

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  07/08/2025
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 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are fully informed and understand their health status, care and treatments.</p> <p>This citation pertains to Intake MI00153991.</p> <p>Based on interview and record review, the facility failed to document and inform resident representative about changes in skin integrity for one sampled resident (R901) of three residents reviewed for informed rights. Findings include:</p> <p>On 7/8/25 at 10:16 AM, confidential Family Member A explained that upon visiting R901 on 6/28/25, they observed the resident with bandages on their right foot. Family Member A explained they were not informed the resident had open wounds to their foot, and the wounds were not present during their last visitation on 6/9/25.</p> <p>A review of R901's medical record revealed they were admitted into the facility on 4/29/25 with diagnoses which included Dementia, Hypertension and Diabetes. Further review revealed the resident had a moderate cognitive impairment and required 1-2-person assistance for Activities of Daily Living.</p> <p>Further review of the medical record revealed the following progress note:</p> <p>6/13/2025 19:01 (7:01pm) Health Status Note .Writer observed a small open sore, slightly bleeding. Writer notified Wound director. Normal Saline Pay (pat) dry apply calcium alginate with 4x4 cotton pad and gauze QD (once a day). Writer also contacted resident's DR (doctor), no new orders noted. Writer carried out ordered with applying TX (treatment). Resident tolerated TX well. Writer will continue with plan of care.</p> <p>Further review of the medical record of R901 revealed Active Wounds and revealed on 6/17/25, a vascular wound on the resident's right heel was identified.</p> <p>Further review of the medical record did not reveal documented communication the resident's representative had been contacted to inform them of the new wounds.</p> <p>On 7/8/25 at 1:56 PM, the Director of Nursing (DON) was asked about the missing documentation and acknowledged it is missing.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 235298
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<p>F 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the facility's Resident Rights policy revealed the following, Planning and Implementing Care. Residents and/or resident representatives have the right to be fully informed of the medical condition in a language you they can understand, and to participate in your person-centered care planning and treatment, including the type of caregiver who provides services. Residents have the right to refuse and/or discontinue medications and treatments and to be fully informed of the risks and benefits, and to formulate an advanced directive, an informed decision. The right to be informed, in advance of changes to the plan of care .</p>		