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	01/14/2025

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

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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 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	PASARR screening for Mental disorders or Intellectual Disabilities **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38230 Based on interview and record review the facility failed to ensure the Preadmission Screening (PAS)/ Annual Resident (ARR) Mental Illness/ Intellectual Disability/ Related Conditions Identification forms DCH-3877 and/or DCH-3878 documents were reviewed, revised, and sent to the local state agency for review and/or evaluation for mental illness needs in a timely manner for three (R13, R15, and R56) of five residents reviewed for PASAAR, resulting in the potential for residents not to receive care and services appropriate to their mental health needs. Findings include: R13: On 1/12/25 at 1:15 p.m. review of the electronic medical record documented R13 was initially admitted into the facility on [DATE] with a readmission on 12/20/24 with diagnoses that included paranoid schizophrenia. According to the quarterly Minimum Data Set assessment dated [DATE], R13 had a BIMs of 12 (moderate impaired cognition), and required total assistance with activities of daily living. Review of the Preadmission Screening (Level I Screen, 3877) dated 6/6/24, documented R13 had mental illness and receiving antidepressant/antipsychotic that was checked Yes. Explain any Yes: Schizophrenia. The prescribed antipsychotic or antidepressant was not documented on the 3877. R13 was prescribed haloperidol (antipsychotic) 5mg three times a day. Review of the electronic medical record did not include a Level II evaluation (a comprehensive evaluation by the appropriate state-designated authority - cannot be completed by the facility) that determines whether the individual has MD, ID, or related condition, determines the appropriate setting for the individual, and recommends any specialized services and/or rehabilitative services the individual needs .) or evidence the evaluation was requested by the facility for 2024. On 1/14/25 at 1:47 p.m. Corporate Social Worker J was interviewed and said a determination letter (a letter stating a Level II evaluation was not required) should have been sent by the state local agency due to R13 having a dementia diagnoses. Social Worker J acknowledged the 3877 did not document a dementia diagnosis but was documented on the 3878 (form for patients who meet certain criteria for exemption from Level II screening for nursing facilities). Review of the electronic medical record did not reveal a 3878 was completed for R13. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the facesheet, psychiatric and physician notes did not document R13 had a dementia diagnosis only the paranoid schizophrenia diagnoses. R15: On 1/12/25 at 1:45 p.m. review of the electronic medical record documented R15 was initially admitted into the facility on [DATE] with diagnoses that included unspecified dementia, psychotic disorder, and mood disorder. Review of the quarterly MDS assessment dated [DATE], R15 had a BIMs of 14 (cognitively intact), and required total assistance with activities of daily. Review of the electronic medical record revealed the most recent 3878 was dated 4/14/23 which documented dementia exemption. The medical record did not include an annual 3877 or 3878. On 1/13/25 at 3:12 p.m. a 3877 dated 7/1/24 was submitted by the facility. The 3877 was checked Yes for mental illness and receiving treatment. The annual Level II evaluation or letter of determination was submitted. On 1/14/25 at 1:35 p.m. the Corporate Social Worker J was interviewed and acknowledged the current 3877 was not in the medical record and per the facility's policy, the PASSARs do not have to put the resident's record. Social Worker J was informed PASSARs are part of the resident's medical record and should be complete. Social Worker J said they were not aware. R56: On 1/12/25 at 1:52 p.m. review of the electronic medical record documented R56 was initially admitted into the facility on [DATE] with diagnoses that included schizophrenia and vascular dementia. According to the quarterly MDS assessment dated [DATE], R56 had a BIMs of 10 (moderate cognitive impairment), and required total assistance with activities of daily living. Review of the medical record revealed on 7/12/23 OBRA Determination Letter, a Level II evaluation is needed by 7/10/24. The annual Level II evaluation was not in the medical record. The annual 3878 was not in the medical record. On 1/14/25 at 1:30 p.m. Corporate Social Worker 'J was interviewed and said the request for a Level II was submitted too early and was rejected by OBRA. However, the request should have been inquired about by the facility's social worker. The annual Level II should have been completed by 7/1/24 had it been resubmitted. (continued on next page)

