STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235402	A. Building B. Wing	06/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Villa at Great Lakes Crossing	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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to ensure staff adhered to Enhanced Barrier Precautions (EBP) by wearing the required personal protective equipment (PPE) during wound care for three residents (R401, R402 and R403) of three residents reviewed under EBP due to colonization or risk factors associated with multidrug-resistant organisms (MDROs). The failure to utilize required isolation gowns during high-contact resident care increased the risk of transmission of MDROs and other infectious pathogens among residents.Findings include:On 6/10/26 at 10:40 AM, observed the Wound Care Nurse (WCN) perform wound care to R403's sacral/coccyx wound. After gathering supplies, the WCN cleansed and changed the dressing. Throughout the wound care procedure, the WCN did not wear an isolation gown as required under EBP.On 6/10/26 at 10:50 AM, observed the WCN perform wound care to R401's sacral/coccyx wound. The WCN cleansed the wound and changed the dressing without wearing an isolation gown.On 6/10/26 at 11:20 AM, observed the WCN perform wound care to R402's right heel wound. The WCN cleansed the wound and changed the dressing without wearing an isolation gown.Record review revealed:R403 was admitted on [DATE] with diagnoses including major depressive disorder, hypertension, myocardial infarction, atrial fibrillation, pneumonia, chronic obstructive pulmonary disease and acute respiratory failure.Review of the Minimum Data Set (MDS) dated [DATE] indicated a Brief interview for Mental Status (BIMS) score of 14/15 reflecting that the resident was cognitively intact.R401 was admitted on [DATE] with diagnoses including chronic obstructive pulmonary disease, atherosclerotic heart disease, congestive heart failure and osteoarthritisReview of the MDS dated [DATE] indicated resident had a BIMS of 12/15 (moderate impaired cognition).R402 was initially admitted on [DATE] and readmitted on [DATE] with diagnoses including non-pressure chronic ulcer of the right heel and midfoot, hemiplegia and hemiparesis following cerebral infarction, lumbar spinal stenosis, vascular dementia, epilepsy, mood disorder and history of falls.Review of MDS dated [DATE] noted a BIMS score of 11/15 (moderate impaired cognition).On 6/10/26 at 11:35 AM, the WCN was interviewed and said that an isolation gown was not worn during wound care because the available gowns did not fit them. The WCN further said that a request had been made for larger sized isolation gowns. The WCN acknowledged that gowns are required during wound care to reduce the risk of pathogen transmission and to protect residents from infection.On 6/10/26 at 11:45 AM, the Director of Nursing (DON) and the Nursing Home Administrator were interviewed. The DON said the purpose of EBP is to protect residents and staff from the transmission of infectious organisms. The DON said that staff are expected to wear both gowns and gloves when providing wound care and other high-contact resident care activities. The NHA said that the facility had not previously received requests from staff for larger sized isolation gowns.Review of the facility policy titled, Personal Protection Equipment Guidelines, revised 4/12/24, indicated that EBP require the use of gowns and gloves during high-contact resident care activities. The policy further identified wound care, device care, hygiene care and bathing as examples of high-contact care and noted that the use of gowns and gloves reduces the transmission of MDROs between staff and residents.

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