

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  09/26/2024
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 49699</p> <p>This citation is related to Intake MI100147010.</p> <p>Based on observation, interview, and record review, the facility failed to provide a safe, clean, and comfortable homelike environment in one bathroom for two (R907) of two residents assigned to the same room. Findings include:</p> <p>On 9/26/24 at 10:56 AM, in an observation of the bathroom shared between rooms [ROOM NUMBERS] the following was observed:</p> <ul style="list-style-type: none"> <li>-The faucet handles are broken, the cold handle was missing, and the hot water handle was hanging so that the water could not be turned off.</li> <li>-The warm temperature water was dripping heavily.</li> <li>-The soap dispenser is not working.</li> <li>-There was no toilet paper available in the room and the toilet paper holder rusty.</li> <li>-The toilet seat was loose and slides easily side to side.</li> <li>-There was feces in the toilet and the bowl was not clean.</li> <li>-The tank lid hung over the flush handle making it difficult to access.</li> <li>-There is no trash can in the bathroom or in room [ROOM NUMBER].</li> </ul> <p>On 09/26/24 at 09:10 AM, an interview with R907 was attempted. R907 primary language is Greek and was unable to answer any questions.</p> <p>A review of the facility record revealed R907 was admitted to the facility on [DATE]. R907's diagnoses include the following: Dementia without Behavioral Disturbance, Hydronephrosis, Obstructive and Reflux Uropathy, Constipation, Type 2 Diabetes Mellitus, Hypertension, Other symptoms involving Cognitive Functions and Awareness, Muscle Weakness, and need for assistance with personal care.</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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 09/26/24 at 09:24 AM, an interview was conducted with R907's daughter and legal guardian (LG). R907's legal guardian revealed they had reported this issue to the floor nurse in August and several times since then. The LG revealed they were unable to provide the identity of the staff spoken to.</p> <p>On 9/26/24 an interview with the Director of Nursing (DON) revealed the expectation that each bathroom should have functioning sinks and toilets.</p> <p>On 09/26/24 a review of the record revealed a work order was entered into the facilities (name of) website system (where issues for the facility maintenance team are entered) on 08/16/24 at 6:42 AM. The record further reviewed the order was closed on 8/16/24 at 4:47 PM. The order priority was listed as Medium Priority.</p> <p>The policy, Quality of Life - Homelike Environment, QAPI Reviewed on February 28, 2024, revealed, Residents are provided with a safe, clean, comfortable and homelike environment . and 2. a. Cleanliness and order.</p>		