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F 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the facility's policy titled PASARR Guideline dated 11/28/17, documented in part the following: The purpose of this guideline is to define and set expectations regarding the appropriate preadmission assessment of all individuals with a mental disorder and individuals with intellectual disability. It is the practice of the facility to coordinate the assessment process with the preadmission screening and annual resident review (PASARR) program under Medicaid . This includes incorporating the recommendations from the PASARR level II determination and evaluation in the residents' assessment, care plan, and transition of care; and referring all level II residents and all residents with new or evident conditions related to Level II review upon significant change in status assessment . Annually and with any significant change status, the facility will complete the PASARR Level I screen for those individuals identified per the Level II screen requiring specialized services. The facility will report any changes as identified via the screen to the state mental health authority or state intellectual disability authority promptly. Review of the DCH-3877, PREADMISSION SCREENING (PAS)/ ANNUAL RESIDENT (ARR) (Mental Illness/Intellectual Developmental Disability/Related Conditions Identification) Michigan Department of Health and Human Services Level I Screening form revised 3-22 documented in part: DISTRIBUTION: If any answer to items 1 - 6 in SECTION 3 is Yes, send ONE copy to the local Community Mental Health Services Program (CMHSP), with a copy of form DCH-3878 if an exemption is requested. The nursing facility must retain the original in the patient record and provide a copy to the patient or legal representative .

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 15194 Based on observation, interview, and record review the facility failed to develop, implement, and revise care plans for one resident (R83) of two residents reviewed with an indwelling catheter, resulting in the potential for a lack of monitoring, implementation of interventions and unmet care needs. Findings include: On 1/13/25 at 5:00 P.M. License Practical Nurse G (LPN) was asked to assist in observing R83's indwelling catheter. Prior to the observation Nurse G reported the resident only had several nephrectomy tubes (a thin flexible tube that drains urine from the kidney into a bag outside the body) and not an indwelling catheter. During the observation Nurse G indicated the indwelling catheter had been discontinued a while ago. However, during the observation an indwelling catheter was present. Review of the electronic medical record (EMR) revealed R83 was admitted to the facility on [DATE] with diagnoses of: Encephalopathy, epilepsy, acute kidney failure, dissection of abdominal aorta and protein calorie malnutrition. Review of the Minimum Data Set (MDS) assessment dated [DATE], indicated R83 had a Brief interview for Mental Status (BIMs) of 15 (cognitively intact), required assistance and supervision with Activities of Daily Living (ADL's). Review of the Care Plans revealed there were no care plan addressing the resident's indwelling catheter. During the review of the resident's care plan Nurse G acknowledged there were no care plans or interventions for the indwelling catheter only the nephrectomy tubes. On 1/14/25 at 1:45 P.M. during an interview with the Director of Nursing (DON) concerning care of R83's indwelling catheter, the DON reviewed the care plan section of the EMR and acknowledged there were no care plans for R83's indwelling catheter. The DON indicated at one time R83 had multiple catheters and was not sure exactly what happened to the care plans. On 1/15/25 at 10:00 a.m. review of the facility's policy titled: Care Plan Standard Guidelines, dated 11/28/2017 stated in part The facility must develop and implement a comprehensive person-centered care plan for each resident consistent with resident's rights that includes measurable objectives and timeframe's to meet a resident medical, nursing, mental and psychosocial needs that are identified in the comprehensive assessment.

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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** 41423 Based on observation, interview, and record review the facility failed to ensure appropriate and safe storage of an oxygen tank at the bedside of one Resident 54 (R54) of three residents reviewed for respiratory care, resulting in the potential for environmental hazard and resident injury. Findings include: On 01/12/25 at 10:44 am, an observation of R54 room revealed an oxygen cylinder without a stand, propped between the resident's bed and bedside table. Near the top of the oxygen cylinder regulator, the gauge was at Full. This indicated the cylinder was full of oxygen. If an oxygen tank falls over, it can become a dangerous projectile due to the high-pressure valve releasing oxygen rapidly, creating a risk of explosion, fire, and personal injury. R54 was observed sitting in their wheelchair wearing a nasal canula oxygen tubing. R54 said that they need their oxygen to breathe. R54 stated, Sometimes I get really short of breath and have to turn my oxygen up higher. R54 was asked if he notified staff when they are short of breath and R54 said, Sometimes I do but I know how to turn my oxygen up. On 1/12/24 at 11:55 am Nurse F was interviewed regarding the oxygen cylinder inappropriately stored at R54's bedside. Nurse F removed the cylinder while stating, This should not be in here .it is full. A review of R54's electronic medical record indicated that the resident was admitted to the facility on [DATE] with the diagnosis of Chronic Obstructive Pulmonary Disease (respiratory disorder), Anxiety, Difficulty Walking, and Muscle Weakness. On 12/10/24) Brief Interview for Mental Status (BIMS, A standardized test that assesses a person's cognitive health) scored 15/15 (cognition is intact). A review of R54's Care Plan noted the following Intervention .The resident needs a safe environment . On 1/14/24 at 11:18 am, the Nursing Home Administrator (NHA) was interviewed about how to store oxygen tanks. The NHA said staff were responsible for removing oxygen equipment out of the medication rooms and ensure they are stored and placed safely. Review of the facility's policy titled Medical Gas Cylinder and Bulk Tank Storage Revised on dated 6/2012 noted the following: General Storage Requirements for All Medical Gas Cylinders 2.1 All medical gas cylinders (including E cylinders) must be physically supported, either in a stand or rack or chained or strapped to the wall. This requirement is intended to prevent mechanical hazards caused by a sudden release of gas if a tank (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	falls over. 2.2 Oxidizing gases such as oxygen, nitrous oxide, and nitrogen must not be stored with flammable gases. 2.3 Medical gas cylinders should not be stored near radiators, steam pipes, heat ducts, or other sources of heat.

