STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235453	A. Building B. Wing	05/28/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Fraser Villa	33300 Utica Road Fraser, MI 48026

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 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate pain management for a resident who requires such services. Based on interview and record review, the facility failed to ensure one resident (R700) received the treatment and care in accordance with professional standards of practice, the comprehensive care plan, and the resident's choices, related to pain management, out of five reviewed for pain medication management.Findings include:A review of the medical record revealed R700 admitted into the facility on 4/29/2026 with the following medical diagnoses, Fracture of neck of Left Femur and Presence of Left Artificial Hip Joint. A review of the most recent Minimum Data Set (MDS) assessment revealed a Brief Interview for Mental Status (BIMS) score of 15/15, indicating an intact cognition. R700 also required staff assistance with bed mobility and transfers. A review of an Intake called into the State Agency noted the following, (R700) had been waiting for [their] meds (medication) since around 1:30am and had not received it. Licensed Practical Nurse (LPN) A was the one who was supposed to give (R700) the meds. LPN A thought [they] were still on break and other staff covers [them] when [they] are on break. LE (Law Enforcement) had to help (R700) move around and get [their] meds.Further review of a R700's interview statement dated 5/15/2026 noted the following, Last night my leg was hurting, more than usual, it hurts everyday but not this bad. The man came and called the police for me.A review of the physician's orders noted R700's Tylenol was scheduled every four hours-2:00AM,6:00AM,10:00AM,2:00PM,6:00PM, and 10:00PM. A review of LPN A's statement dated 5/19/2026 noted they gave R700 Tylenol at 3:00 AM, but they forgot to sign out on the May 2026 Medication Administration Record (MAR) the medication until 5:00 AM that morning (5/15/26).Further review of the care plan noted the following goal, At risk for Pain left hip with a goal of 4 (10 being the highest and 1 being the lowest level of pain) R/T (Related To) weakness, s/p (status post) left hip hemiarthroplasty (left hip replacement). Status: Active.On 5/15/2026 during day shift (7:00 AM-7:00PM) a pain score of 7 was recorded and a leg Xray revealed R700s hip replacement was dislocated and R700 was sent to the hospital for treatment.Further review of pain assessments showed no recorded pain score for midnight shift (7:00PM-7:00AM) on 5/14/2026 into 5/15/2026. On 5/28/2026 at 12:49 PM, an interview was conducted with the Nursing Home Administrator (NHA). The NHA reported R700's call light was activated, and they believe it had been on for about an hour from approximately 3:20 AM-4:20 AM until the police came and found staff in what appeared to be sleeping positions, then LPN A came and gave R700 their pain medication. A request for a policy related to pain management was requested, and facility informed they did not have a policy related directly to pain management.

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