

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  02/20/2025
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 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 50223</p> <p>This citation pertains to Intake: MI00149925</p> <p>Based on observation, interview, and record review, the facility failed to implement a hand splint for one resident (R500) out of one resident reviewed for range of motion. Findings include:</p> <p>On 2/20/25 at 10:17 AM, R500 was observed lying in bed. R500's ring finger and little finger of their right hand appeared to be contracted inward. A hand splint was observed lying on top of a case of bottled water on the floor in the room. R500 was asked if they are supposed to wear the splint and R500 explained they think so, but no one has ever applied it or shown them how to wear it.</p> <p>A review of R500's record revealed, they were admitted to the facility on [DATE] with a diagnosis of polyarthritis. A review of R500's Minimum Data Set revealed the Brief Interview for Mental Status dated 1/23/25 was marked as not assessed indicating that R500's cognition was not assessed.</p> <p>A review of R500's record revealed no physicians order for a hand splint.</p> <p>A review of R500's care plan revealed no documentation of a hand splint.</p> <p>On 2/20/25 at 11:30 AM, the Physical Therapy director (PT B) explained Occupational Therapy (OT) had seen and treated R500 from 12/5/24 through 1/16/25. PT B explained OT was working with R500 on their right hand and the OT notes say they ordered a wrist hand finger orthosis (splint). PT B explained OT fills out the paperwork which details the use for the splint and provides it to the restorative nurs and applies it to the resident as ordered. PT B was observed reviewing R500's EMR and explained that there was no order for the hand splint.</p> <p>On 2/20/25 at 11:55 AM, a form titled Splint/Brace Instructions was returned via email from the Nursing Home Administrator (NHA). The form, dated 1/16/25, revealed the following: Right hand splint. Purpose: provide proper alignment. Prevent contractures. Wearing schedule: worn at night only up to 4 hours or as tol (tolerated) .patient requires assistance with application.</p> <p>On 2/20/25 at 12:22 PM, the Director of Nursing (DON) said they were currently acting as the restorative nurse. The DON explained the restorative aide said they were not aware of the splint. The DON confirmed there was never an order placed in the EMR for the splint.</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  02/20/2025
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 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the facility's policy titled Restorative Nursing Services revealed the following: Policy Statement. Residents will receive restorative nursing care as needed to help promote optimal safety and independence. Policy Interpretation and Implementation 1. Restorative nursing care consists of nursing interventions that may or may not be accompanied by formalized rehabilitative services (e.g., physical, occupational or speech therapies). 2. Residents may be started on a restorative nursing program upon admission, during the course of stay or when discharged from rehabilitative care. 3. Restorative goals and objectives are individualized and resident-centered, and are outlined in the resident's plan of care. 4. The resident or representative will be included in determining goals and the plan of care. 5. Restorative goals may include, but are not limited to supporting and assisting the resident in: a. adjusting or adapting to changing abilities; b. developing, maintaining or strengthening his/her physiological and psychological resources; c. maintaining his/her dignity, independence and self-esteem; and d. participating in the development and implementation of his/her plan of care.</p> <p>A review of the facility's policy titled Restorative Nursing Program Manager Essential Functions revealed the following: The Director of Nursing will designate a Nursing Program Manager and provide clinical over site with the program. The Restorative Nursing Program Manager: .Integrates therapy recommendation into the nursing care plan .Documents Restorative Nursing Program orders, care plans and progress notes in (EMR) per Restorative Nursing Guideline.</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  02/20/2025
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 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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 50223</p> <p>This citation pertains to intake MI00149935.</p> <p>Based on observation, interview, and record review, the facility failed to properly store medications for one resident (R500) out of one resident reviewed for medication storage. Findings include:</p> <p>On 2/20/25 at 10:17 AM, R500 was observed in bed. Two bottles of Fluticasone nasal spray were observed on the night stand next to the bed within R500's reach. R500 explained they use the nasal spray themselves. A clear plastic bag containing six medication bottles were observed in a wash basin on top of another night stand in R500's room. Three of the medications were Colace, Certizine, and Meloxicam. The writing on the other three bottles were worn off and illegible.</p> <p>A review of R500's record revealed they were admitted to the facility on [DATE] with a diagnosis of polyarthritis. A review of R500's Minimum Data Set revealed the Brief Interview for Mental Status dated 1/23/25 was marked as not assessed indicating R500's cognition was not assessed.</p> <p>A review of R500's physician orders revealed the following order: Fluticasone Propionate 50 MCG/ACT (micrograms per activation) suspension. 2 sprays in both nostrils every 12 hours for allergies. No order for self administration or order to leave at bedside was found. No orders for Colace, Certizine, or Meloxicam were found in the medical record.</p> <p>On 2/20/25 at 11:39 AM, Licensed Practical Nurse (LPN A) explained that R500 is sometimes confused and R500 should not have the nasal spray in their room, but they leave it in there because if they try to remove it R500 yells at them. LPN A was shown the bag of medication bottles in R500's room. LPN A explained R500 is not supposed to have the medications in their room and was observed to remove the bag from the room.</p> <p>On 2/20/25 at 12:22 AM, the Director of Nursing (DON) explained R500 should not have medications in their room unless they have a physician's order and have been assessed that they can self administer and keep medications at their bedside.</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  02/20/2025
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the facility's policy titled Self Administration of Medications revealed the following: Residents have the right to self-administer medications if the interdisciplinary team has determined that it is clinically appropriate and safe for the resident to do so. Policy Interpretation and Implementation 1. As part of the evaluation comprehensive assessment, the interdisciplinary team (IDT) assesses each resident's cognitive and physical abilities to determine whether self-administering medications is safe and clinically appropriate for the resident. 2.The IDT considers the following factors when determining whether self-administration of medications is safe and appropriate for the resident: a. The medication is appropriate for self-administration; b.The resident is able to read and understand medication labels; c. The resident can follow directions and tell time to know when to take the medication; d. The resident comprehends the medication's purpose, proper dosage, timing, signs of side effects and when to report these to the staff; e. The resident has the physical capacity to open medication bottles, remove medications from a container and to ingest and swallow (or otherwise administer) the medication; and f. The resident is able to safely and securely store the medication. 3. If it is deemed safe and appropriate for a resident to self-administer medications, this is documented in the medical record and the care plan. The decision that a resident can safely self-administer medications is re-assessed periodically based on changes in the resident's medical and/or decision-making status .7. If the resident is able and willing to take responsibility for documenting self-administration of medications, the resident is instructed on how to complete a record indicating the administration of the medication .9. Any medications found at the bedside that are not authorized for self-administration are turned over to the nurse in charge for return to the family or responsible party .</p>		