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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION             | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>235332 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                              | (X3) DATE SURVEY COMPLETED<br><br>04/04/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Westland, A Villa Center |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>36137 W Warren<br>Westland, MI 48185 |  |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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| (X4) ID PREFIX TAG   | SUMMARY STATEMENT OF DEFICIENCIES<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)   |
| <p>F 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>PASARR screening for Mental disorders or Intellectual Disabilities</p> <p>44750</p> <p>This citation pertains to Intake MI00143350.</p> <p>Based on interview, and record review, the facility failed to update a Preadmission Screening and Resident Review (PASARR screening) for one resident (R804) out of one reviewed for PASARR screenings. Findings include:</p> <p>A review of R804's PASARR Level I screening dated 9/27/2023 was completed and revealed that Section II, numbers 1 and 2 on the form were checked Yes with the diagnosis of Mental Illness checked and included a diagnosis of Anxiety and Schizophrenia. R804 was also taking antipsychotic medication at the time.</p> <p>The note section of the form noted the following, Note: The person screened shall be determined to require a comprehensive Level II OBRA evaluation if any of the above items are Yes, Unless a physician, nurse practitioner, or physician's assistant certifies on form DCH-3878 that the person meets at least one of the exemption criteria.</p> <p>Further review of the PASARR Level II screening dated 9/27/2023 revealed a hospital exempted discharge were checked and noted the following, Yes, I certify the patient under consideration: 1. Is being admitted after an inpatient medical hospital stay, AND 2. Requires nursing facility services for the condition for which he/she received hospital care, AND 3. Is likely to require less than 30 days of nursing services.</p> <p>On 4/3/2024 at 11:37 AM, a request was made for an updated Level I am screening and/or the Level II for R804 since they had been in facility longer than 30 days.</p> <p>On 4/3/2024 at 1:00PM, an interview was conducted with Social Worker (SW)D. SW D stated the Social Worker that worked with R804 was no longer with the company. SW D stated that they would be redoing the PASARR themselves.</p> <p>A review of a facility policy titled, PASARR Guideline noted the following, .Annually and with any significant change of status, the facility will complete the PASARR Level I screen for those individuals identified per the Level II screen requiring specialized services. The facility will report any changes as identified via the screen to the state mental health authority or state intellectual disability authority promptly.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0694</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Provide for the safe, appropriate administration of IV fluids for a resident when needed.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44750</b></p> <p>Based on observation, interview, and record review, the facility failed to change and date a peripherally inserted central catheter (PICC) line dressing for one resident (R802) out of one reviewed for PICC line dressings. Findings include:</p> <p>On 4/4/2024 at 8:47 AM, R802 was observed in bed and eating breakfast. R802 was noted to have an PICC line in their left arm. The dressing on the PICC line was lifting off and was not dated. R802 stated that their dressing had not been changed since the PICC line was put in at the hospital. R802 stated that they were currently not receiving any fluids or antibiotics.</p> <p>On 4/4/2024 at 8:51 AM, an interview was conducted with Licensed Practical Nurse (LPN) A. LPN A stated that they noticed that the PICC line was in and that they were going to call the nurse practitioner to obtain an order to remove it.</p> <p>A review of the medical record revealed that R802 admitted into the facility on [DATE] with the following diagnoses, Metabolic Encephalopathy and Necrotizing Fasciitis. A review of the Minimum Data Set assessment revealed a Brief Interview for Mental Status score of 13/15 indicating an intact cognition.</p> <p>Further review of the physician orders did not reveal an order to change the PICC line dressing.</p> <p>On 4/4/2024 at 9:50 AM, an interview was conducted with the Director of Nursing (DON). The DON stated that R802 came back from their last hospital stay on antibiotics and with the PICC line. The DON stated that an order should have been entered to change the PICC line dressing every seven days per policy.</p> <p>A review of a facility policy titled, Central Venous Catheter Dressing Changes noted the following, Central venous catheter dressings will be changed at specific intervals, or when needed, to prevent catheter-related infections that are associated with contaminated, loosened, soiled, or wet dressings.</p> |