

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  04/09/2025
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 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> 46956</p> <p>Based on observation, interview, and record review, the facility failed to provide a clean, comfortable, homelike environment for one (R121) of eight residents reviewed for homelike environment. Findings include:</p> <p>Review of the facility record for R121 revealed an admitted [DATE] with diagnoses including Cerebrovascular Accident, Hemiplegia, and Diabetes Mellitus.</p> <p>On 04/07/25 at 11:12 AM, R121 was observed laying in bed. They did not respond to verbal greeting. The wallpaper under the window adjacent to the resident's right side was peeled off in a large (approx. two feet by two feet) area with a portion of the peeled paper hanging and another portion missing. There were multiple smears on the wall in the same area that appeared to be food or drink.</p> <p>On 04/08/25 at 9:05 AM, R121 was observed laying in bed. The wall adjacent to the bed was in the same condition as noted the previous day. R121 was asked about the condition of the room and they stated The clock doesn't work either, it needs a battery. I told them and they haven't fixed it. The clock was observed to be not working.</p> <p>On 04/09/25 at 9:39 AM, R121's room was observed to remain in the condition previously described and the clock was still not working. R121 stated It hasn't worked for about six weeks. R121 reported they told staff about the clock but they couldn't recall who the staff was.</p> <p>On 04/09/25 at 10:39 AM, R121's room was observed with the facility Administrator (NHA) present. The NHA acknowledged the condition of the wall under the window with the torn/hanging and missing wallpaper as well as the clock without a battery. The NHA reported the expectation is the condition of the wall and the function of the clock should be addressed in a timely manner.</p> <p>Review of the facility policy Quality of Life-Homelike Environment dated 04/14 includes under the section Characteristics of a personalized, homelike setting: .a. cleanliness and order .c. inviting colors and decor.</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
---	-------	-----------

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  04/09/2025
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 0640</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Encode each resident's assessment data and transmit these data to the State within 7 days of assessment.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 49699</p> <p>Based on interview and record review, the facility failed to submit a Minimum Data Set Assessment (MDS-a form to be completed for all residents Medicare/Medicaid information) in a timely manner for one (R157) of one residents reviewed for assessments. Findings include:</p> <p>A review of the Electronic Medical Record (EMR) revealed R157 did not have a discharge MDS assessment. The review of the EMR revealed R157 was admitted on [DATE] and was discharged on [DATE].</p> <p>On 4/9/2025 at 9:29 AM, an inquiry was made regarding the submission of a discharge MDS. MDS Nurse E revealed they were unaware of a missing submission and would look into the concern.</p> <p>At 11:29 AM, MDS Nurse E confirmed the discharge MDS submission was overlooked.</p> <p>On 4/9/2025 at 12:15 PM, an interview with the Director of Nursing (DON) revealed the MDS should be submitted in a timely manner.</p>		

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  04/09/2025
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 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 49102</p> <p>Based on interview and record review, the facility failed to complete an annual OBRA (Omnibus Budget Reconciliation Act) Level II Evaluation for three residents (R3, R8, R13) of eight residents reviewed for PASARR (Preadmission Screen and Resident Review). Findings include:</p> <p><b>R3</b></p> <p>A clinical record review revealed R3 was admitted to the facility on [DATE] and readmitted on [DATE] with the following diagnoses of Major Depressive Disorder, Anxiety Disorder, and Congestive Heart Failure. A Minimum Data Set (MDS) assessment dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 7/15 indicating R3 was cognitively impaired. Further review of R3's medical record revealed a PASARR dated 3/25/24.</p> <p><b>R8</b></p> <p>A clinical record review revealed R8 was originally admitted into the facility on [DATE], with a recent readmitted [DATE] and with the following diagnoses of Adjustment Disorder, Anxiety Disorder, Hoarding Disorder and Hemiplegia and Hemiparesis following cerebral infarction. A Minimum Data Set (MDS) assessment dated [DATE] and a Brief Interview for Mental Status (BIMS) score of 13/15, indicating intact cognition. Further review of R8's medical record revealed a PASARR dated 3/19/24.</p> <p><b>R13</b></p> <p>A clinical record review revealed R13 was admitted to the facility on [DATE] and readmitted on [DATE] with the following diagnoses of Major Depressive Disorder, Manic Episode without Psychotic Symptoms, Developmental Disorder of Scholastic Skills and Calculus of Kidney. A Minimum Data Set (MDS) assessment dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score totaled 6/15 indicating R13 has severe cognitive impairments. Further review of R13's medical record revealed a PASARR dated 3/20/24.</p> <p>On 4/9/25 at 12:35 PM, an interview occurred with Social Worker J regarding missing updated PASARRs' for R3, R8, and R13 (due to previous one being completed in 2024). Social Worker J stated he thought all of the 3877s were updated for March but it appeared that some were missed. Social Worker J confirmed that PASARRs should be updated annually and when there is a change in condition.</p> <p>On 4/9/25 at 3:23 PM, the Director of Nursing (DON) was asked about her expectation regarding PASARR, she explained that her expectation is that PASARR assessments are completed timely as required per policy.</p> <p>(continued on next page)</p>

