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	02/20/2026

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

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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 0809 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Ensure meals and snacks are served at times in accordance with resident?s needs, preferences, and requests. Suitable and nourishing alternative meals and snacks must be provided for residents who want to eat at non-traditional times or outside of scheduled meal times. Based on observation, interview, and record review, the facility failed to ensure meals were delivered in a timely manner and in accordance with the scheduled mealtimes for the residents. Findings:On 2/18/26 at 11:30 AM, during observation of kitchen lunch service with AM Cook/Manager-in-Training (MiT) D, Dietary Manager (DM) F, and Regional Dietary Director (RDD) K, the steam table was set with pans of food ready to be served to facility residents. The following was noted while obtaining the temperatures of food on the steam table:- The mechanical soft beef stew contained large pieces of stew meat and potatoes approximately the size of golf balls.- The vegetables designated for the residents on a pureed diet contained pieces of pea-sized vegetables.- No pans of pureed meat were present.- The first meal ticket on the tray service line was for a resident on a mechanical soft diet. On 2/18/26 at 11:50 AM, DM F was queried about the consistency of the food prepared for the residents on mechanical soft and pureed diets. DM F said that AM Cook/MiT D indicated that the situation had been handled. Presently, AM Cook/MiT D had stepped out of the kitchen. On 2/18/26 at 12:02 PM, RDD K said they were going to have to hand deliver the mechanical soft diet meal trays, so the tray line was not delayed more. On 2/18/26 at 12:03 PM, upon returning to the kitchen, AM Cook/MiT D was interviewed regarding the missing pureed meat and the consistency of the stew meat, potatoes, and vegetables. AM Cook/MiT D stated, I was doing too much today. AM Cook/MiT D obtained the food processor and began to further process the mechanical soft beef stew meat and the pureed vegetables. AM Cook/MiT D obtained stew meat and processed it for the residents on pureed diets. On 2/18/26 the first lunch meal cart was completed and left the kitchen for delivery to the residents' floor at 12:13 PM. A review of a facility document provided during the survey titled, Meal Times, indicated that scheduled lunch service begins at 11:30 AM. On 2/20/26 at 10:57 AM, DM F said lunch meal service starts at 11:30 AM and the first lunch meal cart should leave the kitchen around 11:45 AM. When queried about lunch service on 2/18/26 DM F stated, The start was late. On 2/20/26 at 12:03 PM, the Nursing Home Administrator (NHA) said it was not acceptable for the meal to be served late because the food was not prepared timely. On 2/20/26 at 3:00 PM, the NHA and Director of Nursing were asked if there was any additional documentation or information that the facility would like to provide prior to the end of the survey and they reported there was none.

