

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 01/21/2025
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 0770</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide timely, quality laboratory services/tests to meet the needs of residents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32220</p> <p>This citation pertains to Intake MI00149448.</p> <p>Based on interview and record review, the facility failed to ensure laboratory (lab-blood sample) tests were completed timely for two resident (R901, R902) of three whose blood test results were reviewed, resulting in labs not completed and a delay in health assessment. Findings include:</p> <p>R901</p> <p>A review of the facility record for R901 revealed, R901 was admitted into the facility 03/31/23. Diagnoses included Diabetes and High Blood Pressure. The Minimum Data Set (MDS) assessment dated [DATE] indicated intact cognition and the need for partial assistance for most activities of daily living.</p> <p>A review of the physician orders with last review date of 12/30/24 documented a blood work lab order for Phenytoin (dilantin) trough (indicates lowest concentration), every night shift every three months with start date of 01/28/24. This order was documented as discontinued.</p> <p>A review of the lab result dated 07/02/24 documented a complete blood count (CBC) was completed, but under the Therapeutic Drug Monitoring heading, the dilantin level was documented as invalid. The last lab documented as completed in the electronic medical record was a CBC on 07/25/24.</p> <p>A review of the hospital record from October 2024 revealed a dilantin level was not documented. The October 2024 Medication Administration Record documented daily administration before and after R901's hospital stay.</p> <p>A review of the active physician's orders documented an order dated 10/12/24 for Phenytoin Sodium extended oral capsule 100 mg (milligrams) give one capsule by mouth at bedtime.</p> <p>On 01/21/25 at 3:33 PM, documentation of a dilantin level for R901 was requested from the facility. Documentation of the dilantin level was not received prior to survey exit.</p> <p>On 01/21/25 at 3:48 PM, the physician for R901 was asked about the need for labs for a resident on Phenytoin. The physician reported if diabetic then would draw a dilantin level every three months.</p> <p>R902</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 0770</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the facility record for R902 revealed, R902 was admitted into the facility on [DATE]. Diagnoses included Stroke with left side paralysis and Diabetes. The MDS dated [DATE] documented cognitive skills as independent, impaired range of motion on one side and was dependent for all activities of daily living.</p> <p>A review of the blood work lab order for 05/15/24 documented a Complete Blood Count (CBC) and Comprehensive Metabolic Panel (CMP) as completed. A review of the record revealed no results were documented in the electronic medical record. A review of the Basic Metabolic Panel and CBC lab values completed 12/21/24 documented twenty lab values as out of range (not within normal limits).</p> <p>On 01/21/25 at 2:33 PM, a review of the record for R902's labs was conducted with the Director of Nursing (DON). The DON viewed the medical record and lab portal and reported the requisition was put in, but the labs were not done for the order dated 05/15/24. The DON also reported the patient was not available and a second attempt was to be made 05/24/24 and was not done. The DON reported the lab did not always notify the facility of missed labs. The DON reported nursing staff and the physicians should follow up on lab orders.</p> <p>A review of the facility policy titled, Therapeutic Medication Monitoring Guidelines dated May 2022, revealed, . All residents receiving medications should be routinely monitored by a collaborative process with the resident which involves the Pharmacist, Nurse, Physician and other disciplines . Accurate and precise timing, both in administration of the medication and in obtaining blood samples, are of utmost importance in medication monitoring .</p> <p>A review of the facility policy titled, Laboratory, Radiology, and Other Diagnostic Services Guideline dated 06/01/2020, revealed, Purpose: To ensure laboratory, radiology and other diagnostic services meet the needs of residents, that results are reported promptly to the ordering provider to address potential concerns and for disease prevention, provide for resident assessment, diagnosis and treatment .Our facility obtains laboratory services to meet the needs of residents. Our facility is responsible for the quality and timeliness of the services .</p>		