

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235332	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/06/2024
NAME OF PROVIDER OR SUPPLIER Westland, A Villa Center		STREET ADDRESS, CITY, STATE, ZIP CODE 36137 W Warren 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.

(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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 28776</p> <p>This citation pertains to Intake MI00143993.</p> <p>Based on observation and interview, the facility failed to maintain a clean, homelike environment for one resident R701 out of one resident reviewed for environment. Findings include:</p> <p>On 06/06/24 at 10:00 AM, R701 was observed lying in bed in their room watching television. An observation of the privacy cubical curtains revealed several round brown stains on it. When asked about the curtains, R701 stated I have told them (housekeeping staff) about the curtains. Just looking at it is nasty and makes me sick.</p> <p>A record review revealed that R701 was admitted on [DATE] with the medical diagnoses of Major Depressive Disorder, Asthma, Respiratory Failure and Muscle Weakness. A review of the most recent Minimum Data Set Assessment (MDS) dated [DATE] was completed with a Brief Interview for Mental Status (BIMS) score of 15 which indicates intact cognition.</p> <p>On 6/06/24 at 1:45 PM during an observation and interview with the Housekeeping Supervisor, (Staff A) they confirmed, The privacy curtains are cleaned once a month. It is my expectation the curtains are clean in the resident's room.</p> <p>On 6/06/24 at 1:50 PM an interview occurred with the Nursing Home Administrator (NHA). NHA was wasked about the expectation for residents rooms and cleanliness. NHA stated, Residents have a the right to a clean homelike environment.</p> <p>A review of the facility policy titled Resident Rights which was implemented on 11/28/17 revealed the following, Residents have the right to a safe, clean, comfortable and home-like environment that allows independence as possible.</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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