

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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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 06/25/2026
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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to maintain a safe, homelike environment affecting two residents (R73 and R17) of three reviewed for environment. Findings include: R73 On 06/23/26 at 9:50 AM, R73 was observed sitting in their wheelchair next to the bed. When asked about concerns, R73 pointed to areas on their wall and stated, I'm in my room most of the time and must look at this. Even when visitors come, they have to see this. R73 stated that they reported this concern to nursing months ago. Several deep nicks in the drywall and peeling paint were observed on the wall and multiple areas on wall around the room. A record review revealed that R73 was admitted on [DATE] with the following medical diagnoses of Major Depressive disorder, Anxiety and Hypertension. R73's Brief Interview for Mental Status assessment (BIMS) score was 15/15, indicating intact cognition. R17 On 06/23/26 at 10:15 AM, R17 was observed lying in bed looking at television. R17 was unable to respond when asked about concerns. A large section of peeling paint and wallpaper was observed peeling off the wall behind their bed and under the television. A record review revealed that R17 was admitted on [DATE] with the following medical diagnoses of Hypertension, Cerebral Vascular Accident, and Dysphagia. R17's Brief Interview for Mental Status assessment (BIMS) score was 0/15, indicating severely impaired cognition. On 6/25/26 at 11:06 AM, a tour of the room was held with Maintenance Director (MD) F regarding room [ROOM NUMBER]. MD F was asked about areas of concern and acknowledged that the areas needed repair and that the department is working to complete several areas. The MD stated his expectation is for all the residents to be able to live in a safe, homelike environment. A review of the facility's policy titled Quality of Life - Homelike Environment policy revealed that residents are provided with a safe, clean, comfortable and home-like environment and encouraged to use their personal belongings to the extent possible.		

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
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F 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to notify or provide one resident (R194) or their representative of a bed hold (a policy on how a resident's bed will be held or reserved while they are absent from the facility) upon transfer to the hospital out of two residents reviewed for hospital discharges. Findings include: Review of R194's electronic medical record (EMR) revealed progress notes regarding R194's discharge to the hospital on 6/16/26 for catheter related complications with admission back into the facility on 6/20/26. No documentation was found to indicate they or their representative was provided with the facility's bed hold policy upon this discharge to the hospital. Further review of R194's EMR revealed they were admitted to the facility 9/13/2023 with diagnoses of hypertension (high blood pressure), major depressive disorder, and obstructive and reflux uropathy (blockage of the urinary tract). R194's most recent Minimum Data Set (MDS) dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 13, indicating intact cognition. On 06/25/2026 at 11:45 AM, an interview was conducted with the Nursing Home Administrator (NHA) who confirmed the facility's policy regarding bed hold notification is that the family of the resident is called by the receptionist to notify them of the facility's bed hold policy. The NHA then provided a document showing that R194's family was contacted on 6/19/26 (three days after resident was discharged from the facility). On 06/25/2026 at 11:48 AM, an interview was conducted with Receptionist E who stated they have a list of recently hospitalized residents they use to call the family of each resident after they have been out of the facility for over a day. Receptionist E went on to say that during the call they discuss bed holds with the resident's family and confirmed that on 6/19/26 they did speak with R194's family member and discussed the bed hold policy. On 06/25/2026 at 12:07 PM, an interview was conducted with R194's Family Member G via telephone. Family Member G stated they were called by the facility to be informed of the details of R194's hospitalization, but they were not given information about a bed hold policy. On 06/25/2026 at 1:54 PM, an additional interview was conducted with the NHA who said R194 should have been provided with a written notice of the bed hold policy, and that the expectation is for residents to be provided with one when they are discharged to the hospital. Review of a facility policy titled Bed Hold and Return Guideline with effective date of 4/25/2019 revealed Residents and their representative will be provided with bed hold and return information at admission and before a hospital transfer or therapeutic leave.		

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F 0640 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Encode each resident's assessment data and transmit these data to the State within 7 days of assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based interview and record review, the facility failed to complete Minimum Data Set (MDS) assessments timely for two residents (R18 and R215) of 12 residents reviewed. Findings include: A review of the survey MDS task revealed 12 residents with assessments overdue by 120 days. On [DATE] at 12:18 PM, the surveyor asked the nurses in the MDS office about 12 overdue MDS assessments and requested follow-up on why they are triggering as incomplete. On [DATE] at 3:15 PM, MDS Nurse H explained that resident R18 and R215's MDS assessments had been overlooked and not completed. The other 10 were clerical errors which had previously been remedied. A review of R18's medical record revealed they were admitted into the facility on [DATE] with diagnoses of Encephalopathy and Acute Respiratory Failure with Hypoxia. Their MDS was due on [DATE] and had not been completed. A review of R215's medical record revealed they were admitted into the facility on [DATE] and discharged on [DATE] with diagnoses which included Sepsis and Diabetes. Their MDS assessment was due on [DATE] and had not been completed. On [DATE] at 3:00 PM, the Nursing Home Administrator (NHA) was asked about the MDS assessments that had not been completed and expressed that her expectation is for the assessments to be completed timely. A review of the facility's, RAI (Resident Assessment Instrument) Process Guideline revealed the following. .4) The assessment information will be encoded into the MDS within 7 days of the assessment completion. Everyone who completes a portion of the assessment will sign to certify the accuracy of that portion of the assessment. Back-dating is prohibited, though signing the assessment section with the date that section was completed is not considered back dating. Tracking records and OBRA (Omnibus Budget Reconciliation Act) assessments will be transmitted electronically, in a CMS (Centers for Medicare and Medicaid) specified format, within 14 days of the assessment completion. MDS transmission Validation Reports will be saved electronically. The facility does not release resident-identifiable information to the public .		

