

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  09/25/2024
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 0600</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 50223</p> <p>This citation refers to Intake MI00146945.</p> <p>Based on interview and record review, the facility failed to protect the resident's right to be free from resident to resident physical abuse for one resident (R904) out of two residents reviewed for abuse resulting in hospitalization for right eye fracture. Findings include:</p> <p>A review of a complaint called into the State Agency incident revealed the following: (R903) sold clothes to (R904) but (R904) didn't pay for the clothes and claims that (R903) took them back. On 9/5/24 (R904) hit (R903) in the arm and (R903) swung back hitting (R904) in the face causing (them) to fall. The residents were separated, and the police were called. (R904) injuries were assessed and treated without further incident.</p> <p>R904</p> <p>A review of R904's record revealed they were admitted to the facility on [DATE] with the following diagnosis; end stage renal disease. A review of R904's Brief Interview for Mental Status revealed a score of 15 indicating intact cognition.</p> <p>Further review of R904's record revealed they were hospitalized following the physical altercation from 9/5/24 to 9/17/24. A hospital discharge note dated 9/17/24 revealed the following: (R904) reports (they) started the altercation with another resident due to the resident stealing jerseys from (their) room. (R904) ended up being punched and kicked in the face multiple times .Right eye hematoma (bruising), subconjunctival hemorrhage. There is a moderate acute fracture of the medial right orbital wall.</p> <p>On 9/25/24 at 9:31 AM, a call was placed to R904 and a voicemail was left. Call was not returned by the completion of the survey.</p> <p>R903</p> <p>A review of R903's record revealed they were admitted to the facility on [DATE], discharged on [DATE] and readmitted on [DATE] with the following pertinent diagnosis: schizophrenia, and PTSD (post traumatic stress disorder). A review of R903's Brief Interview for Mental status revealed a score of 15 indicating intact cognition.</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
---	-------	-----------

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  09/25/2024
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 0600</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>A visit note from psychiatry for R903 dated 8/15/24 revealed the following: Pt was referred to therapist for psychotherapy following a self report of hallucinations and delusions. Pt reported that the aliens came and cloned his family. Pt has a history of facility treatment, IP treatment and incarceration. Pt is also diagnosed with Schizophrenia (unspecified type). Currently, pt endorses mild depression. Pt. has a history of suicide attempt in 2022. Pt also endorses multiple triggers to anger tied to perceived criticism from family members due to his substance misuse history. Pt currently denies suicidal thoughts and intent. Pt voiced concerns over frustration with family members, past trauma and his plans for the future. Pt agreed to psychotherapy to address the above issues.</p> <p>A review of R903's care plans revealed no mention of psychiatric diagnosis, behaviors, or suicidal ideation.</p> <p>Further review of R903's electronic medical record revealed a behavior monitoring task list revealed the following:</p> <p>-On 9/1/24 at 5:08 AM: cursing at others, express frustration/anger at others, screaming at others, threatening others.</p> <p>-On 9/2/24 at 9:35PM documented by CNA O, accusing of others, cursing at others, express frustration/anger at others, screaming at others, threatening others, disruptive sounds, disrobing in public, public sexual acts, rummaging</p> <p>A psychiatry visit note dated 9/3/24 revealed the following: Pt (patient) appears to be becoming restless at the facility. Thp (therapist) and pt discussed coping skills that (they) can do to remain calm and to control (their) triggers.</p> <p>On 9/25/24 at 10:43 AM, during an interview with R909, they confirmed they had witnessed the altercation involving R903 and R904. R909 stated, (R903) got hit in the arm then (R903) knocked (R904) to the ground and stomped on (their) face twice. (R904) eyes became blood shot and the back of (their) head was bloody. It was brutal.