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	03/19/2026

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 0627 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure the transfer/discharge meets the resident's needs/preferences and that the resident is prepared for a safe transfer/discharge. Based on interview and record review, the facility failed to document discharge information in the medical record for one resident (R136) out of one reviewed for discharge. Findings include:A review of the medical record revealed that R136 was admitted into the facility on 1/2/2026 with the following medical diagnoses, Muscle Weakness and Difficulty in Walking. A review of the most recent Minimum Data Set (MDS) revealed a Brief Interview for Mental status score of 12/15 indicating an impaired cognition. R136 also required staff assistance with bed mobility and transfer. Further review of the discharge MDS coded that R136 discharged from the facility AMA (Against Medical Advice) on 1/10/2026.Further review of the medical record revealed the following progress note, Effective Date/Time: 1/12/2026 10:30 AM.SW (Social Work) notified by nurse manager that patient left AMA (Against Medical Advice). SW spoke with patient's daughter, and she confirmed patient returned home. SW arranged home health care (HHC) through [HHC Agency] per family's request. Per nursing, patient was given all medications. Family recommended to follow up with PCP (Primary Care Physician) within one week.No other progress note related to R136 leaving AMA was noted in the medical record.On 3/18/2026 at 3:02 PM, an interview was conducted with the Director of Nursing (DON). The DON reported that they do not use AMA forms in the facility. The DON was asked if the education was provided to the resident regarding leaving AMA, as well as physician notification and what medications were sent with the resident and was education provided on when and how to take them. The DON reported they would look for more information regarding R136 leaving AMA.A review of a document titled, Resident/Family Education noted the following, Assessment Date: 1/10/2026.Topic, Information, Instruction.The resident understands the risks verse the benefits of leaving AMA. No signatures were observed on the form.On 3/19/2026 at 12:47 PM, an interview was conducted with Licensed Practical Nurse (LPN) A. LPN A reports they were the nurse when R136 requested to discharge from the facility. LPN A reported they notified the physician and education but just completed the resident/education form and did not put in a progress note.After a request for a facility policy, the facility stated they do not have one related to leaving the facility AMA.

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

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	03/19/2026

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are free from significant medication errors. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure proper insulin administration for one (R150) of three residents reviewed for insulin administration. Findings include:On 3/18/26 at 10:34 AM, Licensed Practical Nurse (LPN) B administered insulin via a pen device to R150. During the preparation process, LPN B did not perform a safety test (prime) on the pen after the needle was attached, a practice that removes any air bubbles, ensures the needle is working, and fills the needle prior to administration. As the process was occurring, LPN B showed the device to the surveyor stating, I do not need to prime the pen because the cartridge was used before, so there is no need to prime the needle.On 3/19/26 at 7:39 AM, LPN B prepared an insulin dose for administration for R150. LPN B did not prime the pen. On 3/19/26 at 1:59 PM, an interview with the Director of Nursing (DON) provided information for the pen in current use for R150, that did not specifically recommend priming the needle after the first use. This was not a package insert from the manufacturer. The DON further revealed the same manufacturer is not used at all times. The package insert does indicate that a safety test should be performed prior to administration.A review of the literature revealed that the recommended use for four manufacturers of equivalent insulin pens recommended priming the needle before each use to remove any excess air bubbles and to test the needle for patency. The following links provide patient inserts for using insulin pens: Semglee: Package Insert / Prescribing Information / [NAME]: LEVEMIR(R) (insulin detemir injection), for subcutaneous use: Insulin Glargine | BASAGLAR(R) (insulin glargine) injection | Lilly Insulins; Lantus(R) SoloStar(R) Insulin Pen | Lantus(R) (insulin glargine injection) 100 Units/mL.