

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235463	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/10/2025
NAME OF PROVIDER OR SUPPLIER The Villa at the Park		STREET ADDRESS, CITY, STATE, ZIP CODE 111 Ford Avenue Highland Park, MI 48203	

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 0600</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** This citation pertains to Incident 2688332 Based on observation, interview, and record review, the facility failed to protect the resident's right to be free from physical abuse by staff, affecting one resident (R701) of two reviewed for abuse. Findings include An allegation of staff to resident abuse on 11/28/25 involving Certified Nursing Assistant (CNA) A and R701 was submitted to the state agency.On 12/10/25 at 11:49 AM, R701 was observed sitting on the side of their bed in their room. When asked about the purplish bruise under their left eye, R701 stated, don't want to talk and shook their head side to side. R701's medical record was reviewed and revealed the resident was admitted to the facility on [DATE] and had diagnoses of: Paranoid Schizophrenia; Encephalopathy; Anxiety Disorder; and Depressive Disorder. R701's Brief Interview for Mental status assessment dated [DATE] was a 11/15 indicating impaired cognition.On 12/10/25 at 12:50 PM, CNA A was interviewed via telephone. CNA A was asked to describe what happened on 11/28/25 the incident involving R701. CNA A indicated they had worked the midnight shift and they were finishing their check and changes, when R701 came out of the room swinging and punching them in the face. CNA confirmed they hit R701 in the face due to a reflexive action. CNA A confirmed they had received training on abuse and how to handle aggressive resident behaviors and admitted not implementing the training.On 12/10/25 at 2:00 PM, the Director of Nursing (DON) was interviewed. The DON stated an awareness of the alleged incident between CNA A and R701 and confirmed her expectation is that residents will be free from abuse and neglect from staff.A review of the Abuse, Neglect, Exploitation, Mistreatment and Misappropriation of Resident Property policy dated 9/11/2020 revealed, 'it is the policy of the facility that each resident will be free from Abuse. Abuse can include verbal, mental, sexual, or physical abuse, corporal punishment or involuntary seclusion . Additionally, residents will be protected from abuse, neglect, and harm while they are residing at the facility. No abuse or harm of any type will be tolerated, and residents and staff will be monitored for protection.' During the onsite survey, past noncompliance (PNC) was cited after the facility implemented actions to correct the noncompliance which included:1) Staff was acting in self-defense but did not display abuse prevention techniques when dealing with the aggressive resident.2) Audit was immediately implemented to identify physical abuse towards residents who display aggressive behaviors. None was identified. 3) No additional residents were identified.4) Concierge staff will conduct weekly interviews with residents to identify abusive behaviors.5) a. Audit implemented to be conducted 2x weekly X 4 weeks then monthly to identify staff who may respond aggressively to behavior incidents. b. new hires will receive additional training on how to handle residents who are aggressive with them prior to receiving assignment on the floor. c. Staff received reeducation on abuse which included how to respond safely to aggressive residents. d. Town Hall meeting monthly to remind staff regarding the abuse policy. This will be a required agency item.The administrator will be responsible to sustain compliance.Date of completion of plan of correction 12/3/25The facility was able to demonstrate monitoring of the corrective action and maintained compliance.</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: 235463
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