</p> <p>On 9/25/24 at 10:45 AM, during an interview with R908 they confirmed they had witnessed the altercation between R903 and R904. R908 explained that (R904) was their neighbor so they knew them well and would get agitated regarding an issue with clothing. R908 stated, (R903) and (R904) were exchanging un-niceties and (R904) wouldn't calm down and kept getting more and more agitated and charged at (R903). Then (R903) let (R904) have it. It wasn't much of an equal fight. (R903) really assaulted him. While (R904) was on the ground (R903) was on (them) punching and then kicked (R904) twice. (R904's) head and eye were badly injured. R908 explained that R903 maintained a violent attitude and that they were glad they were now discharged .</p> <p>On 9/25/24 at 11:35 AM, during an interview with the Director of Nursing (DON) they explained they did not see the altercation between R903 and R904 when it happened but they saw everyone running outside afterward and when they got outside to the courtyard someone was taking R903 away and R904 was lying on the ground and R904's eye was red. The DON explained they called the police and initially R904 did not want to go to the hospital, but later that day R904's condition changed and was sent to the hospital via Emergency Medical Services (EMS).</p> <p>(continued on next page)</p>		

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  09/25/2024
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 0600</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>On 9/25/24 at 11:56 AM, during an interview, the Assistant Nursing Home Administrator (ANHA) they explained R903 and R904 got into a disagreement about clothing. The ANHA explained the altercation was witnessed by other residents and one of the other residents came inside to tell staff. The ANHA confirmed, Abuse was substantiated. (R904) admitted to throwing the first punch and took the blame.</p> <p>On 9/25/24 at 12:45pm, during an interview with Certified Nurse Assistant (CNA) V they explained about 25-30 minutes prior to the physical altercation, (R903) told CNA V that (R904) stood up out of (their) wheelchair and confronted (R903) about some stolen clothing and was advised to avoid the other resident.</p> <p>.On 9/25/24 at 1:06 PM, during a phone interview with CNA O they said R903 became angry, got out of bed and started screaming obscenities and racial slurs. CNA O explained they reported the behaviors to Licensed Practical Nurse (LPN) P and R903 was moved to a different room after that incident.</p> <p>On 9/25/24 at 1:27 PM, LPN P was called for an interview and a voicemail was left with no return call by the completion of the survey.</p> <p>On 9/25/24 at 3:14 PM, The DON was shown the documentation of behaviors on the task list. The DON confirmed there was no progress note or incident report of the behaviors for 9/1/24 or 9/2/24 and confirmed the nurse the behaviors was reported to should have entered a progress note and filled out an incident report so protective interventions could be put in to placed.</p> <p>The facility's policy titled Abuse revealed the following: C. Prevention. Abuse Policy requirements: It is the policy of this facility to prevent abuse by providing residents, families and staff information and education on how and to whom to report concerns, incidents and grievances without the fear of reprisal or retribution. The facility will provide feedback regarding complaints and concerns. The facility leadership will assess the needs of the residents in the facility to be able to identify concerns in order to prevent potential abuse. Procedure: 1. Resident assessment .Every resident is unique and may be subject to abuse based on a variety of circumstances including facility physical plant, environment, the resident's health, behavior, or cognitive level. A. Before admission, the prospective residents will be screened to help determine suitable placement within the facility. B. Upon admission and periodically after that, each resident will have a safety or vulnerability assessment completed which identifies potential vulnerabilities such as cognitive, physical, psychosocial, environment and communication concerns. C. The interdisciplinary team will identify the vulnerabilities and interventions on the resident care plan .4. Population. A. The facility's population presents the following factors, (May include, but not limited to ) which could result in maltreatment of residents: The assessment, planning of care and services, and monitoring of residents with needs and behaviors which might lead to conflict or neglect, such as residents with a history of cognitive deficits, sensory deficits, aggressive behaviors, residents who have behaviors such as entering other residents rooms, wandering behaviors, verbal outbursts .</p>		

