

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235402	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/18/2024
NAME OF PROVIDER OR SUPPLIER  The Villa at Great Lakes Crossing		STREET ADDRESS, CITY, STATE, ZIP CODE  22811 W Seven Mile Rd Detroit, MI 48219	

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 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 39958</p> <p>This citation pertains to MI00144894.</p> <p>Based on observation, interview, and record review the facility failed to administer tube feeding per physician order for one (R604) of three resident's reviewed for tube feeding, resulting in the potential for nutrition needs not being met and un-intended weight loss.</p> <p>Findings include:</p> <p>In an observation on 6/18/24 at 9:09 a.m., R604 did not have a tube feeding running (connected and actively providing nutrition). The tube feeding pump in R604's room did not have formula or water hanging.</p> <p>In an observation and interview on 6/18/24 at 1:44 p.m., Licensed Practical Nurse A turned on R604's tube feeding pump. R604's pump revealed R604 received 815 ml fed and 276 ml flush when the pump was last used. LPN A reported R604's feeding comes down depending on what time it was started.</p> <p>Review of an Admission Record revealed, R604 admitted to the facility on [DATE] with pertinent diagnosis which included dysphagia and nutritional deficiency.</p> <p>Review of a Minimum Data Set (MDS) assessment dated [DATE] revealed R604 had severely impaired cognition and required a feeding tube.</p> <p>Review of Physician orders revealed, R604 had the following orders:</p> <p>Enteral Feed one time a day Auto Flush = 25cc/hr (milliliters/hour) for 18 hours (450cc) with a revised date of 5/25/24.</p> <p>Enteral Feed one time a day Jevity 1.5(tube feeding formula) at 75cc/hr for 18 hours (up at 5p and down next day at 11a or until 1350cc reached) with a revised date of 5/25/24.</p> <p>Review of a Medication Administration Record (MAR) from May through June 2024 revealed, R604's enteral feeding was not documented as given on 5/25/24.</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 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 6/18/24 at 2:20 p.m., LPN A was queried and stated, I know I didn't take him off (stopped the tube feeding). LPN A reported R604 should have received 1350 ml before the feeding was removed.</p> <p>In an interview on 6/18/24 at 2:25 p.m. Unit Manager B reported she did not take the R604 off the tube feeding today.</p> <p>In an observation and interview on 6/18/24 at 2:26 p.m., the Director of Nursing (DON) confirmed that R604's tube feeding pump read 815 ml fed and 276 ml flush. The DON then acknowledged that R604 should have received 1350 ml before the pump was shut off.</p> <p>On 6/18/24 at 3:04 p.m., the DON reported the midnight nurse took R604 off the tube feeding because R604 was pulling on it. The DON reported the nurse did not document the removal in a progress note.</p>