

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235383	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/05/2025
NAME OF PROVIDER OR SUPPLIER St Joseph'S, A Villa Center		STREET ADDRESS, CITY, STATE, ZIP CODE 9400 Conant Street Hamtramck, MI 48212	

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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34851</p> <p>Based on observation, interview, and record review the facility failed to provide timely Activities of Daily Living (ADLs) for one sampled resident (R140) of three reviewed for activities of daily living. Findings include:</p> <p>On 2/03/25 at 11:56 AM, R140 was observed with thick chin hair and with matted hair on the back of their head.</p> <p>On 2/04/25 at 4:08 PM, R140 was observed with a thick layer of chin hair and matted hair. R140 was asked about the chin hair. R140 was observed to grab their chin hair and pulled it away from their chin, then stated, I got a beard. R140 was asked if they preferred their hair this way and stated, No. It's out of control. R140 was asked if they had refused to get it cut and reported no they had not refused.</p> <p>R140 was admitted to the facility on [DATE] with diagnosis of Osteoarthritis. A review of R140's five day Minimum Data Set (MDS) assessment noted, R140 with an intact cognition. R140's Nursing assessment dated [DATE] revealed, R140 required assistance with ADLs.</p> <p>On 2/04/25 at 4:18 PM, the Unit Manager was asked about R140's bathing schedule and if chin hair would be address during that time. The Unit Manager reported that shaving should be addressed during the personal hygiene care.</p> <p>On 2/04/25 at 4:32 PM, R140's assigned Certified Nursing Assistant (CNA A) was asked about R140's chin hair. CNA A explained that she was an afternoon CNA and that she did not have R140 this morning.</p> <p>On 2/04/25 at 4:36 PM, the Unit Manager Nurse was asked if R140 refused if there would be a note that documented the refusal. The Unit Manager Nurse explained that there should be a refusal note.</p> <p>A review of R140's medical record did not reveal documentation regarding the refusal of chin hair to be cut.</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 0677</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, ADL (Activities of Daily Living), Functional Mobility & Resident Care, dated March 2017 revealed, Policy: Activities of Daily Living are routine activities that individuals normally complete daily without needing assistance . In long term care, we recognize that residents are admitted with physical and/or cognitive impairments that limit their ability to complete these tasks independently. Personal hygiene: . Shaves: Assure facial hair is removed safely, unless resident requests otherwise. Should this be so, notify the charge Nurse. Hair care: Wash and dry if needed, comb/brush and style. Check scalp for skin condition and report to the Charge Nurse as needed Refer to Activities/Social Worker for beauty/barber services if needed .</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>38207</p> <p>Based on observation, interview, and record review, the facility failed to maintain sanitary conditions in the kitchen. This deficient practice had the potential to affect all142 residents that consume food from the kitchen. Findings include:</p> <p>On 2/3/25 between 8:35 AM-8:50 AM, during an initial tour of the kitchen with [NAME] B, the following items were observed:</p> <p>The paper towel dispenser by the hand washing sink at the entrance to the kitchen was empty.</p> <p>According to the 2017 FDA Food Code section 6-301.12 Hand Drying Provision, Each handwashing sink or group of adjacent handwashing sinks shall be provided with: (A) Individual, disposable towels;.</p> <p>In the walk-in cooler, there was a pack of cheddar cheese with no date on it. [NAME] B discarded the cheddar cheese.</p> <p>The smaller cooler had a temperature of 49 degrees Fahrenheit.</p> <p>Three individual beverages were observed in the freezer with no labeling on the bottles. The [NAME] indicated that the beverages were most likely employee beverages that had been placed in the freezer.</p> <p>On 2/4/25 at 10:28 AM, Dietary Manager (DM) C was interviewed regarding lack of paper towel at the handwashing sink, the undated cheddar cheese, the temperature of the refrigerator, and the unlabeled beverages in the freezer. DM C indicated housekeeping was responsible for replacing the paper towel at the handwashing sink. Regarding the undated cheddar cheese, DM C stated, The label must have fallen off. DM C indicated the high refrigerator temperature was likely due to staff opening and closing the refrigerator frequently to place resident snacks in it. DM C confirmed the individual unlabeled beverages should not have been placed in the freezer.</p> <p>According to the 2017 FDA Food Code section 3-501.17: Ready-to-eat, potentially hazardous food prepared and held in a food establishment for more than 24 hours shall be clearly marked to indicate the date or day by which the food shall be consumed on the premises, sold, or discarded when held at a temperature of 41 degrees Fahrenheit or less for a maximum of 7 days. Refrigerated, ready-to- eat, potentially hazardous food prepared and packed by a food processing plant shall be clearly marked, at the time the original container is opened in a food establishment and if the food is held for more than 24 hours, to indicate the date or day by which the food shall be consumed on the premises, sold, or discarded, and: (1) The day the original container is opened in the food establishment shall be counted as Day 1; and (2) The day or date marked by the food establishment may not exceed a manufacturer's use-by date if the manufacturer determined the use-by date based on food safety.</p>		