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  09/25/2024
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 40330</p> <p>This citation pertains to Intake #MI00147007.</p> <p>Based on observation, interview, and record review, the facility failed to prevent an accident for one Resident (R905) of three residents reviewed for accidents. Findings include:</p> <p>Review of a complaint received on 9/16/24 revealed, Per triage nurse [at the hospital] [R905] presented to the hospital 'after having a fall out of a [full body mechanical] lift onto [their] back and both legs'. [R905] is alert and oriented, no visible injuries .[R905] reports this is the 4th time this has happened with a [full body mechanical lift] [at the facility] .</p> <p>Review of R905's progress note, dated 9/16/24 at 00:59 p.m. (11:59 p.m.), by Licensed Practical Nurse (LPN) F, revealed, [R905] stated while in the [Full Body Lift name brand] [they] slipped down into the wheelchair. [R905] stated [they] hit [their] leg and back on the bar of the wheelchair. No injury noticed. [R905] was administered Buprenorphine [a pain medication] for pain. Writer [LPN F] reached out to PA [Physician's Assistant]. [PA] ordered an x-ray and a steroid shot. [R905] refused both and call [sic] 911 [emergency services].</p> <p>Review of R905's History and Physical from the hospital, beginning 9/16/24, revealed R905 presented as a [AGE] year-old female with [multiple medical comorbidities] who was hospitalized on [DATE] following a fall from a full mechanical body lift, with acute on chronic pain, and symptoms of a urinary tract infection. R905 reported pain in her low back down to her extremities and did not move they're lower extremities due to pain. Multiple tests were completed and were negative for any acute process, fractures, or traumatic injury, including a CT of head, CT C (cervical) spine, CT T/L (thoracic/lumbar) spine, CT chest/abdomen, and x-ray bilateral knees. The record showed R905 received morphine and Tylenol for pain, as Suboxone [a pain medication] did not provide adequate relief at the facility. Her UA (urinalysis) appeared abnormal and was to be repeated.</p> <p>Review of R905's Minimum Data Set (MDS) assessment, dated 5/29/24, revealed R905 was admitted to the facility on [DATE], with diagnoses including peripheral vascular disease (circulatory disorder), kidney failure, diabetes, stroke, paraplegia (lower extremity paralysis), anxiety, depression, and asthma. R905 was dependent with bed mobility, transfers, and toileting. The Brief Interview for Mental Status (BIMS) assessment revealed a score of 12/15, indicating R905 had moderate cognitive impairment. The assessment showed R905 had mild pain.</p> <p>Review of a progress note, dated 9/22/24 at 14:10 (1:10 p.m.), revealed, [R905] returned from [hospital] with two EMS [Emergency Medical Services workers]. [R905] v/s [vital signs] stable. Doctor [unnamed] notified of patient return with medication list. No new orders at this time .Patient dx: Leg Pain .</p> <p>On 9/24/24 at approximately 4:15 p.m., R905 was observed dressed, seated in a bariatric wheelchair, with her legs extended on bilateral elevating footrests.</p> <p>(continued on next page)</p>		

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  09/25/2024
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 9/24/24 at 4:22 p.m., R905 stated, I didn't fall. I was dropped. I was being lifted out of my chair here [showed Surveyor her bariatric manual wheelchair] by the [full body mechanical lift]. My aide, [CNA E] was lifting me out and I was 'yay' high [showed approximately 5 feet in the air], and all of a sudden, I felt my bottom hit the back of my wheelchair. I screamed and said, 'I don't know what happened,' and I said, 'What did happen?', and [CNA E] said, 'I'm not really sure'. R905 reported they told their nurse, Licensed Practical Nurse (LPN) F, 'You need to call the doctor, I can't hardly move. It hurts [their back and legs]'. R905 reported their pain was over a 10/10, down her arms, back and legs and she decided to go to ER as they felt they needed to be seen due to the high pain and being injured. R905 reported they needed morphine at the hospital for the pain, and completed x-rays and diagnostic tests, which did not show they were injured. Upon return, R905 reported the facility increased the dose of her Sobada pain medication. R905 reported their pain remained 10/10, and they could not get comfortable in bed, and their back and legs were throbbing and felt like they had a stroke all over again, and they were having muscle spasms. R905 asked if they were in therapy services for the pain and they responded, No. R905 also reported when they 'fell ' into their wheelchair, their sides hit the arms of their wheelchair and the wheelchair seat edge. R905 reported they believed the impact was harder because they struck the part of the wheelchair seat which was not covered by their wheelchair cushion.