STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235429	A. Building B. Wing	11/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Villa at the Bay	1500 Spring Street Petoskey, MI 49770

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 0603 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from separation (from other residents, his/her room, or confinement to his/her room). **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** This deficiency pertains to intake #2644019Based on interview and record review, the facility failed to prevent the involuntary seclusion of one Resident (#1) of three residents reviewed for involuntary seclusion. This deficient practice resulted in feelings of frustration and the potential for feelings of isolation, depression, psychological and emotional distress, and impaired mental health. Findings include: Intake complaint #2644019 was received by the state agency on 10/15/25. The complainant alleged Resident #1 (R1) was living in a secured unit in the facility where residents with dementia reside despite R1 not having a dementia diagnosis. The intake alleged, in part: . [R1] is in the dementia unit even though she doesn't have dementia.staff won't let her leave the unit. Review of the Electronic Medical Record (EMR) disclosed R1 was admitted to the facility on [DATE] and had a primary diagnosis of lymphedema. A dementia diagnosis was not found in the EMR. R1 was assigned to a room on the facility's south unit. The EMR did not contain a care plan for placement in a secured unit nor did the EMR contain documentation of the clinical criteria for placement of R1 in a secured unit. Documentation was not located regarding R1's input and involvement in placement on a secured unit.A quarterly Minimum Data Set (MDS) assessment dated [DATE] documented R1 had a Brief Interview for Mental Status (BIMS) score of 15 reflecting R1 was cognitively intact. Further review of the MDS revealed R1 did not display behaviors and was not at risk for elopement from the facility. The MDS documented R1 sometimes felt socially isolated.On 10/22/25 at 11:25 AM, staff C confirmed the facility was comprised of three units: a north unit, a central unit, and a south unit. Staff C said the south unit consisted of residents who had dementia. Staff C indicated the south unit had a digital key code system, and the code was required to exit the south unit. Staff C said only the staff had access to the code to leave the south unit, and a staff member would be required to enter the code to exit that unit.The door to the south unit was visualized on 10/22/25 at 11:28 AM. Entrance to the south unit was accessed by pushing a button next to the door of the unit. Once inside the door to the south unit, a key-coded, electronic securement system was observed next to the door. The system contained a series of pressable keypads containing numeric digits.Licensed Practical Nurse (LPN) A was interviewed on 10/22/25 at 11:30 AM. LPN A was asked the reason a key-coded system was placed next to the door to exit the south unit. LPN A explained a series of numbers had to be pressed on the keypad to unlock the door and exit the unit. LPN A said, It's for the safety of the residents here [south unit] - they all have dementia of some sort. LPN A asserted the staff had the numeric code to exit the south unit, and staff had to enter the code for anyone who wanted to exit the unit. LPN A said, They [the residents on the south unit] can't exit without a chaperone. LPN A said the doors to the south unit are maintained closed and secured for the safety of the residents on the south unit. LPN A confirmed the doors to the other units were left open and did not utilize or require access codes for egress from the other units.On 10/22/25 at 11:35 AM, R1 was observed and interviewed in her room on the south unit. R1 responded appropriately to questioning and presented as alert and oriented. During the interview, R1 said, I never wanted to be on a dementia unit - I don't have dementia. I just wanted a private room. I wish I could be on north [north unit] in a private room. R1 (continued on next page)

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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She said she was told on those two occasions that she had to stay in the unit.Registered Nurse (RN) B was interviewed on 10/22/25 at approximately 12:00 PM. RN B confirmed the south unit was considered the facility's dementia unit. RN B said R1 did not have the code to get off the unit and confirmed R1 needed to find a staff member to exit the unit. RN B said R1 independently propelled her wheelchair to activities without staff accompaniment when staff open the door for her to exit the unit. RN B said R1 was the only resident currently on the unit who was not cognitively impaired. When asked if it was appropriate for R1 to be on the unit that otherwise exclusively housed cognitively impaired or demented residents, RN B said, She [R1] could be on north [unit].The Administrator (NHA) and Director of Nursing (DON) were interviewed on 10/22/25 at approximately 1:30 PM. The NHA and DON confirmed the residents on the south unit had dementia and cognitive impairment. When asked the clinical indication for placing R1 on a unit requiring key-coded egress, the NHA said R1 was placed on the south unit because R1 wanted a private room. When asked if a private room had become available on another unit, the DON said R1 had been offered private rooms on the north unit but R1 had declined the offers. The DON was asked for documentation of R1's declination of the alleged offers or any documentation R1 had been offered a room on another unit. The DON replied that she didn't think there was documentation but said she would verify. When asked if there was documentation to support the resident's involvement in the decision for placement on the south unit, the DON said, I'll have to look. The DON and NHA were asked if R1 had a care plan to be on the south unit, and if the care plan contained interventions to direct staff on appropriate steps to take while an alert and oriented resident resided on a unit with key-coded egress that housed residents with dementia and cognitive impairment. The DON and NHA said they did not know if there was a care plan for R1 to be on the south unit.The DON and NHA were asked for the criteria for residents to be on the south unit. They responded they had a policy and said the policy would be provided. When asked if R1 had been supplied with the code to independently leave the unit, the DON said staff had to enter the door code for R1 to exit the unit. The DON said R1 left the unit independently and said, She [R1] can go wherever she [R1] wants to go in the facility at any time.The DON was asked to provide the documentation of R1's clinical criteria for placement on the south unit, a care plan with interventions for egress from the south unit, documentation on the decision to place R1 on the south unit, documentation of R1's voluntary involvement in being placed on the south unit, any additional information regarding R1's placement on the south unit, and a policy for placement criteria for residents on the south unit. R1 was re-interviewed on 10/22/25 at 2:52 PM. R1 reiterated she wanted a private room. R1 asserted she did not belong on the south unit and said she had never been offered a private room on the north unit. The facility provided a policy on 10/22/25 at 2:55 PM titled Guideline Regarding Our Special Care Secured Unit dated 3/14/17. The guidelines read, in part: . Our Special Care Unit is a Memory Care Unit. This unit is secured by a keypad in which: ˆ Our resident do not have access to. ˆ It is our practice to have our facility staff enter in the security pin for all visitors exiting the unit. ˆ It is not our practice to share this door security code with any one person that is not an employee of our facility.This security provides a specialized need for cognitively impaired persons. Our unit includes but is no [sic] limited to targeted activities and other programs specifically designed for the care of people with progressive memory and functional loss.The policy further read, in part: . This special care unit provides comprehensive (continued on next page)

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F 0603 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	care plan management that supports the need for a secured unit that includes an interdisciplinary team approach together with the resident and representative. Our units are designed for the following reasons: o It is the home of individuals whom suffer from progressive memory loss, o Provides a safe community, o Individuals who live within this secured environment become familiar with consistent care givers whom represent their safety and well-being.The facility did not provide documentation of the clinical criteria for placing R1 on the secured unit. The facility did not provide documentation for the decision for placement of R1 on a secured unit. The facility did not provide a care plan with interventions for R1 residing on a secured unit. The facility did not provide documentation of R1's involvement in the decision for placement on a secured unit.