

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  08/11/2025
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)
F 0550  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.  (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:  235298	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/11/2025
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> This citation pertains to Intake: 2567551Based on observation, interview, and record review, the facility failed to honor one resident's self-determination rights (R701) of one reviewed for resident rights. Findings include:A review of R701's medical record revealed they were admitted into the facility on [DATE] with diagnoses which included Unspecified Dementia, Muscle Weakness, and Hypertension. Further review revealed the resident had a moderate cognitive impairment, and was independent for bed mobility, dressing, and required minimal assistance for bathing. On 8/11/25 at 10:19 AM, R701 was observed lying in bed and asked about their stay in the facility. They expressed dissatisfaction with the facility food and medication regimen, in addition to their frustration with remaining in the facility. R701 explained their son has guardianship over them and have been feeling powerless as if they are incapable of living independently. Further review of the medical record revealed the following progress notes: 11/22/2024 12:25 Social Service Note .Resident is a recent admission into the facility .admitted into the facility related to [their] mental and healthcare needs. Resident has reported that [they want] to return home however [their] son has stated [they] will remain LTC (long-term care). Resident had conversation related to [their] life and does state [they do] not feel like [R701] has family support in the lifestyle [they want] to have which is to live alone. Resident stated that [they do] feel some slight depression/mood issues related to [them] having to reside in the facility . 12/6/2024 14:27 (2:27pm) Social Service Note .spoke to resident who continues to make accusatory comments about [their] son who is [their] Legal guardian. Resident stated [they were] abused by [their] son and consistently stated he has been stealing [their] money. Resident states [they do not] want [their] son for [their] Guardian and wants a public Guardian. Resident will be assisted to have a modification of Guardianship started, after [they] has been seen by psychological services to ensure [they were] not having an intermittent episode, or if [they are] is consistent in wanting a change. Will continue to follow. A review of R701's Omnibus Budget Reconciliation Act (OBRA) assessment (used to determine a resident's level of care) dated 4/8/25 revealed the following, . 1. Determination: No Nursing Facility-Specialized Mental Health Services. The individual does NOT qualify for the level of services provided by a nursing facility but requires specialized mental health/developmental disabilities services .2. Result of Determination: The individual may no longer continue to reside in a nursing facility .Recommendations: Writer recommends a No Nursing Facility placed as [R701's] medical, physical and psychiatric needs can most appropriately be met in a less restrictive community placement Any referrals needed related to discharge should be made by the NF (nursing facility) Social Worker .Writer recommends exploring the possible modification of the guardianship after a capacity exam has been completed . Further review of R701's medical record revealed a Psychological Evaluation dated 4/21/25 revealing the following, . Based on previous evaluation on 4/1/2025, client displays MILD changes in thinking and memory but RETAINS the capacity to make decision .Client would likely benefit from a LESS RESTRICTIVR ENVIRONMENT, and recommend client move outside the locked memory ward if medical team agrees. Further review revealed the following progress note, 4/11/2025 18:24 (6:24pm) Social Service Note .Writer contacted resident's son to inform him that resident had had a competency evaluation and had been deemed competent to make [their] own decisions. Resident's son was informed that resident does have the right to request [their] guardianship however [they] can wish to have [them] remain as [their] guardian. He has requested a second opinion. Writer will have psychiatrist to do an evaluation. 6/3/2025 14:28 (2:28pm) Physician/PA (physician assistant)/NP (nurse practitioner) - Progress Note.Date of Visit: 6/3/2025. Reason for visit: follow-up chronic illness. Subjective: Patient is seen today in follow-up to [their] chronic illness. [R701] is seen on memory care, complains that people are stealing from [them] including [their] family. Requesting to be moved to another unit. 6/20/2025 20:46 (8:46pm) Physician/PA/NP - Progress Note (Narrative).[R701] has been very agitated and depressed with anxiety over the last few weeks. Patient has been complaining about the fact that [their] son who is the guardian has been stealing money from [them] and not doing right by [them]. Apparently [R701] wishes to file a case in court to change guardianship. [R701] also wishes to be [their]own guardian. Patient continues to be seen by psychiatry who are managing [their] medications. Further review of the medical record did not reveal follow-up regarding R701's capacity, guardianship modification, or referrals related to discharge. On 8/11/25 at 1:35 PM, the Nursing Home Administrator (NHA) was asked if she had any information concerning follow-up regarding the resident's modified guardianship/capacity and explained that she didn't and was unable to provide additional</p>		