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  04/09/2025
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 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the facility policy titled, PASARR Guideline dated 12/28/17 revealed the following: This facility promotes and supports a resident centered approach to care. The purpose of this guideline is to define and set expectations regarding the appropriate preadmission assessment of all individuals with a mental disorder and individuals with intellectual disability. It is the practice of the facility to coordinate the assessment process with the preadmission screening and annual resident review (PASARR) program under Medicaid in Subpart C to the extent practicable to avoid duplicative testing and effort. This includes incorporating the recommendations from the PASARR level II determination and evaluation in the residents' assessment, care plan, and transition of care; and referring all level II residents and all residents with new or evident conditions related to Level II review upon significant change in status assessment.</p>

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  04/09/2025
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 49699</p> <p>Based on observation, interview, and record review, the facility failed to ensure mouth care was provided for one resident (R137) of four dependent residents reviewed for oral hygiene. Findings include:</p> <p>A review of the Electronic Medical Record (EMR) revealed R137 was most recently admitted on [DATE]. The EMR revealed R137 had a pertinent diagnoses of Developmental Disorder of Speech and Language, Cerebral Infarction (Stroke) affecting non-dominant side, Dysphagia (Swallowing Difficulty) and a Percutaneous Endoscopic Gastric (PEG tube) insertion for nutritional support. The EMR revealed R137 is non-verbal and on nutritional support via a tube-feeding only. R137 is not to have anything by mouth. The EMR further revealed that R137 was unable to complete the Basic Inventory for Mental Status and was also dependent for all Activities of Daily Living.</p> <p>On 4/7/25 at 10:13 AM, R137 was observed in bed on their back with the legs drawn up to a 90 degrees angle to body. An observation of R137's mouth revealed thick and dried mucus over their teeth which appeared thick. R137's upper lips were cracked and had some dried scabs. R137's lower lip had dry pieces of skin sticking up. R137's mouth was only open about 1/2 inch. When queried whether mouth care was done the resident would open their eyes and softly said no.</p> <p>On 4/07/2025 at 12:30 PM, R137 was observed with their mouth in the same condition and in the same position.</p> <p>On 4/8/2025 at 12:14 PM and 3:28 PM, R137 was observed with more crusty layers of mucus across their teeth. Additional observations included pinkish dried mucus around the dried wounds on R137's lips.</p> <p>At 3:30 PM, an interview with Licensed Practical Nurse (LPN) B indicated R137 is non-verbal, and resists care at times. At 3:34 PM, an observation with LPN B confirmed R137 was in need of mouth care and could not confirm if mouth care had been done.</p> <p>A review of the EMR revealed R137 is dependent for personal hygiene including oral hygiene. Further review of the EMR did not reveal R137 had refused any oral care for the past 30 days.</p> <p>On 4/8/2025 at 12:15 PM, an interview with the Director of Nursing (DON) revealed their expectation that residents should receive oral hygiene whenever it is needed and is often on a schedule.</p> <p>A review of the ADL policy, under description of ADL services include: Oral Care: clean mouth, brush teeth, provide moisture to lips .: IX: Check resident throughout the shift for care and hygiene needs; and .Report prolonged absence of ADL care or resident resistance or non0-adherence of hygiene activities to Licensed Nurse .</p>		

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  04/09/2025
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40384</b></p> <p>Based on observation, interview, and record review, the facility failed to ensure resident medications were not left at the bedside for one resident (R5) of one resident and failed to store/date medication in one of two medication carts reviewed for medication storage. Findings include:</p> <p>R5</p> <p>On 4/7/25 at 10:46 AM, R5 was observed lying in their bed. A medication cup of seven pills were observed sitting on the resident's bedside table. At this time, the unit manager of the memory care unit, Unit Manager F was asked to enter the resident's room and explain why the medications had been left at the bedside. Unit Manager F explained that the medications should not have been left at the bedside and would talk to the administering nurse.</p> <p>A review of R5's medical record revealed they were admitted into the facility on [DATE] with diagnoses that included Dementia, Delusional Disorders, and Muscle Weakness. Further review revealed the resident was cognitively intact, and required minimal assistance for activities of daily living. Further review of the medical record did not reveal an assessment for the self-administration of medications.</p> <p>On 4/9/25 at 2:41 PM, the Director of Nursing (DON) was asked for her expectations regarding medications left at the bedside, and explained medications should not be left at the bedside.</p> <p>49699</p> <p>On 04/8/25 at 9:14 AM, the two south back medication cart was observed with Licensed Practical Nurse (LPN) H and a Trelegy inhaler was found with no date or resident identifier on the actual inhaler and a glucose strips container was not dated when opened.</p> <p>On 4/9/2025 at 2:40 PM, an interview with the Director of Nursing (DON) revealed glucose strips and medications should be appropriately labeled and dated when opened. The DON also revealed glucose strips and medications should be appropriately labeled when opened.</p> <p>A review of the facility's Medication Storage policy revealed the following, The facility shall store all medications and biologicals in a safe, secure, and orderly manner .</p>		