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview, and record review, the facility failed to: 1. Ensure wall surfaces were in good repair and cleanable; 2. Ensure light fixtures, vents, and a resident refrigerator were maintained in a clean and sanitary manner; 3. Ensure cleaned ladles were properly stored; and 4. Properly date-label food in the resident refrigerators. Findings include: On 2/18/26 at 8:47 AM, a tour of the kitchen was conducted with AM [NAME] and Manager in Training (MIT) D and then with Dietary Manager (DM) F. The following items were noted: The wall behind the clean pot/pan shelving unit showed surface damage and paint loss from repeated impact. Two wall panels beside the three-compartment sink drainboard were detached, exposing the raw block wall behind them. A light fixture cover positioned above the cooking range exhibited visible grease accumulation in the form of suspended droplets. DM F said the hood and light fixture covers were cleaned once a month. DM F added, If something looks like it's going to drop in the food, we move stuff (the cooking food) over and clean the light fixture. Four ladles of varying sizes were hanging from a rack, bowl side up. DM F said dust could collect inside of the bowls. The air conditioning unit vents in the room housing a reach-in cooler, reach-in freezer, and single-service items were soiled with accumulated dust. On 2/18/26 at 12:14 PM, Maintenance Director E said the wall panels/covering for the wall near the kitchen three-compartment sink were not in stock and will have to be ordered. On 2/20/26 at 9:49 AM, the contents of the 2nd floor resident refrigerator were observed with Licensed Practical Nurse (LPN) H and revealed a 3.7 oz. opened and unlabeled container of cheddar cheese sauce. LPN H said the cheddar cheese sauce was supposed to be dated and have the resident's name on it. On 2/20/26 at 10:20 AM, the contents of the 3rd floor resident refrigerator were observed with LPN I and revealed an opened and unlabeled 12 oz. can of carbonated beverage. The inside shelving of the refrigerator was stained with substances that appeared to be dried and sticky. The thermometer inside the refrigerator registered at 46 F (Fahrenheit). On 2/20/26 at 10:57 AM, DM F said that refrigerators should be maintained between 30-40 F. DM was unsure of who was responsible for cleaning the resident refrigerators. DM F confirmed that food stored in the resident refrigerators should be dated and labeled with the resident's name. DM F indicated the chipped paint behind the clean pot/pan shelving and the exposed block wall were a concern. On 2/20/26 at 11:56 AM, the Director of Nursing (DON) stated, I don't know who is responsible for cleaning the resident refrigerators. On 2/20/26 at 12:03 PM, the Nursing Home Administrator (NHA) said resident refrigerators should be clean, maintained at the correct temperature, and resident food items should be labeled and dated. On 2/20/26 at 3:00 PM, the NHA and DON were asked if there was any additional documentation or information that the facility would like to provide prior to the end of the survey and they reported there was none. A review of the facility document titled, Personal Food Guideline, dated 3/12/18, was reviewed and revealed in part the following:- Food brought from outside sources by residents, friends or family will be stored in a designated location and labeled as such, separately from facility food. Labeling will include received date, use by date, and resident name.- Staff members will ensure food should be labeled, dated, (and) stored in proper temperature zone. A review of the 2013 FDA Food Code documented the following: Section 4-601.11 Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils. (C) nonfood-contact surfaces of equipment shall be kept free of an accumulation of dust, dirt, food residue, and other debris. Section 4-602.13, Nonfood-Contact Surfaces, Nonfood-contact surfaces of equipment shall be cleaned at a frequency necessary to preclude accumulation of soil residues. Section 4-903.11. Storing Equipment, Utensils, Linens, and Single-Service and Single-Use Articles: (B) Clean equipment and utensils shall be stored as specified under (A) of this section and shall be stored: (1) In a self-draining position that allows air drying; and (2) Covered or inverted. Section 6-201.11 Floors, Walls, and Ceilings. Except as specified under S 6-201.14 and except for antislip floor coverings or applications that may be used for safety reasons, floor coverings, walls, wall coverings, and ceilings shall be designed, constructed, and installed so they are smooth and easily cleanable.

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F 0908 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Keep all essential equipment working safely. Based on observation, interview, and record review, the facility failed to ensure the reach-in cooler, located in the dietary office, was maintained in good working order. Findings include: On 2/18/26 at 9:09 AM, during a tour of the kitchen with Dietary Manager (DM) F, the following was noted: - The temperature log for the reach-in cooler located in the dietary office documented the following AM temperatures:2/15/26: 49 F (Fahrenheit).2/16/26: 48 F2/17/26: 44 F2/18/26: 45 F- The thermometer inside of the reach-in cooler registered 47 F.- The gasket for the left positioned cooler door was not installed which kept the cooler door ajar, causing the internal temperature to rise above safe levels. The door gasket was observed lying on top of a metal shelving unit.DM F said they have been having a little problem with this unit, and that maintenance had been fixing on it. DM F said this refrigerator should be maintained between 30-40 degrees. Staff were to contact maintenance if the temperature was above 40 degrees. On 2/18/26 at 9:11 AM, AM [NAME] D indicated maintenance did not come to the kitchen regarding the reach-in cooler while they worked yesterday. On 2/18/26 at approximately 9:20 AM, Maintenance Director (MD) E was in the kitchen. MD E said they were not notified yesterday regarding the elevated temperature of the reach-in cooler. MD E obtained the door gasket from the metal shelf and re-installed it on the door. MD E indicated that a properly installed gasket was necessary to get a proper seal on the reach-in cooler door. On 2/20/26 at 3:00 PM, the Nursing Home Administrator and Director of Nursing were asked if there was any additional documentation or information that the facility would like to provide prior to the end of the survey and they reported there was none. A review of the 2013 FDA Food Code documented the following, Section 4-501.11, Equipment shall be maintained in a state of repair and condition that meets the requirements specified under Parts 4-1 and 4-2.