</p> <p>On 9/24/24 at 4:40 p.m., R905 was observed seated in a manual bariatric wheelchair, with their legs elevated on two elevating footrests. There was a 4 gap from the cushion to the seat edge front to back, where their legs rested, and the cushion did not cover approximately 2 on each side of the wc seat.</p> <p>On 9/25/24 at 10:30 a.m., CNA E stated, I know exactly what incident [R905] is telling you about .I was using the crank [full mechanical body lift] lift . [R905] didn't really fall, as [R905] holds the wheelchair when you let [them] down. We have told [R905] not to, and [R905] falls onto the right side of [their] wheelchair, demonstrating R905 locking their arms and pushing away from the armrests while being seated. CNA E added, [R905] is unsafe with the [full body mechanical lift]. We use two [nursing staff] with [R905], and sometimes three [nursing staff] [to complete [their] transfers in and out of bed]. CNA E confirmed the facility full body mechanical lifts were short on batteries at that time, but they believed the incident occurred from R905 being unsafe with transfers. CNA E was asked if they reported the ongoing, unsafe transfers to their nurse or therapy, and CNA E responded, I should have told them [R905] was unsafe. CNA E reported R905 hurt [their] butt during the transfer. CNA E reported the right armrest on R905's wheelchair became loose likely after the transfer and confirmed they had not reported this to maintenance.</p> <p>On 9/25/24 at 11:00 a.m. an observation with CNA E confirmed R905's right armrest on their black bariatric wheelchair was loose, as CNA E demonstrated it could be pushed from side to side. This could have placed R905 at risk for another incident/accident. CNA E stated they had not reported the incident to maintenance, which was confirmed by the Maintenance Director, Staff G, after the interview.</p> <p>(continued on next page)</p>		

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  09/25/2024
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 9/25/24 at 1:15 p.m., LPN F stated during a phone interview, I was there [when the incident occurred]. I wasn't in the room. [R905] stated, 'I need to tell you; I fell in the chair,' and described [how they] fell in between the [full body mechanical lift] and [their] chair. R905 stated to LPN F, I hit the chair and I don't know if I fell on the floor. LPN F reported R905 stated they hit a pole on their back. LPN F stated, From what [R905] and [CNA E] told me the wheelchair got caught on the [full body mechanical lift] and that's what happened and the wheelchair was stuck. LPN F was asked when the incident occurred. LPN F reported the incident occurred between 10 and 11:00 p.m. on 9/15/24, and both reported it was not intentional. When asked about pain, LPN F reported R905's pain increased to severe pain, however, R905 typically experienced pain.</p> <p>Review of the Electronic Medical Record (EMR) revealed no nursing or other related assessments for R905 on 9/15/24, or 9/16/24, near the date and time of the incident. There was no documentation of the incident, other than LPN F's progress note dated 9/16/24.</p> <p>An incident and accident report or any additional incident documentation was requested related R905's incident on 9/15/24 (or dated 9/16/24), and was none was received by the end of the survey.</p> <p>On 9/25/24 at 1:30 p.m., Physical Therapist (PT) H and the Rehabilitation Director, Speech Language Pathologist (SLP) D, were asked if R905 had been referred to therapy regarding unsafe full body mechanical transfers prior or since the incident on 9/15/24. Both confirmed R905 was not referred to therapy services for unsafe transfers, and the expectation would have been a therapy referral would have been completed. SLP D confirmed therapy had screened R905 after the incident, and there had been no decline in their functional status. When asked about the seating and positioning concerns related to R905's wheelchair cushion, PT H confirmed R905's wheelchair cushion should cover the seat pad of their wheelchair, per standards of practice. Both confirmed they had not been made aware of any seating or positioning concerns by R905 or nursing staff. PT H left to observe R905's wheelchair after the interview.