

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235325	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/08/2025
NAME OF PROVIDER OR SUPPLIER The Villa at City Center		STREET ADDRESS, CITY, STATE, ZIP CODE 11700 E Ten Mile Rd 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)		
<p>F 0700</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Try different approaches before using a bed rail. If a bed rail is needed, the facility must (1) assess a resident for safety risk; (2) review these risks and benefits with the resident/representative; (3) get informed consent; and (4) Correctly install and maintain the bed rail.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49102</p> <p>Based on observation, interview, and record review, the facility failed to complete assessments to determine need for bed rails for one resident (R24) of one residents reviewed for bed rails.</p> <p>On 1/06/25 at 9:12 AM, R24 was observed lying in bed watching television with bilateral bed rails up on each side of the bed.</p> <p>On 1/07/25 at 11:07 AM, R24 was observed laying in bed with the bilateral bed rails up on each side of the bed. R24 was asked why there were rails on the bed and R24 shrugged shoulders and stated they keep me safe.</p> <p>A review of R24 medical record revealed R24 was admitted on [DATE] with multiple diagnoses including muscle weakness, type II diabetes mellitus with diabetic peripheral angiopathy with gangrene, and atherosclerosis of native arteries of extremities with gangrene right leg. A review of R24's Minimum Data Set (MDS) assessment dated on 10/2/2024 revealed a Brief Interview of Mental status (BIMS) assessment of 06 indicating moderate cognitive impairment.</p> <p>Further review of R24's medical records revealed no documentation of a physician's order, a bed rail assessment, a bed rail care plan, or signed consent for the use of the bilateral bed rails. Per medical record, R24 signed onto hospice services on 9/26/24 and recieved the hospital bed with bed rails on 10/25/24.</p> <p>On 1/08/25 at 1:25 PM, an interview was held with the Director of Nursing (DON). The DON confirmed there was no assessment for the use of the bed rails. When asked about the expectation of bed rails, DON stated, I would expect that every resident would have bed rails per policy guidelines.</p> <p>On 1/8/25, the Nursing Home Administrator (NHA) at 1:50 PM also confirmed there was no consent or documentation for the bed rail use.</p> <p>(continued on next page)</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
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<p>F 0700</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the policy titled, Bed Rail Device Guide dated 11/28/17 revealed the following, the practice of this facility to identify and reduce safety risks and hazards commonly associated with bed rail use. A duo-faceted approach will be used to achieve sustainable quality outcomes, including 1) regular bed maintenance and 2) individual bed rail evaluations. In response to the requirement of providing for a safe, clean, comfortable, and homelike environment, the facility ' s regular maintenance program will include regular inspection of all bed systems (e.g. rails (positioning bars), frames, and mattresses, and operational components) to ensure they are clean, comfortable, and safe. The facility will also ensure individual resident bed rail evaluations are performed on a regular basis. Individual bed rail evaluations will include data collection analysis and determination of potential alternatives to bed rail use. When bed rail(s) are deemed necessary and appropriate, the facility will provide education to resident or resident ' s representative pertaining to the risk and benefits of bed rail use. The facility's priority is to ensure safe and appropriate bed rail use.</p>		

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<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>50223</p> <p>Based on observation, interview, and record review the facility failed to ensure medications and supplies were discarded when expired in two of two medication carts and one of one medication storage room. Findings include:</p> <p>On 1/07/25 at 8:44 AM, a review of the medication cart on the low side of two east unit with Licensed Practical Nurse (LPN) B revealed an expired bottle of cranberry supplement with an open date of 10/23.</p> <p>On 1/07/25 at 9:00 AM, a review of the medication cart on the high side of the two west unit with LPN C revealed a bottle of aspirin with an expiration date of 9/5/24.</p> <p>On 1/8/25 at 9:30 AM, a review of the medication storage room on the two west unit with LPN D revealed an expired tube of Silvadene cream dated 2022 and an IV (intravenous) start kit with an expiration date of 5/23.</p> <p>On 01/08/25 at 11:44 AM, the Director of Nursing (DON) explained pharmacy staff is supposed to come monthly to stock items and throw out expired meds. The DON also explained the nursing staff should check the medication carts weekly for expired medications.</p> <p>A review of the facility's policy titled Storage of Medications revealed the following: The facility shall store all drugs and biologicals in a safe, secure, and orderly manner . 4. The facility shall not use discontinued, outdated, or deteriorated drugs or biologicals. All such drugs shall be returned to the dispensing pharmacy or destroyed.</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>49102</p> <p>Based on observation, interview, and record review, the facility failed to ensure meals were served at a preferred and palatable temperature for one resident (R80) and four of eight confidential group residents reviewed for food palatability. Findings include</p> <p>On 01/06/25 at 10:02 AM, R80 was observed in room watching television. When asked about concern, R80 stated the food was often cold at meals. R80 stated the sausage for breakfast that morning was cold.