA C further indicated they heard [R703] screaming. I looked up and [R704] had [R703] in a head lock. Myself and other staff intervened and separated the two residents. CNA C confirmed that R704 had been on one to one monitoring and said they had no one to one monitoring on the date the incident occurred.</p> <p>On 5/16/24 at 11:45 AM, Unit Nurse Manager, Licensed Practical Nurse (LPN) D was interviewed regarding the incident involving R703 and R704 on 5/13/24. LPN D indicated that they witnessed Resident and staff commotion on the unit and went down to intervene. The residents were separated and [R704] was placed on a one to one and taken into the dining room where it was quiet. LPN D confirmed the red scratches on R703's face were the result of the incident between R703 and R704. LPN D indicated that R704 had received one to one monitoring in the past but was not on one to one monitoring at the time of the incident between themselves and R703.</p> <p>On 5/16/24 at 1:00 PM, the Administrator (NHA) was interviewed regarding the incident which occurred between R703 and R704. The Administrator indicated that based on what was reported to them, they felt R704 had a Catastrophic reaction which was triggered by R703's screaming.</p> <p>A facility policy titled Abuse .Effective Date: 9.11.2020 was reviewed and stated the following, It is the policy of the facility that each resident will be free from Abuse. Abuse can include .physical abuse .No abuse or harm of any type will be tolerated, all residents .will be monitored for protection .4. Population a. The facility's population presents the following factors which could result in maltreatment of residents: The assessment, Planning of Care and Service, and monitoring of residents with needs and behaviors which might lead to conflict .such as residents with a history of cognitive deficits .aggressive behaviors .b. The facility will ensure a comprehensive dementia management program to prevent resident abuse.</p> <p>staff intervened and separated the residents. Asked JB if R704 had a history of aggressive behavior towards residents. JC stated, Noise triggered R704. Asked JC about any special monitoring required for R703. JC stated, Yes, 1:1 monitoring. No 1:1 incident had 1:1 in past but taken off because of improved behavior. NHA indicated upon R704 hospitalization , determined R704 had a UTI. Asked NHA about reporting to SA and expectations/reasoning for not reporting R:R incident. NHA indicated that when incident was reported to her by staff she determined that incident did not need to be reported to SA. NHA indicated that she felt R704 had a catastrophic reaction to the noise made by R703. RR IDT note 5/7/24 10:49 AM: indicated: Resident reviewed in risk meeting r/t behaviors. Resident displays increased aggression. behaviors. On 1:1 monitoring to maintain all resident's safety. Social work is currently seeking alternative placement that will fit resident's needs. IDT will continue to monitor and assist.</p> <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>5/7/24 10:27 AM: Resident reviewed in risk meeting r/t behaviors. Resident displays increased aggression. behaviors. On 1:1 monitoring to maintain all resident's safety. Social work is currently seeking alternative placement that will fit resident's needs. IDT will continue to monitor and assist. RR: R704 AD: 3/11/24; D/C: 5/13/24; Dx: UTI, Dementia, COPD. MDS 3/23/24: Severely impaired cog. RR R703: AD: D/C: Schizoaffective Disorder, Dementia, Dysphagia. MDS: 5/3/24 Severely impaired cog. R703 progress note:</p> <p>/13/2024 17:59 *Skin Observation</p> <p>Note Text: Resident has NEW skin issue(s) observed. 1</p> <p>Face - small abrasion on right cheek and under left eye</p> <p>Skin turgor with good elasticity.</p> <p>Skin color is normal for ethnic group.</p> <p>Skin temperature is warm (normal).</p> <p>Skin moisture is normal.</p> <p>Skin condition is normal.</p> <p>Above note dated 5/13/24 17:59 (5:59 PM). Intake MI00144520 substantiated</p>		

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38207</p> <p>This citation pertains to Intake MI00144520.</p> <p>Based on interview and record review, the facility failed to 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 (R703) of three residents reviewed for abuse. Findings include:</p> <p>A complaint submitted to the State Agency (SA) indicated the following, Resident [R703] was attacked by another resident [R704]. Resident has facial bandages from the attack. Attacker has been removed from the facility temporarily. Unknown if anyone was notified. Staff and residents are fearful of the attacking resident. Date of incident involving R703 and R704 was indicated to be 5/13/24.</p> <p>A review of R704's electronic medical revealed that R704 was originally admitted to the facility on [DATE] with diagnoses that included UTI (Urinary tract infection) and Dementia. R704's most recent minimum data set assessment (MDS) dated [DATE] revealed that R704 had a severely impaired cognition. R704 was discharged from the facility and transferred to the hospital on 5/13/24 following the incident with R703.</p> <p>A review of R703's EMR revealed that R703 was originally admitted to the facility on [DATE] with diagnoses that included Schizoaffective disorder and Dementia. R703's most recent MDS dated [DATE] revealed that R703 had a severely impaired cognition.</p> <p>On 5/16/23 at 11:15 AM, R703 was interviewed about the incident which occurred between themselves and R704 on 5/13/24. R703 was unable to answer any questions regarding the incident. During the interview it was observed that R703 had red scratches on their left cheek.</p> <p>On 5/16/24 at 11:45 AM, Unit Nurse Manager, Licensed Practical Nurse (LPN) D was interviewed regarding the incident involving R703 and R704 on 5/13/24. LPN D indicated that they witnessed Resident and staff commotion on the unit and went down to intervene. The residents were separated and [R704] was placed on a one to one and taken into the dining room where it was quiet. LPN D confirmed the red scratches on R703's face were the result of the incident between R703 and R704. LPN D indicated that R704 had received one to one monitoring in the past but was not on one to one monitoring at the time of the incident between themselves and R703. LPN D indicated the incident involving R703 and R704 was immediately reported to the Administrator/Abuse Coordinator.</p> <p>On 5/16/24 at 1:00 PM, the Administrator (NHA) was interviewed regarding the incident which occurred between R703 and R704. The NHA was further interviewed regarding their expectations for reporting these types of incidents to the SA. The NHA indicated that based on what was reported to them they made a decision to not report the incident to the SA.</p> <p>(continued on next page)</p>		

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A facility policy titled Abuse .Effective Date: 9.11.2020 was reviewed and stated the following, External Reporting Each covered individual shall report to the State Agency .any reasonable suspicion of a crime against any individual who is a resident or is receiving care from the facility .Initial reporting of allegations: If an incident or allegation is considered reportable, the Administrator or designee will make an initial report to the State Agency .</p>		