

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235453	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/15/2025
NAME OF PROVIDER OR SUPPLIER Fraser Villa		STREET ADDRESS, CITY, STATE, ZIP CODE 33300 Utica Rd 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)		
<p>F 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50223</p> <p>Based on interview and record review, the facility failed to ensure the pharmacy medication regimen review was completed monthly for three (R45, R52, R60) out of seven residents reviewed for unnecessary medications. Findings include:</p> <p>R45</p> <p>A review of R45's record revealed they were admitted to the facility on [DATE] with a diagnosis of peripheral vascular disease and depression. A review of R45's Brief Interview for Mental Status revealed a score of three, indicating cognitive impairment.</p> <p>Further review of R45's record revealed there was no medication regimen review (MRR) documented for February 2024.</p> <p>R52</p> <p>A review of R52's record revealed that they were admitted to the facility on [DATE] with a diagnosis of dementia. A review of R52's Brief Interview for Mental Status revealed a score of seven, indicating cognitive impairment.</p> <p>Further review of R52's record revealed there was no MRR documented for July 2024 or October 2024.</p> <p>R60</p> <p>A review of R60's record revealed they were admitted to the facility on [DATE] with a diagnosis of dementia and depression. A review of R60's Brief Interview for Mental Status revealed a score of nine, indicating cognitive impairment.</p> <p>Further review of R60s record revealed there was no MRR documented for July 2024 or October 2024.</p> <p>On 1/15/25 at 8:33 AM, The Director of Nursing (DON) explained that the pharmacy should do monthly medication reviews on all residents, then will make recommendations to be followed up on by the physician. The DON explained that the purpose of the reviews is to make sure there are no unnecessary medications or any interactions and to make sure certain medications are not negatively impacting the resident's organ function.</p> <p>(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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 235453
		If continuation sheet Page 1 of 3

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235453	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/15/2025
NAME OF PROVIDER OR SUPPLIER Fraser Villa		STREET ADDRESS, CITY, STATE, ZIP CODE 33300 Utica Rd 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)		
<p>F 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 1/15/25 at 9:43 AM, the DON confirmed that the above mentioned missing MRRS were not done. The DON provided an email communication from the pharmacist which revealed the following: audit revealed gaps in reviews completed. Below is a list of those gaps. (R45) February 2024, (R52) July 2024, October 2024, (R60) July 2024, October 2024.</p> <p>A review of the facility's policy titled Medication Regimen Review revealed the following: 1. The consultant pharmacist will conduct MRRs if required under a pharmacy consultant agreement and will make recommendations based on the information made available in the resident's health record. 2. The facility and consultant [pharmacist will follow guidance outlined in the CMS state operations manual Appendix PP and current practice guideline, for the appropriate provision of pharmaceutical care.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235453	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/15/2025
NAME OF PROVIDER OR SUPPLIER Fraser Villa		STREET ADDRESS, CITY, STATE, ZIP CODE 33300 Utica Rd 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)
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>22960</p> <p>Based on observation, interview, and record review, the facility failed to ensure resident food items brought in from outside the facility were dated, and failed to maintain the resident refrigerators in a sanitary manner. This deficient practice had the potential to affect all residents that consume food in the facility. Findings include:</p> <p>On 1/13/25 between 9:15 AM-9:30 AM, the resident refrigerators were observed with Dining Services Director A. In the Candlewood Unit refrigerator, there was a pizza dated 12/23, a container of soup dated 1/3, an undated container of cinnamon rolls, a container with an unidentified food item dated 12/21-12/24, and an opened, undated bottle of ranch dressing. In the Meadow Lane refrigerator, there was an undated pizza slice, an undated container of salad, and the freezer was soiled with food spillage. In the Rehab 1 refrigerator, there was a container of chicken dated 1/9. In the Rehab 2 refrigerator, there was an undated jello salad, an undated container of cut fruit, and the freezer was soiled with a large pooled area of a brown substance. Dining Services Director A confirmed that all items should be dated and discarded after 3 days.</p> <p>Review of the facility's undated policy Resident Food From the Outside Community noted: All prepared/perishable food or beverages brought by resident, family or visitors for resident's use will be labeled with the resident's name and the date the item was stored.</p>