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F 0636 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Assess the resident completely in a timely manner when first admitted, and then periodically, at least every 12 months. Based on interview and record review the facility failed to complete and/or ensure the timely completion of comprehensive resident assessments (a complete interdisciplinary evaluation of a resident's physical , mental, psychosocial and functional status) in accordance with regulatory requirements for 13 residents (R4, R6, R33, R53, R72, R93, R94, R95, R101, R114, R124, R125, and R139) out of 13 residents reviewed for Minimum Data Set (MDS) assessment accuracy and timeliness.Findings include:During record review the following was identified: R4 Record review of R4's electronic medical record revealed admission into facility on 2/19/25 with a pertinent diagnosis of schizophrenia (mental disorder). Record review of R4's MDS Quarterly Assessment with a due date of 1/29/26 was not completed as required. R6 Record review of R6's electronic medical record revealed admission into facility on 3/4/20 with a pertinent diagnosis of hemiplegia (paralysis). Record review of R6's MDS Quarterly Assessment with a due date of 1/14/26 was completed on 2/19/26. R33 Record review of R33's electronic medical record revealed admission into facility on 12/16/20 with a pertinent diagnosis of schizophrenia (mental disorder). Record review of R33's MDS Annual Assessment with a due date of 1/13/26 was not completed as required. R53 Record review of R53's electronic medical record revealed admission into facility on 9/30/19 with a pertinent diagnosis of muscle weakness. Record review of R53's MDS Quarterly Assessment with a due date of 1/25/26 was not completed as required. R72 Record review of R72's electronic medical record revealed admission into facility on 6/23/22 with a pertinent diagnosis of cerebral vascular accident (stroke). Record review of R72's MDS Quarterly Assessment with a due date of 1/15/26 was not completed as required. (continued on next page)

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F 0636 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	R93 Record review of R93's electronic medical record revealed admission into facility on 5/26/23 with a pertinent diagnosis of sepsis due to pseudomonas (life threatening infection). Record review of R93's MDS Quarterly Assessment with a due date of 1/15/26 was not completed as required. R94 Record review of R94's electronic medical record revealed admission into facility on 12/25/20 with a pertinent diagnosis of diabetes. Record review of R94's MDS Annual Assessment with a due date of 1/25/26 was not completed as required. R95 Record review of R95's electronic medical record revealed admission into facility on 3/14/25 with a pertinent diagnosis of epilepsy (seizure disorder). Record review of R95's MDS Quarterly Assessment with a due date of 12/29/25 was completed on 2/10/26. R101 Record review of R101's electronic medical record revealed admission into facility on 10/4/23 with a pertinent diagnosis of muscle weakness. Record review of R101's MDS Quarterly Assessment with a due date of 1/25/26 was not completed as required. R114 Record review of R114's electronic medical record revealed admission into facility on 4/12/24 with a pertinent diagnosis of Alzheimer's (neurological disorder). Record review of R114's MDS Quarterly Assessment with a due date of 1/20/26 was not completed as required. R124 Record review of R124's electronic medical record revealed admission into facility on 12/30/24 with a pertinent diagnosis of an injury to head. Record review of R124's MDS Quarterly Assessment with a due date of 1/20/26 was not completed as required. R125 (continued on next page)

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F 0636 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Record review of R125's electronic medical record revealed admission into facility on 8/4/22 with a pertinent diagnosis of dysphagia (difficulty swallowing). Record review of R125's MDS Quarterly Assessment with a due date of 1/31/26 was not completed as required. R139 Record review of R139's electronic medical record revealed admission into facility on 10/8/25 with a pertinent diagnosis of chronic kidney disease. Record review of R139's MDS Discharge Assessment with a due date of 12/20/26 was not completed as required. During an interview conducted on 2/20/26 at 11:35 AM with MDS Coordinator (MC) C, it was reported that resident assessments were not completed by the due date or finished in a timely manner. During an interview conducted on 2/20/26 at 12:40 PM with the Nursing Home Administrator (NHA), it was reported that MDS resident assessments should be completed as required by the regulations.