</p> <p>On 9/25/24 at approximately 2:00 p.m., PT H confirmed R905's wheelchair cushion did not adequately cover their wheelchair seat of 24 [wide], and they would be obtaining a larger cushion to fit the dimensions of R905's wheelchair.</p> <p>On 9/25/24 at approximately 2:20 p.m. the Nursing Home Administrator (NHA) and the Director of Nursing (DON), confirmed they understood the concerns related to R905's incident and the lack of therapy referral to address the concerns and prevent incidents/accidents. Both confirmed the typical process would have been an incident and accident report being completed as well as nursing assessments related to the incidents.</p> <p>(continued on next page)</p>		

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  09/25/2024
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the policy, Safety and Supervision of Residents, dated July 2017, revealed, Our facility strives to make the environment as free from accidents hazards as possible. Resident safety and supervision and assistance are facility-wide priorities .Implementing interventions to reduce accident risks and hazards shall include the following: a. communicating specific interventions to all relevant staff. b. Assigning responsibility for carrying out interventions. C. Providing training as necessary. D. Ensuring interventions are implemented, e. Documenting interventions. Monitoring the effectiveness of interventions .Our individualized resident-centered approach to safety addresses safety and accident hazards for individual residents .Due to their complexity and scope, certain resident risk factors and environmental hazards are addressed in dedicated policies and procedures. These risk factors and environmental hazards include the following: A. Bed safety. B. Safe Lifting and Movement of Residents .</p>		

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  09/25/2024
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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 32220</p> <p>This citation pertains to MI00147006.</p> <p>Based on observation, interview and record review the facility failed to maintain a clean and homelike environment affecting eight rooms reviewed for environmental concerns. Findings include:</p> <p>On 09/24/24 at 2:36 PM, room [ROOM NUMBER] was observed to have a wall patch around three feet high by 18 inches wide between the end of the door bed and the side of the window bed. The patch surface was irregular and white dust was in a small pile below the patch. A approximate three inch high by one inch wide hole was observed centered on the door bed just above mattress level.</p> <p>On 09/24/24 at 2:59 PM, a pungent urine odor was noted in the hall in the area of rooms 409, 410 and 412.</p> <p>On 09/24/24 at 3:06 PM, in room [ROOM NUMBER] the drawers for both resident's closet cabinets were observed to hang down on the left side.</p> <p>On 09/25/24 at 10:35 AM, a resident reported a concern with the water dispenser in the vending area at the main entrance. Upon observation a quarter size area of a black substance was observed inside the cowl for the water fill nozzle on the upper right side. Hard water stains were also on the cowl and the front of the machine. The same resident also reported tons of tons of cigarette ends on the ground in the smoking area. Observation of the smoking area revealed fifty plus cigarette butts on the ground/grassy area between the path and the building.</p> <p>On 09/25/24 at 11:17 AM, room [ROOM NUMBER] was observed with gnats around the over bed table and food items set on the foot of the over bed table. It was reported the resident keeps the items there which included mustard bottles.</p> <p>On 09/25/24 at 11:40 AM in room [ROOM NUMBER], the wall clock had stopped, one of the residents commented they have to shoo flies and gnats away from their food and the cove base outside the bathroom door was observed to be peeled away to reveal a whole in the wall and bits of what looked like sheet rock on the floor.</p> <p>On 09/25/24 at 10:55 AM and 1:48 PM a black substance which appeared as black mold was observed in the toilet bowl of room [ROOM NUMBER].</p> <p>On 09/24/24 at 2:59 PM, a pungent urine odor was noted in the hall in the area of rooms 409, 410 and 412.</p> <p>A review of the facility policy titled, Safety and Supervision of Residents revealed, .2. Safety risks and environmental hazards are identified on an ongoing basis through a combination of employee training, employee monitoring, and reporting processes .</p>