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<p>F 0921</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</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>38207</p> <p>This citation has 2 deficient practices.</p> <p>Deficient Practice #1</p> <p>Based on observation, interview, and record review, the facility failed to provide 80 square feet per resident in multiple resident rooms, for 16 of 49 multiple resident rooms (#s 112, 113, 114, 115, 116, 118, 119, 120, 122, 123, 124, 210, 213, 214, 215, and 216) resulting in, inadequate room space. Findings include:</p> <p>On 2/13/25 at 9:00 AM, observation of resident rooms and review of the facility bed count information revealed the following rooms that did not meet the minimum requirement of 80 square feet per resident:</p> <p>ROOM # SQ. FT # OF BEDS</p> <p>112 282 4</p> <p>113 282 4</p> <p>114 282 4</p> <p>115 282 4</p> <p>116 282 4</p> <p>118 282 4</p> <p>119 282 4</p> <p>120 282 4</p> <p>122 282 4</p> <p>123 282 4</p> <p>124 282 4</p> <p>210 282 4</p> <p>213 282 4</p> <p>214 286 4</p> <p>(continued on next page)</p>

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<p>F 0921</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>215 286 4</p> <p>216 286 4</p> <p>On 2/3/25 at 4:34 PM, Maintenance Director (MD) D was interviewed about the rooms that provided less than 80 square feet of living space per resident. MD D indicated over the past year, A few rooms had been converted to three person rooms or less.</p> <p>On 2/4/25 at 11:30 AM, the Administrator (NHA) was interviewed about the lack of square footage in some of the rooms. The NHA indicated that the goal was to eliminate all four person rooms at the facility. The NHA further indicated that over the past year, six rooms had been converted to three person rooms or less and residents who were displeased with the lack of space in their rooms have been assisted with transferring to other facilities.</p> <p>A facility policy titled, Resident Rights with an, Effective Date of 11.28.2017, stated the following, Purpose: It is the practice of this facility to provide an environment in which residents may exercise their rights .Safe Environment: The right to a safe, .comfortable and homelike environment .</p> <p>49102</p> <p>Deficient Practice #2</p> <p>Based on observation, interview, and record review, the facility failed to provide a clean and homelike environment for residents in one (C-wing) of four nursing units. Findings include:</p> <p>On 02/04/25 at 2:00 PM, an observation was made of the C-wing medication storage room. The air vents in the room were noted to have layers of dirt and dust on it. Additionally an observation of a dried reddish stain on a light cover in the C-wing hallway was noted.</p> <p>On 02/04/25 at 2:10 PM, an interview occurred with the Maintenance Director D(MDD) to discuss the cleaning of the vents and light fixtures. The MMD stated, it must have been missed.</p> <p>On 02/04/25 at 2:20 PM, an interview was held with the Nursing Home Administrator (NHA) about the responsibility of cleaning the vents and cleaning light fixtures. The NHA stated that environmental services (housekeeping and maintenance) handle those services and should follow the cleaning policy.</p> <p>A review of the facility policy entitled Cleaning Procedures revealed, High Dust. Work your way clockwise around the the room (starting at the door and finishing at the door and dust all high surfaces. This includes, but is not limited to pictures, television, over bed lights, blinds, vents and all corners.</p>