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F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50634 Based on observation, interview, and record review the facility failed to ensure an indwelling foley catheter was secured for one resident R16 of four residents reviewed for catheter care with the potential to cause irritation and/or trauma. Findings include: On 1/13/2025 at 11:40 AM, R16 was observed without a leg strap to secure their indwelling foley catheter. R16 was initially admitted on [DATE], with a pertinent diagnosis of Pneumonia, Congestive Heart Failure, Dysphagia (impaired speech), Muscle Weakness, and Bipolar. Record review for R16 Electronic Medical Record (EMR) revealed R16 Annual Brief Interview for Mental Status, (BIMS) on 10/25/2024 was 15/15 for cognition (intact cognition.) On 1/13/2025 at 11:45 AM, an interview with Certified Nursing Assistant, (CNA) D, said there was no leg strap and they would go and get one. On 1/13/2025 at 11:45 AM, an interview with Wound Care Nurse, (WCN) E revealed there was no anchor device attached and they would apply one when they finished wound care. On 1/13/2025 at 11:50 AM, an interview with Licensed Practical Nurse, (LPN) C revealed R16 should have had a leg strap to prevent the pulling of catheter. LPN C said that pulling on catheter could cause it to be pulled out and can cause R16 a lot of pain. On 1/14/2025 at 1:35 PM, an interview with the Director of Nursing, (DON) revealed foley catheter straps should be checked daily with AM and PM care. Review of Urinary Catheter Policy dated (March 2014) noted a leg strap should be used and be secured to the inner thigh if possible. According to the policy the catheter strap should be checked to prevent movement of the catheter and friction at the insertion site.

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50634 Based on observation, interview, and record review the facility failed to date respiratory equipment for two residents (F9 and F16) of three residents reviewed for respiratory care. Findings include: R16 On 1/14/2025 at 10:00 AM, R16 was observed with a nebulizer mask and connecting tubing that were not dated. R16 was initially admitted on [DATE], with a pertinent diagnosis of Pneumonia, Congestive Heart Failure, Dysphagia (impaired speech), Muscle Weakness, and Bipolar. Record review of the Electronic Medical Record (EMR) noted R16 Annual Brief Interview for Mental Status, (BIMS) on 10/25/2024 was 15/15, indicating intact cognition. On 1/14/2025 at 10:05 AM Licensed Practical Nurse, (LPN) A was interviewed and said the contracted Respiratory Company comes out on Friday and changes and dates the tubing. R9 On 1/14/2025 at 9:51 AM, R9 was observed with a nebulizer mask and connecting tubing that were not dated. Record Review for R9 EMR showed R9 Annual BIMS on 11/1/2024 was 0/15 for cognition (impaired cognition.)R9 was initially admitted on [DATE] with a pertinent diagnosis of Sepsis, Respiratory Failure, Dysphagia (impaired speech), Failure to Thrive, Muscle Weakness, and Depression. On 1/14/2025 at 9:55 AM, Licensed Practical Nurse, (LPN) A was interviewed and said the nebulizer mask should have been dated. On 1/14/2025 at 1:35 PM, the Director of Nursing, (DON) was interviewed and said they have a company that comes out every Friday to change and label respiratory tubing. The DON said staff should be checking daily to ensure all tubing has accurate dates on it. Review of the facility policy titled, Respiratory Policy dated July of 2015 documented the following The center requires that respiratory supplies are routinely changed or cleaned to prevent nosocomial infections . The facility should change nebulizers weekly or as needed. All supplies should be dated upon opening including oxygen tubing.