STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235325	A. Building B. Wing	06/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Villa at City Center	11700 East Ten Mile Road Warren, MI 48089

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. This citation pertains to Intake 3024714. Based on interview and record review, the facility failed to ensure the resident's medications were available to administer per physician's orders for one resident (R901) of one reviewed for pharmacy services. Findings include:A review of a complaint called into the State Agency revealed the resident's (R901) seizure medication ran out and had to be reordered resulting in missed doses. A review of R901's medical record revealed they were admitted into the facility on 4/6/26 and discharged on 5/26/26 with diagnoses of Unspecified Convulsions. Further review revealed the resident was cognitively intact and required assistance with activities of daily living.Review of the medical record revealed the resident had the following physician's order dated, 4/29/26 to 5/27/26, Lacosamide (an anticonvulsive medication used to treat seizures) Oral Tablet 200 MG (milligrams) Give 1 tablet by mouth two times a day for convulsions.Review of R901's May Medication Administration Record (MAR) revealed the resident was not administered the Lacosamide on the following dates on the morning shift (7AM to 3:30 PM): 5/6, 5/8, 5/10, 5/19, 5/20, and 5/21, and on the afternoon shift (3PM to 11PM): 5/7, 5/8, 5/9, 5/10, 5/19, and 5/20.A review of progress notes revealed the following reasons why the medication had not been administered:5/6/2026 11:56 (11:56am) .Writer spoke with pharmacy and a new signed script is needed.Strength is not supplied in back up box, MD (medical doctor) aware.5/7/2026 21:45 (9:45pm) .Awaiting from Pharmacy.5/8/2026 13:59 (1:50pm) .on order.5/9/2026 01:36 (1:36am) .awaiting pharmacy delivery.5/9/2026 10:56 (10:56am) .on order.5/10/2026 05:30 (5:30am) .awaiting pharmacy delivery.5/10/2026 13:21 (1:21pm) .spoke with pharmacy medication will be delivered tonight.5/10/2026 21:21 (9:21pm) .Not available.5/19/2026 09:41 (9:41am) .on order.5/20/2026 04:02 (4:02am) .awaiting delivery.5/20/2026 10:16 (10:16am) .on order.5/21/2026 13:35 (1:35pm) .on order.5/21/2026 20:36 (8:36am) .N/A.On 6/10/26 at 4:00 PM, the Director of Nursing (DON) and Unit Manager A were interviewed regarding R901's medication not being documented as administered as well as concerns with the pharmacy. The DON explained there was a discrepancy with the pharmacy with the number of pills provided and that approval had been provided from R901's physician to utilize their home supply, acknowledging the resident should not have had to supply their own medication. The DON and Unit Manager A acknowledged the medications were not marked off as being administered on the MAR, and the resident did not have an order or assessment completed for self-administration of medications. A review of the Physician Medication Orders policy revealed the following, Drugs and biologicals that are required to be refilled must be reordered from the issuing pharmacy not less than three (3) days prior to the last dosage being administered to ensure that refills are readily av

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