STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235383	A. Building B. Wing	03/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
St. Joseph'S, A Villa Center	9400 Conant Street Hamtramck, MI 48212

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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 0640 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Encode each resident?s assessment data and transmit these data to the State within 7 days of assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to timely submit MDS (Minimum Data Set, which is a resident assessment tool) assessment for two residents (R24 and R53) of three reviewed for resident assessment. Findings include: During the recertification survey the resident assessment task was triggered for MDS assessment being overdue 120 days. R24R24 was admitted to the facility on [DATE] with diagnosis of Intervertebral Disc disorder with Radiculopathy, [NAME] region. R24's Minimum Data Set (MDS) Medicare 5 day assessment dated [DATE] was marked Incomplete, Assessment was never added to a batch. The following assessments were submitted for R24:According to the tracking record A0410 was coded 3 which means the Unit is Medicare and/or Medicaid certified bed.No other assessments were submitted, all MDS assessments for R24 are missing. R53A review of R53's medical record revealed, R53 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnosis of Chronic Kidney Disease. A review R53's census section (admission/discharge) revealed R53 as Hospital Unpaid Leave through 8/12/24. A review of R53's MDS list section noted incomplete assessment dated , 8/2/24 Discharge Return Anticipated/End of PPS (Prospective Payment System) Part A stay -Assessment was never added to a batch.The following assessments were submitted for R53:Entry Tracking record dated 05/18/2024 submitted and accepted on 05/31/2024.Combine MDS admission and 5-day PPS (Prospective Payment System) assessment with the target date 05/25/2024 was submitted and accepted on 06/07/2024. (this assessment had 3 warning for A0310A, A1010A, A1010C and A1600).PPS discharge assessment with the target date 06/06/2024 was submitted and accepted on 08/05/2024 (This assessment had warning for A2300- completed late more than 14 days after ARD) (Assessment Reference Date).SCSA (Significant Change in Status Assessment) with target date of 08/02/2024 was submitted and accepted on 08/09/2024.Discharge return anticipated with the target date of 08/02/2024 was submitted and accepted on 08/09/2024.Tracking record was submitted and accepted on 08/18/2024.SCSA with the target date of 08/02/2024 was submitted and accepted on 08/19/2024.Discharge return anticipated with the target date of 08/02/2024 was submitted and accepted on 08/19/2024.SCSA with the target date 08/21/2024 was submitted and accepted on 09/05/2024.Quarterly assessment with the target date of 11/21/2024 was submitted and accepted on 12/03/2024 (this assessment had 2 warning for A0500A and A0700).Quarterly assessment with the target date of 02/21/2025 was submitted and accepted on 03/12/2025 (this assessment had warning for A2300-Complete late more than 14 days after ARD).Quarterly assessment with the target date of 05/24/2025 was submitted and accepted on 06/14/2025 (this assessment had warning for A2300-complete late more than 14 days after ARD).Annual assessment with the target date of 08/22/2025 was submitted and accepted on 09/13/2025 (this assessment had warning for A2300-completed late more than 14 days after ARD)Quarterly assessment with the target date of 11/22/2025 was submitted and accepted on 12/14/2025 (this assessment had warning for A2300-completed late more than 14 days after ARD).Quarterly assessment with the target date of 02/22/2026 was submitted and accepted on 03/21/2026 (this assessment had warning for (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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F 0640 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A2300-completed late more than 14 days after ARD).On 3/26/2026 at 1:36 PM, the MDS Nurse was asked about the late assessments and reported, both residents were Medicaid only and did not need the other assessments.

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. Based on observation, interview, and record review, the facility failed to apply protective appliances for one resident (R79) out of one reviewed for quality of care. Findings include:A review of the physician's orders noted the following, Date:1/16/2026 .Out of bed daily in wheelchair to tolerance with padded boot on R (right) foot, as well as a leg rest pad to protect her RLE (right lower extremity) .Status: Active .On 3/25/2026 at 9:52 AM, R79 was observed up in their wheelchair. R79 reported they used to wear a boot on their right foot but had not worn them in quite some time. No padded boot was observed on the right foot, or leg rest pad to protect the RLE (right lower extremity). R79 reported they felt as though they still needed to wear the boot and leg rest pad. The medical record revealed R79 admitted into the facility on 1/12/2026 with the following medical diagnoses, Peripheral Vascular Disease and Polyneuropathy. A review of the most recent Minimum Data Set (MDS) assessment revealed a Brief Interview for Mental (BIMS) status score of 12/15, indicating an impaired cognition. R79 also required staff assistance for bed mobility and transfers. On 3/25/2026 at 11:44 AM, R79 was observed in the therapy room and up in the wheelchair. No padded boot was observed on the right foot, or leg rest pad to protect the RLE.On 3/25/2026 at 12:58 PM, R79 was observed in the chair and eating lunch. R79 reported they would like to wear the boot and have the leg rest padding applied because they had been up for a while at this point and their foot was hurting. On 3/26/2026 at 9:28 AM, an interview was conducted with the Director of Rehabilitation (DOR). The DOR stated when R79 admitted into the facility, they were in a different disposition than they are now and is doing much better. The DOR stated they would have to check into it (padded boot and leg rest pad).On 3/26/2026 at 11:41 AM, an interview was conducted with the Director of Nursing (DON). The DON reported R79 was evaluated by therapy, and the order was to remain active as R79 still needed the interventions in place.A facility policy related to application of protective appliances was requested and not received by the end of survey.