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. Based on observation, interview and record review, the facility failed to implement care planned interventions for one resident (R39) of three reviewed for care plans. Findings include: A review of R39's medical record revealed they were admitted into the facility on 5/22/14, with a readmission date of 9/30/25 with diagnoses of Peripheral Vascular Disease (PVD) and Adult Failure to Thrive. Further review revealed the resident was severely cognitively impaired and required dependence with activities of daily living. A review of R39's skin integrity care plan noted the following, .The resident has actual impairment .Left outer lateral heel stage 2 (partial thickness loss of dermis), Right lateral lower leg Vascular, right lateral ankle vascular/Right heel eschar vascular, left heel eschar vascular, cognitive communication deficit, adult failure to thrive .Date Initiated: 02/20/2025. Interventions: .12. Heel protectors . On 06/23/2026 at 10:12 AM, 1:43 PM, and 3:39 PM, R39 was observed in bed on their back, their feet flat on the bed with no heel protectors in use. Due to R39's cognition, they were unable to be interviewed. On 06/24/2026 at 8:47 AM, 10:29 AM, 11:48 AM, and 1:43 PM, and 3:48 PM, R39 was observed in bed with their feet lying flat on the mattress, no heel protectors were observed in use. On 06/25/2026 at 9:04 AM, R39 was lying on back with their feet lying flat on the mattress, no heel protectors were observed in use. On 06/25/2026 at 11:48 AM, Wound Care Nurses (WCN) B and C were asked about R39's missing heel protectors. WCN C explained the heel protectors were most likely being laundered and had not been brought back to the unit. The three days of observations were discussed, and both wound care nurses and they acknowledged no direct care staff members had ensured they were on. On 06/25/2026 at 2:07 PM, the Director of Nursing (DON) was informed of R39's missing heel protection and explained the resident typically has them on but acknowledged they should have had them on during the surveyor's observations. A review of the facility's, Care Plan Standard Guideline policy did not address the implementation of care planned interventions.		

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to revise a care plan intervention for one resident (R24) out of three reviewed for care plans. Findings include: A review of the medical record revealed R24 admitted into the facility on 3/21/2022 with the following medical diagnoses, adjustment disorder and Generalized Anxiety Disorder. A review of a Minimum Data Set (MDS) assessment dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 0/15 indicating an impaired cognition. R24 also required staff assistance with bed mobility and transfers. Further review of an active care plan noted the following, Focus: I speak limited English. I speak Chinese as my primary language, but can understand some English.Goal: The resident will be able to make basic needs known by.using communication board.Interventions: The resident is able to communicate by: using communication board at bedside.On 6/24/2026 at 11:50 AM, a communication board was not noted to be at R24's bedside. R24 was unable to be interviewed.On 6/25/2026 at 11:50 AM, A communication board was not noted to be at R24's bedside. On 6/25/2026 at 11:52 AM, an interview was conducted with Certified Nursing Assistant (CNA) D. CNA D reported R24 used to have a communication board when first admitted into the facility, but they have not had one in a while. CNA D reported R24 does know some English and communicates by pointing and one-word answers. On 6/25/2026 at 11:59 AM, an interview was conducted with the Activities Director (AD) A. AD A reported R24 does not need a communication board at this time, and although they do not speak much English, they can understand it well. On 6/25/2026 at 1:59 PM an interview was conducted with the Director of Nursing (DON). The DON reported that R24 can communicate their needs and has been here long and knows the staff. The DON reported the care plan needs to be updated. A request for a facility policy related to revising care plans was requested but not received by end of survey.		

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to apply soft lift heel boots for one resident (R9) out of one reviewed for physician orders. Findings include: A review of the medical record revealed R9 admitted into the facility on 2/6/2025 with the following medical diagnoses, Muscle Wasting and Atrophy and Anoxic Brain Damage. A review of the Minimum Data Set (MDS) assessment dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 99, indicating R9 was unable to complete the assessment. R9 also required staff assistance with bed mobility and transfer. Further review of current physician's orders revealed the following, Soft heel lift boots when up in chair and bed. Every shift for wound care management. Further review of the Treatment Administration Record (TAR) for the month of June 2026 noted a checkmark for day shift and night shift indicating the soft heel lift boots had been applied daily. On 6/23/2026 at 11:41 AM, 12:00 PM, and 3:45 PM, R9 was observed lying in bed, no soft heel lift boots were in use. On 6/24/2026 at 8:59 AM, 12:07 PM, 1:49 PM, and 3:54 PM, R9 was observed lying in bed, no soft heel lift boots were in use. On 6/25/2026 at 9:27 AM, R9 was observed lying in bed, no soft heel lift boots were in use. On 6/25/2026 at 11:55 AM, an interview was conducted with Wound Care Nurse (WCN) B and WCN C. WCN C reported R9 does not have any wounds on their heels and the soft heel lift boots order was entered as a preventative measure but aren't needed due to R9's contractures. On 6/25/2026 at 2:01 PM, an interview was conducted with the Director of Nursing (DON) who confirmed the soft heel lift boots should have been applied per the physician's orders. A review of a facility policy titled, Physician Medication Orders did not address following an order as prescribed.		