

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 05/08/2025
NAME OF PROVIDER OR SUPPLIER The Villa at Traverse Point		STREET ADDRESS, CITY, STATE, ZIP CODE 2828 Concord St 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49735</p> <p>Based on interview and record review, the facility failed to obtain consent for an antipsychotic medication prior to initiation for one Resident #324 (R324) of five residents reviewed for antipsychotic medications. This deficient practice resulted in R324 not giving consent prior to initiation of medication.</p> <p>Findings include:</p> <p>Resident #324 (R324)</p> <p>Review of the Electronic Medical Record (EMR) revealed admission to the facility on [DATE] with active diagnoses that included bipolar disorder, type 2 diabetes mellitus, and unsteadiness on feet. R324 scored 15 of 15 on the Brief Interview for Mental Status (BIMS) assessment reflective of intact cognition.</p> <p>A review of physician orders included Haloperidol (antipsychotic) 10 mg . Give 1 tablet by mouth one time a day every Monday, Wednesday and Friday for bipolar diagnosis.</p> <p>Review of the Medication Administration Record (MAR) for April 2025 revealed R324 had received the antipsychotic medication on 4/30/25.</p> <p>Review of the MAR for May of 2025 revealed R324 received the antipsychotic medication on 5/2/25, 5/5/25, and 5/7/25.</p> <p>Review of the EMR revealed R324 did not sign a consent for the antipsychotic medication.</p> <p>During an interview on 5/8/25 at 9:47 a.m., Social Services Director (SSD) E reported she completes consents with residents on admission or when the medication is ordered. SSD E reviewed the EMR for R324 and reported the consent had not been completed.</p> <p>During an interview on 5/8/25 at 9:52 a.m., the Director of Nursing (DON) acknowledged the consent for the antipsychotic medication was not in the EMR and had not been completed.</p> <p>Review of document titled Use of Anti-psychotic Medications read in part, .the resident, family, and or surrogate decision maker must be educated (verbal and or written information according to facility protocol) about the use of antipsychotic drugs .</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 0808</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure therapeutic diets are prescribed by the attending physician and may be delegated to a registered or licensed dietitian, to the extent allowed by State law.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40383</p> <p>Based on observation, interview, and record review, the facility failed to ensure the correct therapeutic diet was prescribed for 4 Residents (#36, #43, #321, & #325) of 10 residents reviewed for nutritional concerns. This deficient practice resulted in the potential for unmet nutritional needs and the potential for health complications. Findings include:</p> <p>Resident #36 (R36)</p> <p>R36 was admitted to the facility on [DATE] with diagnoses including Alzheimer's disease, hypertension, chronic kidney disease and history of a stroke. On 5/6/25 at 12:26 PM, the lunch tray for R36 was observed and included a tray card which read in part, Diet Order: Regular Texture, Consistent Carbohydrate, No Added Salt, Fluids thin. The tray included a packet of salt.</p> <p>Resident #43 (R43)</p> <p>R43 was admitted to the facility on [DATE] with diagnoses including diabetes mellitus, atrial fibrillation, and chronic obstructive pulmonary disease. The physician orders included a diet order dated 7/19/24 of No Added Salt (NAS), regular texture, *Thin consistency, double protein portions. On 5/6/25 at 12:27 PM, the lunch tray for R43 was observed with Certified Nurse Aide (CNA) F. The tray card indicated a Diet Order: Regular Texture, No Added Salt, Fluids thin. The tray included a packet of salt.</p> <p>Resident #321 (R321)</p> <p>R321 was admitted to the facility on [DATE] with physician orders including a diet order of No Added Salt (NAS), Regular texture, Regular Thin liquids consistency. On 5/6/25 at 12:22 PM, the lunch tray for R321 was observed with the Registered Dietitian (RD) G. The tray card indicated a Diet Order: Regular Texture, No Added Salt, Fluids Thin. The tray included a packet of salt. RD G stated, He should not have gotten that (the salt packet).</p> <p>Resident #325 (R325)</p> <p>R325 was admitted to the facility on [DATE] with diagnoses including acute congestive heart disease, acute respiratory failure, and hypertension. R325's physician orders included a diet order written on 4/30/25 of Consistent Carbohydrate/NAS, Regular texture, Regular Thin liquids consistency, double protein portions. On 5/6/25 at 12:23 PM, the lunch tray for R325 was observed with the RD G. The tray card indicated a Diet Order: Regular Texture, Consistent Carbohydrate, No Added Salt, Fluids Thin. The tray included a packet of salt. RD G stated, That is not right, and she removed the salt packet from the tray. RD G said that the dietary department was not following the tray cards and salt should not be on those trays with No Added Salt diets.</p> <p>The Diet Manual titled Dining RD: Diet Manual for Long Term Care 2022 was presented and read in part: No Added Salt Diet Indications for Use: . The diet follows the Regular Diet, avoids adding the use of salt at the table, and avoids sending salt packets on the meal trays served in the rooms.</p>		