STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235363	A. Building B. Wing	05/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Villa at Beecher Place	G 3201 Beecher Rd Flint, MI 48532

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0578 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** This citation pertains to Intake Number 299655.Based on interviews and record review, the facility failed to ensure that wishes for no life-sustaining treatment (Do-Not-Resuscitate) were followed for one resident (Resident #101) of 4 sampled residents reviewed for advance directives, resulting in an unwanted resuscitation and prolonged suffering.Immediate Jeopardy:The Immediate Jeopardy (IJ) began on [DATE].The Immediate Jeopardy (IJ) was identified on [DATE].The Administrator was notified of the Immediate Jeopardy (IJ) on [DATE] at 3:10 PM. A plan to remove the immediacy was requested.The Immediate Jeopardy was removed on [DATE], based on the facility's implementation of the removal plan.Findings Include:Resident# 101 (R101):According to the Facility's soft File Investigation on R101's incident, R101 was [AGE] years old, admitted to the facility on [DATE], and was discharged to the hospital on [DATE]. R101, upon admission on [DATE], was enrolled in hospice. A Do Not Resuscitate (DNR) order was signed by the legal representative (son) on [DATE]. On [DATE], R101 was discharged from hospice.R101's Brief Interview of Mental Status Score or BIMS Score, assessed on [DATE], was 10/15. A score of 10 indicates that an individual has moderately impaired cognition.R101 Determination of Decision-Making Capacity Form dated [DATE] determined that R101 is not able to participate in medical treatment decisions and handle his/her own financial affairs. Both were signed by the Attending Physician and a Psychologist, dated [DATE].Do-NOT- RESUSCITATE (DNR) Order Guardian Consent was noted signed by the Family Responsible Person (son) and dated by the family legal representative dated [DATE] and the Physician dated [DATE]R101 CODE Status (Advance Directives)On [DATE] at 1:30 PM, R101's Medical Treatment Decision Form was reviewed. R101's legal guardian indicated having selected the choice indicating, Do-Not-Resuscitate (DNR specifically: I have discussed my health status with my physician. I request that no person shall attempt to resuscitate me. I understand the full importance of this order and assume responsibility for its execution. This order will remain in effect until it is revoked as provided by law. The form was signed by the son (identified as the legal representative) on [DATE], and the physician's signature was noted on the form dated [DATE].A DNR (Do-Not-Resuscitate) Order Form was reviewed on [DATE] at 1:30 PM. It revealed: I authorized that in the event the ward's heart and breathing should stop, no person shall attempt to resuscitate the ward. I understand the full import of this order and assume responsibility for its execution. This order will remain in effect until it is revoked as provided by law. I acknowledge that I have attempted meaningful communication with the ward and that the ward has either agreed to this Do-Not-Resuscitate Order or has not communicated any objection to this Do-Not-Resuscitate Order. I further acknowledge that I have discussed the ward's condition with the ward's attending physician, and the physician believes that a Do-Not-Resuscitate Order is appropriate for the ward.A review of a recent care conference for R101 was held on [DATE], where the Son (guardian was present according to the IDT (Interdisciplinary Team) Care Conference. It was noted on the Social Services section in the Quarterly review noted by the social worker (dated [DATE]) that: Resident (R101) has a guardian-son (full name mentioned). It was written, No changes to advance directives as desired. Code status was (continued on next page)

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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