

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235412	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/07/2026
NAME OF PROVIDER OR SUPPLIER The Villa at Traverse Point		STREET ADDRESS, CITY, STATE, ZIP CODE 2828 Concord Street Traverse City, MI 49684	

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 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are fully informed and understand their health status, care and treatments.</p> <p>This deficient practice pertains to Intake 2808680. Based on interview and record review, the facility failed to obtain informed consent from the responsible party before prescribing a psychotropic drug to one Resident (#1) of three Residents reviewed for planning and implementing care. Findings include: Review of a complaint submitted to the State Agency (SA) on 3/19/26 read, in part: [Resident #1] was admitted for intense physical therapy after sustaining a fall on the ice. During his stay [Resident #1] did not see the therapy room ONE time. he couldn't do anything because he was so drugged inappropriately. Resident #1 (R1) Review of R1's Electronic Medical Record (EMR) revealed initial admission to the facility on 1/30/26 with diagnoses including fracture of the fourth thoracic vertebra, encephalopathy (a disturbance of brain function causing confusion, memory loss and coma in severe cases), traumatic subarachnoid hemorrhage (a type of stroke characterized by bleeding between the brain and the membrane protecting it), and mild neurocognitive disorder. Review of a document titled, Activation of DPOAH (Durable Power of Attorney for Healthcare)/Advanced Directive revealed an activation date of 1/20/26. On 4/7/26 at 9:08 AM, an interview was conducted with R1's Durable Power of Attorney for Healthcare, DPOAH B, regarding treatment decisions. DPOAH B indicated R1 was given an antipsychotic drug, Seroquel, that she did not approve of. DPOAH B stated, He's [R1] an old guy, that's a vicious drug. You shouldn't give a drug like that to a person his age. When queried as to whether she signed a consent allowing the administration of Seroquel, DPOAH B stated, I would never consent, ever, to giving that drug. Review of a document titled, CONSENT-Antipsychotic Medication Informed Consent indicated verbal consent for use of Seroquel was obtained from R1 on 2/2/26 rather than DPOAH B. Review of R1's EMR revealed an admission Note written on 1/30/26 at 14:53 [2:53 PM] that read, in part: [R1] arrived to facility via facility transport. [R1] noted with acute metabolic encephalopathy, possibly dementia with behavioral disturbance, resident incapable of making informed decisions. Review of R1's Medication Administration Record (MAR) revealed the following: SEROquel Oral Tablet 25 MG (milligrams) (Quetiapine Fumarate) Give 2 tablet by mouth one time a day for acute metabolic encephalopathy, initiated 1/30/26. SEROquel Oral Tablet 25 MG (Quetiapine Fumarate) Give 1 tablet by mouth one time a day for acute metabolic encephalopathy, initiated 1/30/26. Review of R1's EMR revealed an Interdisciplinary Team note written on 2/12/26 at 10:52 AM that read, in part: Met with [DPOAH B] and two other family members re: (regarding) [R1's] POC (plan of care). [DPOAH B] upset stating she had not been informed of any COC (continuity of care) for [R1]. [DPOAH B] upset stating [R1] was sedated, and doesn't know why [sic] he is on Seroquel to begin with. Family members stated. they wanted [R1] him off of it [Seroquel] completely. On 4/7/26 at 12:42 PM, an interview was conducted with Social Services Director (SSD) F who confirmed she was responsible for medication consent forms. SSD F stated whoever is responsible for making medical decisions should sign the consent form, whether it be the resident or resident representative/DPOA. When asked why R1's DPOAH had not signed the Antipsychotic Medication Informed Consent, SSD F stated it was likely a clerical error. On 4/7/26 at 2:15 PM, an interview was conducted with the Nursing Home Administrator (NHA) who understood concerns related to obtaining informed consent from the correct party prior to administration of a psychotropic medication. Review of the facility policy titled, Psychotropic (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 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Medications Guideline, revised 5/30/25, read, in part: .Residents who have admitted with or have changes to their psychotropic medication regimen will have an informed consent obtained. The resident and/or responsible party have the right to accept or decline the initiation of or increase in a psychotropic medication.</p>		