STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235298	A. Building B. Wing	03/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Father Murray, A Villa Center	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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** This citation pertains to Intake number 2809219.Based on interview and record review, the facility failed to protect the resident's right to be free from physical abuse by facility staff for one (R900) of three residents reviewed for abuse. Findings include:An allegation of staff to resident abuse involving Certified Nursing Assistant (CNA) A and R900 was submitted to the State Agency.A review of the medical record revealed a progress note dated 3/13/25 at 10:10 PM authored by Licensed Practical Nurse (LPN) B, Observed (name of R904) looking through the personal items of their roommate without their knowledge, (name of R904) became angry pushing (name of LPN B) on the shoulder telling them to mind their own business. A progress note dated 3/14/26, documented, (Name of CNA A) attempted to redirect (name of R904) to their room when (name of R904) began swiping items off the nursing desk to the floor. (Name of CNA A) continued to attempt to redirect (name of resident R904) back to their room when the resident began throwing several full water cups on multiple staff members at the desk, including (name of CNA A). The Director of Nursing (DON) was notified as well as the local police.On 3/24/26 at 3:00 pm, in an interview with R904 they were queried regarding the incident and said, other than the blood clot in their arm they were ok. R904 declined to discuss the situation any further, stating, it was over.At 3:12 PM, an interview with CNA C revealed the beginning of R904's outburst occurred prior to shift change with LPN B. CNA C reported LPN B asked the other floor nurse to swap residents (R904 for another resident). CNA C went on to say, when CNA A was struck by two full cups of ice water they (CNA A) immediately picked up a large, insulated cup and threw it at R904 striking the resident on the hand/wrist area. Review of the medical record revealed R904 was most recently admitted to the facility on [DATE] with the following relevant diagnoses: Gunshot Wound to the Face and Lower Jaw, Major Depression, Conversion Disorder with Seizures, Dysphagia, Gastrostomy. The most recent Minimum Data Set (MDS) assessment revealed a Brief Interview for Mental Status indicating intact cognition.On 3/24/26 at 3:30 PM, an interview with the DON, revealed R904 was angry from being accused of going through room-mates belongings while they were assisting the roommate in finding their remote control. The DON revealed the incident occurred close to shift change and staffs, catastrophic reactions (sudden response to a behavior) to resident behavior is unacceptable. On 3/24/26 at 2:02 PM, a phone call was made to CNA A and did not return a call by survey exit.On 3/24/26 at 2:39 PM, a phone call was made to LPN B and did not return a call by survey exit.A review of the policy titled, Abuse, Neglect, Exploitation, Mistreatment and Misappropriation of Resident Property, dated 11/28/2017 documented, .Residents will be protected from abuse, neglect, and harm while they are residing at the facility. No abuse or harm of any type will be tolerated .

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