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  04/09/2025
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 46956</p> <p>Based on observation, interview, and record review, the facility failed to store oxygen mask and tubing in a sanitary manner for one (R98) of four residents reviewed for supplemental oxygen use. Findings include:</p> <p>A review of the facility record revealed R98 was admitted to the facility on [DATE] with diagnoses including Respiratory Failure and Seizure Disorder.</p> <p>On 04/07/25 at 2:48 PM, R98's oxygen mask and tubing was observed laying on the concentrator not covered or bagged.</p> <p>On 04/08/25 at 8:55 AM, R98 was observed laying in bed wearing a nasal cannula. The oxygen mask/tubing and a second nasal cannula/tubing were observed laying in the open top drawer of the nightstand on top of other items uncovered and not bagged.</p> <p>On 04/09/25 at 10:48 AM, the facility Director of Nursing (DON) was interviewed and made aware of the observations of the oxygen mask/tubing and nasal cannula/tubing being stored uncovered and not bagged. The DON reported the expectation is that they should be bagged when not in use.</p> <p>A review of the facility policy Oxygen Administration dated 03/20 revealed the entry f. Oxygen tubing will be covered and stored when not in use.</p>

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  04/09/2025
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 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 40384</p> <p>Based on interview and record review, the facility failed to immunize per acceptable and/or declination for influenza immunizations for one resident (R81) of five sampled residents reviewed for immunizations. Findings Include:</p> <p>A review of R81's medical record revealed they were admitted into the facility on [DATE].</p> <p>During a review Infection Control program, the influenza acceptance/declination for R81 was requested and revealed a consent to receive the influenza immunization dated for 10/4/24. Reviewed was a second document dated for 10/10/24 declining the influenza vaccine. A review of the resident's medical record revealed the resident received the influenza immunization on 10/14/24 (four days after declining it).</p> <p>On 4/8/25 at 4:19 PM, the Director of Nursing (DON) was asked about her expectation regarding immunizations being provided per consent, she explained her expectation is that immunizations are provided per acceptance/declination.</p> <p>A review of the facility's Influenza Vaccination Guideline did not reveal information regarding a resident receiving a vaccine after signing a declination.</p>

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  04/09/2025
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 0887</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Educate residents and staff on COVID-19 vaccination, offer the COVID-19 vaccine to eligible residents and staff after education, and properly document each resident and staff member's vaccination status.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 40384</p> <p>Based on interview and record review, the facility failed to document the education regarding benefits and offering of immunizations (COVID vaccine), and immunize per acceptable and/or declination for three residents (R7, R13, and R63) of five sampled residents reviewed for immunizations. Findings Include:</p> <p>During a review of the Infection Control program, acceptance/declinations of the COVID vaccine were requested for R7, R13, and R63.</p> <p>R7</p> <p>A review of R7's medical record revealed they were admitted into the facility on [DATE].</p> <p>A review of R7's COVID declination was signed by the resident during the survey on 4/8/25 however, the resident has a guardian responsible for making medical decisions on their behalf.</p> <p>R13</p> <p>A review of R13's medical record revealed they were admitted into the facility on [DATE].</p> <p>A review of their medical record revealed the resident refused the vaccine however, the resident completed a COVID acceptance consent.</p> <p>R63</p> <p>A review of R63's medical record revealed they were admitted into the facility on [DATE].</p> <p>A review of their COVID acceptance was completed on 10/24/24 however, their medical record did not indicate the vaccine had been provided.</p> <p>On 4/9/25 at 8:54 AM, Infection Control Preventionist G was asked about the incomplete documentation and acknowledged the documentation was missing and would work on correcting the concerns.</p> <p>On 4/9/25 at 3:19 PM, the Director of Nursing (DON) was asked about her expectation regarding immunizations being provided per consent, she explained her expectation is that immunizations are provided per acceptance/declination.</p> <p>A review of the facility's Clinical Documentation Process for COVID-19 Vaccinations-Residents revealed, . Immunization tab Check to see if the consent was already documented for the COVID-19 vaccine .For residents that decline the COVID-19 vaccination. Ensure each resident declining the COVID-19 vaccination has been educated on vaccine indications and ramification of refusing administration of the vaccine. Documentation of the declination in the clinical record .</p>		