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	04/22/2026

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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. Based on observation, interview, and record review, the facility failed to follow provide oversight during medication administration for one resident (R904) of one reviewed for professional standards of practice. Findings include:On 4/22/2026 at 11:27 AM, R904 was observed sitting on the side of their bed placing pills from a medication cup into their mouth. R904 was asked about the pills they were taking and was unable to identify individual pills. A review of the Electronic Medical Record (EMR) revealed R904 was admitted into the facility on 3/17/2025 with pertinent diagnosis of Adjustment Disorder with Mixed Anxiety and Hemiplegia and Hemiparesis (stroke). Further review revealed the resident had an intact cognition. A review of 904's medical record noted the following active physician orders: Amlodipine Besylate (used to treat high blood pressure) Oral tablet 10mg (milligrams) - one time a day for Hypertension (HTN). Hold if systolic blood pressure is less than 100 mmHg (millimeters of mercury, a unit of pressure) or diastolic blood pressure Is less than 60 mmHg. Metoprolol Tartrate (used to treat high blood pressure) Oral 25 mg - Give 1 tablet by mouth every 12 hours for Hypertension (HTN), hold is systolic blood pressure is less than 100mmHg, or diastolic blood pressure is less than 60mmHg.Further review of R904's April 2026 Medication Administration Record (MAR) revealed no blood pressure reading for 4/22/26. On 4/22/26 at 11:39 AM, Licensed Practical Nurse (LPN A) was asked about R904 administering their own medication. LPN A explained R904 is alert and able to self-administer their own medications. LPN A was asked about monitoring of the blood pressure parameters for the administration of R904's blood pressure medication and provided no answer. On 4/22/26 at 12:22 PM, the Director of Nursing (DON) was asked about the monitoring of blood pressure parameters prior to R904 being administered blood pressure medications, and she explained R904's blood pressure should be monitored, and vitals noted on the MAR. A review of the facility policy titled, Medication Administration dated April 2018 revealed the following: Medications are administered as prescribed in accordance with good nursing principles and practices and only by persons legally authorized to do so. Personnel authorized to administer medications do so only after they have been properly oriented to the facility's medication distribution system (procurement, storage, handling and administration). The facility has sufficient staff and a medication distribution system to ensure safe administration of medications without unnecessary interruptions.

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