</p> <p>On 01/07/25 at 09:30 AM, R80 was observed eating breakfast in the room. When asked about the meal, R80 stated it was cool but better than the previous day.</p> <p>On 1/07/25 at 2:00 PM, a confidential group meeting was conducted with a group of eight facility residents. The group members were asked about food palatability at the facility and four of the eight group residents indicated the food was frequently cold when it was served to them.</p> <p>On 1/08/25 at 12:50 PM, a lunch tray from second floor East food cart and tested by the Dietary Supervisor. The lunch tray foods tested as follows:</p> <p>Half of a baked potato-110.7 Degrees Fahrenheit,</p> <p>Glazed carrots -101.8 Degrees Fahrenheit,</p> <p>Baked ham -90.1 Degrees Fahrenheit.</p> <p>On 1/8/25 at 1:00 PM, during an interview with the Dietary Service Director (DSD) they confirmed the temperature of the tray was cool, and that food temperatures should be at least 110 to 120 Degrees Fahrenheit upon reaching the residents.</p> <p>A facility policy titled, Food Palatability - Hot Food Temperatures was reviewed and documented the following, The healthcare community prepares and serves food and beverages that are palatable, attractive and at safe and appetizing temperature. Hot foods will be held at or above 135 Degrees Faranheit.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 22960</p> <p>Based on observation, interview, and record review, the facility failed to maintain the kitchen in a sanitary manner. This deficient practice had the potential to affect all residents that consume food from the kitchen. Findings include:</p> <p>On 1/6/25 between 9:00 AM-9:30 AM, during an initial tour of the kitchen with Certified Dietary Manager (CDM) E, the following items were observed:</p> <p>At the hand washing sink near the dish machine room, there was no hand washing signage, no paper towels, and no liner in the trash can. CDM E confirmed the lack of signage, towels and liner.</p> <p>According to the 2017 FDA Food Code section 6-301.12 Hand Drying Provision, Each handwashing sink or group of adjacent handwashing sinks shall be provided with: (A) Individual, disposable towels;.</p> <p>According to the 2017 FDA Food Code section 6-301.14 Handwashing Signage, A sign or poster that notifies food employees to wash their hands shall be provided at all handwashing sinks used by food employees and shall be clearly visible to food employees.</p> <p>In the walk-in cooler, there was a pan of sloppy [NAME] meat with a use-by date of 1/4. CDM E discarded the meat mixture.</p> <p>According to the 2017 FDA Food Code section 3-501.17: Ready-to-eat, potentially hazardous food prepared and held in a food establishment for more than 24 hours shall be clearly marked to indicate the date or day by which the food shall be consumed on the premises, sold, or discarded when held at a temperature of 41 degrees Fahrenheit or less for a maximum of 7 days. Refrigerated, ready-to- eat, potentially hazardous food prepared and packed by a food processing plant shall be clearly marked, at the time the original container is opened in a food establishment and if the food is held for more than 24 hours, to indicate the date or day by which the food shall be consumed on the premises, sold, or discarded, and: (1) The day the original container is opened in the food establishment shall be counted as Day 1; and (2) The day or date marked by the food establishment may not exceed a manufacturer's use-by date if the manufacturer determined the use-by date based on food safety.</p> <p>The grates of the vent hood were soiled with grease buildup. CDM E stated the grates would be cleaned right away.</p> <p>According to the 2017 FDA Food Code section 4-602.13 Nonfood-Contact Surface, Nonfood-contact surfaces of equipment shall be cleaned at a frequency necessary to preclude accumulation of soil residues.</p> <p>The handwashing sink near the 3 compartment sink, was blocked with carts and was not accessible.</p> <p>According to the 2017 FDA Food Code section 5-205.11 Using a Handwashing Sink, 1. (A) A HANDWASHING SINK shall be maintained so that it is accessible at all times for EMPLOYEE use. Pf</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>The ice scoop holder located in the ice machine room on the 2nd floor was observed with black debris on the bottom inside surface. CDM E stated the holder would would cleaned right away.</p> <p>According to the Food & Drug administration (FDA) 2017 Model Food Code, Section 3-304.12 In-Use Utensils, Between-Use Storage, During pauses in food preparation or dispensing, food preparation and dispensing utensils shall be stored: .(E) In a clean, protected location if the utensils, such as ice scoops, are used only with a food that is not potentially hazardous (time/temperature control for safety food) .</p> <p>There was an unlabeled, uncovered pitcher with a white powder substance, stored on a shelf near the oven.</p> <p>According to the 2017 FDA Food code section 3-302.12 Food Storage Containers, Identified with Common Name of Food, Except for containers holding FOOD that can be readily and unmistakably recognized such as dry pasta, working containers holding FOOD or FOOD ingredients that are removed from their original packages for use in the FOOD ESTABLISHMENT, such as cooking oils, flour, herbs, potato flakes, salt, spices, and sugar shall be identified with the common name of the FOOD.</p>		