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure the resident's environment was free from accident hazards for one (R58) out of four reviewed for accidents. Findings include:On 3/24/2026 at 10:40 AM, R58 was observed lying in bed in a low position. R58's right side of the bed was against the wall with the left side open to the room. Observed on the floor next to the bed was a floor mat that appeared to be torn in the middle and curled up towards the ends of the mat. A review of R58's medical record revealed, R58 was admitted to the facility on [DATE] with diagnosis of Dementia, severity, without behavioral disturbance, Psychotic disturbance, Mood disturbance. A review of R58's Minimum Data Set (MDS) noted R58 with moderately impaired cognition and required some assistance with activities of daily living by staff. A review of R58's progress note, revealed the following, 1/27/2026 13:45 (1:45 PM) Incident/Accident: Writer observed resident on the floor in front of her wheelchair during rounds. Writer asked the resident where she had been trying to go; resident responded, I don't know.A review of R58's care plan noted, Focus: I had an actual fall d/t (due to) to my behaviors, impulsiveness, Poor Balance, Dementia, poor communication/comprehension, Psychoactive drug use, unsteady gait, Encephalopathy. Date Initiated: 02/13/2026 Goal: The resident's injuries will resolve without complication by review date. Date Initiated: 02/23/2024. Interventions: Landing mat implemented at bedside when in bed. Date Initiated: 02/23/2024.On 3/26/2026 at 12:37 PM, the Nursing Home Administrator was asked about the observation of R58's floor mat and reported the fall mats condition are to be checked daily.

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F 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident?s drug regimen must be free from unnecessary drugs. Based on observation, interview, and record review, the facility failed to ensure one resident (R154) was free from unnecessary medications out of six reviewed for medications. Findings include:A review of the medical record showed R154 was admitted into the facility on 3/13/26 with diagnoses of heart failure, pulmonary hypertension, and acute respiratory failure with hypoxia (low oxygen levels). A review of the most recent MDS (minimum data set) of R154 showed a BIMS (brief interview for mental status) of 15/15, indicating fully intact cognition.A review of the medication orders of R154 revealed the following active orders:1.Trelegy Ellipta Inhalation Aerosol Powder Breath Activated 200-62.5-25 MCG/ACT (microgram per actuation) (Fluticasone-Umeclidinium-Vilanterol) 1 puff inhale orally in the morning for SOB (shortness of breath)/Asthma. D/C (discontinue) Trelegy when Fluticasone/Salmetrol 100/50 mcg inhaler arrives.2. Advair Diskus Aerosol Powder Breath Activated 100-50 MCG/DOSE (Fluticasone-Salmeterol)1 inhalation inhale orally every 12 hours for Asthma.A review of the March 2026 MAR (medication administration record) for R154 showed both of these medications were administered from March 19th through March 25th.On 03/25/2026 at 9:27 AM, an interview was conducted with Unit Manager B. They stated Trelegy had been ordered for R154 as a therapeutic interchange until they were able to start taking Advair. Unit manager B confrimed the order indicated Trelegy should be stopped when Advair was started. Unit manager B opened the medication cart, and both inhalers were observed to be present for R154.On 03/25/2026 at 9:34 AM, an interview was conducted with RN (Registered Nurse) C and said they administered both inhalers to R154 that morning.A review of a facility policy titled, Medication Orders did not address unnecessary medications.

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. Based on observation, interview, and record review, the facility failed to maintain accurate information in the medical record for one resident (R57) out of two reviewed for medical records. Findings include:On 3/24/2026 at 10:00 AM, R57 was observed sitting up in their wheelchair. R57 stated they were doing much better since they completed therapy and was looking to discharge home soon.A review of the medical record revealed R57 admitted into the facility on 1/16/2026 with the following medical diagnoses, Metabolic Encephalopathy and Obstructive and Reflux Uropathy. A review of the most recent Minimum Data Set (MDS) assessment revealed a Brief Interview for Mental status (BIMS) score of 6/15, indicating an impaired cognition. R57 also required staff assistance with bed mobility and transfers. A review of the progress notes revealed the following provider note, Effective date: 3/18/2025 .PLAN: Obstructive Uropathy-(name of indwelling catheter) in place-Monitor closely for urinary retention-Patient will need outpatient follow up with urology .On 3/24/2026 at 12:57 PM, R57 reported they no longer had the indwelling catheter in place. R57 reported they were voiding well and did not believe they needed it put back in place. R57 reported they had not had the indwelling catheter in place for about 2 weeks now and they were using a urinal to void.On 3/25/2026 at 9:40 AM, an interview was conducted with Unit Manager (UM) B. UM B reported R57 removed (pull out) their indwelling catheter on 3/13/2026 and would not let the nurse reinsert it. UM B reported the physician was notified regarding R57 no longer having an indwelling catheter and they were unsure why it was documented in the medical record that R57 still had one inserted.On 3/26/2026 at 11:30 AM, an interview was conducted with the Director of Nursing (DON). The DON reported providers should be reviewing their notes for accuracy and R57 no longer has the indwelling catheter in place and will be following up with urology soon.A request for a facility policy related to accurate medical records was requested and not received by the end of survey.

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F 0912 Level of Harm - Potential for minimal harm Residents Affected - Many	Provide rooms that are at least 80 square feet per resident in multiple rooms and 100 square feet for single resident rooms. Based on observation and interview, 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:On 3/24/26 at 1:30 PM, 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: ROOM SQ. FT # OF BEDS112 282 4 113 282 4 114 282 4 115 282 4 116 282 4 118 282 4 119 282 4 120 282 4 122 282 4 123 282 4 124 282 4 210 282 4 213 282 4 214 286 4215 286 4 216 286 4On 3/25/26 at 2:45 PM, when asked about the insufficient square footage in some of the resident rooms, the Administrator stated there was a remodeling plan in process, and that in the interim, residents who express a concern are offered a larger room if available.