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F 0805 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs. Based on observation, interview, and record review, the facility failed to prepare meat and vegetables to the proper food consistency for the 23 residents receiving mechanical soft textured meals and 4 residents receiving pureed textured meals in the facility. Findings include: On 2/18/26 at 11:30 AM, during observations of the kitchen lunch service with AM Cook/Manager-in-Training (MiT) D, Dietary Manager (DM) F, and Regional Dietary Director (RDD) K, the steam table was set with pans of food ready to be served to facility residents. The following was noted while obtaining the temperatures of food on the steam table:- The mechanical soft beef stew contained large pieces of stew meat and potatoes approximately the size of golf balls.- The vegetables designated for the residents on a pureed diet contained pieces of pea-sized vegetables.When queried about the size of the stew meat, potatoes, and vegetables, AM Cook/MiT D stated, I was doing too much today. On 2/20/26 at 10:57 AM, DM F indicated that AM Cook/MiT D was informed that the size of the stew meat was too big for the residents on mechanical soft diets and that pureed vegetables should not be chunky with lumps in it. Pureed vegetables should be smooth like mashed potatoes. A review of a facility document titled, Mechanical Soft Diet, dated 2017, revealed in part: Unless otherwise indicated, meat and meat substitutes will be mechanically ground. A review of a facility document titled, Guidelines for Pureed Preparation., dated 2018, revealed in part: The pureed diet provides food with a semi-liquid to semi-solid consistency (i.e. pudding-like). On 2/20/26 at 3:00 PM, the Nursing Home Administrator and Director of Nursing were asked if there was any additional documentation or information that the facility would like to provide prior to the end of the survey and they reported there was none.

