

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 09/04/2025
NAME OF PROVIDER OR SUPPLIER Westland, A Villa Center		STREET ADDRESS, CITY, STATE, ZIP CODE 36137 West 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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** This citation pertains to intake 2588154. Based on observation, interview, and record review, the facility failed to maintain clean and sanitary shower beds affecting two residents (R900 and R902) out of three residents reviewed for infection control. Findings include: R900 On 9/4/2025 at 10:02 AM, an interview was conducted with R900. R900 reported they had just been given a bed bath and dressed for the day. R900 reported they would love to take a shower, but the bed baths and shower rooms are not clean at all. R902 On 9/4/2025 at 12:00 PM, an interview was conducted with R902. R902 reported they would love to take a shower, however the shower beds that they use are disgusting. R902 proceeded to show pictures in their phone of the shower bed on various days. R902 reported they have just been doing bed baths because no one will clean the shower beds. On 9/4/2025 at 12:20 PM, shower room [ROOM NUMBER] was observed with Certified Nursing Assistant (CNA) C. A shower bed was observed in the shower room. The shower bed had a blue covering on it and was noted to have standing brown water in the crevices. The shower bed was observed to have white residue on it, and brown flakes on the covering, as well as the white plastic frame poles. CNA C was asked who was responsible for cleaning the shower beds. CNA C reported staff are supposed to clean the shower beds after each resident use. At 12:43 PM, an observation of shower room [ROOM NUMBER] was completed with Infection Control Preventionist (ICP) B. ICP B reported the shower beds should be cleaned in between patient use, and then a deep clean on midnights. ICP B reported there are scrub brushes and disinfectant in every shower room to clean the shower beds and chairs, and it should be getting completed. A review of a facility policy titled, Medical Equipment Management noted the following, .Clean equipment surfaces in accordance with instructions from both the equipment manufacturer and the chemical manufacturer.</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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