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to provide scheduled showers for one resident (R37) and timely nail care for one resident (R18) out of three residents reviewed for activities of daily living (ADL). Findings include: R37 – On 2/18/26 at 10:57 AM, R37 was observed awake and lying in bed. R37 stated, I'm not getting showers on a regular basis. I've gone a week and half without one. R37 reported that staff attributed the missed showers to low staffing levels. A review of the clinical record for R37 documented an admission date of 1/2/26 with diagnoses of thoracic spinal cord injury, colostomy status, and neuromuscular dysfunction of bladder. A Minimum Data Set assessment dated [DATE] documented intact cognition and dependence on staff for shower/bathing. Review of R37's care plans documented in part the following: Focus: (R37) requires assistance with daily care needs related to paraplegia. Intervention: Assist resident with ADL's. Total dependence with bathing (on) Tuesday and Friday afternoon and as needed. Date initiated 1/2/26. During an interview on 2/19/26 at 12:17 PM, Certified Nurse Aide (CNA) L said when a resident receives a shower or bed bath, a paper shower sheet is completed and point of care documentation is entered in the electronic health record (EHR). CNA L added that the completed paper shower sheets are given to the nurse. During an interview on 2/19/26 at 12:20 PM, Licensed Practical Nurse (LPN) M indicated paper shower sheets were stored in a shower book. LPN M looked for shower sheets for R37 in the shower book and there were none. LPN M said their unit manager collects them. On 2/19/26 at 12:44 PM, an interview and review of R37's clinical record was conducted with Unit Manager (UM)/LPN N. UM/LPN N confirmed CNAs document resident showers/bed baths on shower sheets and in the resident's EHR. UM/LPN N conducted a review of the shower sheets in their office and stated, I don't see any shower sheets for (R37). UM/LPN affirmed that there should be shower sheets and skin assessments completed for R37 and that refusal of care was to be documented. A review of R37's EHR, including the care plans, yielded no evidence that R37's declined showers/bed baths. UM/LPN N indicated that showers help to keep skin clean and fresh. CNA documentation of showers/bed baths in the EHR for R37 during the past 30 days revealed the following: Bed bath given on 1/22/26 Shower given on 1/30/26 Bed bath given on 2/1/26 UM/LPN N said there were multiple days R37 should have gotten a shower/bed bath and there was nothing documented. For the past 30 days those days included 1/20/26, 1/27/26, 2/3/26, 2/6/26, (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	2/10/26, 2/13/26, and 2/17/26. During an interview on 2/20/26 at 11:46 AM, the Director of Nursing (DON) said resident showers were needed for cleanliness, decrease infection risk, check the resident's skin, and basic hygiene. On 2/20/26 at 3:00 PM, the Nursing Home Administrator and DON were asked if there was any additional documentation or information that the facility would like to provide prior to the end of the survey and they reported there was none. R18 On 2/18/2026 at 9:50 AM, R18 was observed in bed with long fingernails with debris under the end of the nails. When asked if R18 wanted his nails cut R18 stated, I need help with care, I'd like my nails cut. On 2/19/2026 at 9:30 AM, R18 was interviewed and said that he received a bed bath the previous night (2/18/2026) and the aide didn't offer to cut my nails. R18 was observed with long fingernails with debris under the end of the nails. On 2/19/2026 at 10:15 AM, R18 was observed with Certified Nursing Assistant (CNA) S and Licensed Practical Nurse (LPN) T. When asked about nail care CNA S said R18's nails needed be cleaned and clipped they were dirty and long. LPN T said R18's fingernails should have been cleaned and trimmed when he was given a bed bath the night before. Record review of R18's Electronic Health Record (EHR) revealed admitted to facility on 12/24/2025 with pertinent diagnosis of Primarily Generalized Osteoarthritis, Myalgia, and Difficulty in walking. Review of the Minimum Data Set (MDS) dated [DATE] for R18 revealed a Brief interview for Mental Status (BIMS) of 15/15 intact cognition. Review of R18's care plan revealed, Focus: R18 requires assist with daily care needs r/t (related to) Generalized weakness date initiated 12/24/2025. Staff will anticipate and meet all of residents' needs on a daily basis through next review ie: clean, dry, groomed, turned and positioned. Date initiated 12/24/2025 Target Date 06/28/2026. Intervention: Hygiene Total dependence with personal hygiene Date initiated 12/24/2025. Total dependence for bathing Wednesday and Saturday morning and PRN Date initiated 12/24/2025. There were no documented refusals of ADL care. On 2/20/2026 at 1:07 PM, the Director of Nursing (DON) was interviewed and said the expectation is for all staff to identify and address ADL care with residents, CNAs and nurses. All ADLs should be addressed on showers days or as needed including nail care. Review of the facility policy titled Activities of Daily Living (ADL), Supporting revised March 2018 revealed in part.Residents who are unable to carry out activities of daily living independently will receive the services necessary to maintain good nutrition, grooming, and personal and oral hygiene.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. Based on observation, interview and record review the facility failed to ensure medications were properly stored in accordance with accepted standards in one of three medications refrigerators reviewed. This deficient practice had the potential to affect the safety and integrity of medications stored for resident use.Findings include:An observation conducted on 2/19/2026 at 2:48 PM revealed the second- floor medication refrigerator had multiple medications stored at a temperature of 28 degrees Fahrenheit.Record review of the second-floor medication refrigerator temperature log revealed recorded temperatures ranging between 28 degrees Fahrenheit (F) and 30 degrees Fahrenheit from February 1 through February 19. 2026.Record review of Manufacturers Guidelines a list prepared for all the medications observed in second-floor medication refrigerator by the Director of nursing (DON) revealed that the medications should be stored at a temperature of 36 degrees Fahrenheit to 46 degrees Fahrenheit.During an interview, conducted on 2/20/26 at 11:17 AM with the DON, it was reported that the medication had been stored improperly in the second-floor medication refrigerator.Record review of facility's policy Medication Storage in the Facility dated May 2022, documented the following:All medications are maintained within the temperature ranges noted in the United States Pharmacopeia (USP) and by the Centers for Disease Control (CDC).1. Room Temperature 59 to 77?F (15 C (Celsius) to 25 C).2. Controlled Room Temperature (the temperature maintained thermostatically) 68 to 77 F (20 to 25 C).3. Refrigerated 36F to 46 (2 to 8 C) with a thermometer to allow temperature monitoring.4. Frozen in the freezer at 14 to 20 (-10 to -7 C).

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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 0947 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure nurse aides have the skills they need to care for residents, and give nurse aides education in dementia care and abuse prevention. Based on interview and record review, the facility failed to ensure three out of five Certified Nurse Aides (CNA O, P, and Q) completed the required 12 hours of annual training to ensure adequate resident care.Findings include:On 2/20/2026 at 10:35 AM, the CNA in-service logs were reviewed with the Human Resources Manager (HRM) R. HRM R said that there were no records for trainings for CNA P and CNA Q and that CNA O did not have the required dementia training. HRM R said the trainings were important because the staff interacts with resident's who have dementia.On 2/20/2026 at 1:05 PM, the Director of Nursing (DON) was interviewed and said the expectation is for CNAs to receive 12-hour annual training including dementia and abuse since we have numerous residents with dementia.Review of the facility policy titled Training Requirements revised 2/2026 revealed in part.2. The following additional training requirements are outlined for all nurse aids: Must be no less than 12 hours per year. Address the care of the cognitively impaired.