

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235489	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/02/2024
NAME OF PROVIDER OR SUPPLIER The Villa at Green Lake Estates		STREET ADDRESS, CITY, STATE, ZIP CODE 6470 Alden Dr Orchard Lake, MI 48324	

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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34208</p> <p>Based on interview and record review, the facility failed to ensure controlled substance medications were documented per facility policy and professional standards on the Medication Monitoring/Control Record and Medication Administration Record for two residents (R#'s 704 and 705) of three residents reviewed for professional standards, resulting in the potential for loss of accountability for controlled substances. Findings include:</p> <p>R704</p> <p>A review of R704's physician orders, medication administration record (MAR), and Medication Monitoring/Control Record (Control Record) was conducted and revealed the following:</p> <p>An order for alprazolam (controlled substance anti-anxiety medication) on 6/21/24 0.5 mg (milligram) 1 tablet by mouth as needed with instructions that read, PLEASE ALLOW 1 TABLET TO BE GIVEN ONCE EVERY CALENDAR DAY. A review of the MAR was conducted and revealed on 6/24/24 the medication was documented as given at 2:55 AM and again at 10:06 AM. A review of the Control Record revealed one documented as removed on 6/24/24 at 2:54 AM, but no documentation for the removal of the documented administration on the MAR at 10:06 AM.</p> <p>A new order for alprazolam on 6/28/24 0.5 mg (milligram) 1 tablet by mouth as needed with instructions that read, .Please give 1 tablet twice a day as needed. Allow at least 2 hours between doses, second does does not have to be 12 hours apart. A review of the MAR was conducted and revealed the medication was given on 6/28/24, and twice on 6/29/24, however; there were no Control Records to indicate the medication had been removed from the resident's supply. A request for the Control Record for the medications given on 6/28/24 and 6/29/24 was made from the Director of Nursing, however; the records were not provided by the end of the survey. A review of a new Control Record starting on 6/30/24 for the alprazolam medication revealed doses had been pulled from the supply on 6/30/24 at 3:15 AM and 8:39 AM. The MAR for 6/30/24 was reviewed and only documented the 8:39 AM dose signed off as given.</p> <p>On 7/2/24 at 1:45 PM, an interview was conducted with the facility's Director of Nursing (DON) regarding the discrepancies between the control records and the MAR's and they reported both records should match.</p> <p>34275</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235489	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/02/2024
NAME OF PROVIDER OR SUPPLIER The Villa at Green Lake Estates		STREET ADDRESS, CITY, STATE, ZIP CODE 6470 Alden Dr Orchard Lake, MI 48324	
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>R705</p> <p>On 7/2/24 at approximately 10:10 AM, Registered Nurse (RN) B was standing by the medication cart on the third floor. RN B reported they had concerns about how medication, specifically controlled substances, were either being administered, recorded, or not recorded by other staff. RN B said R705 expressed to them in the early morning (7/2/24) they were in pain and noted he had not received his medication by the midnight staff. RN B pointed out that it appeared on the controlled substance sheet the medication had been signed out and administered. When the resident again stated that they had not received their medications it was discovered two pills in R705's bed.</p> <p>On 7/2/24 at approximately 10:15 AM, R705 was observed lying in bed. The resident was alert and able to answer questions asked. When queried as to the administration of medications, R705 reported they were in pain this morning and asked for medication. RN B told R705 that it appeared as if they had received their medication and were not due for a dose. R705 said they found two pills in their bed earlier in the morning. R705 said a nurse must have left them for him to take while he was sleeping. R705 said they took the medication that was found in their bed and they believed it was their Ativan (a controlled medication used to treat anxiety) and their Phentermine (a controlled medication used to promote weight loss). R705 said they did not believe either of the medications were their pain medication (Norco).</p> <p>A review of R705's clinical record revealed that the resident was admitted to the facility on [DATE] with diagnoses that included, in part: displaced oblique fracture left fibula, displaced spiral fracture of right tibia, bipolar disease and schizophrenia. A review of the Minimum Data Set (MDS) noted the resident had a Brief Interview for Mental Status (BIMS) score of 15/15 (cognitively intact cognition).</p> <p>Continued review R705's record noted the resident had an order for Hydrocodone-Acetaminophen (Norco--controlled substance pain medication) 325 MG- Give one tablet every four (4) hours as needed for pain.</p> <p>A controlled record sheet for the R705's Norco with a receive date of 6/21/24 was reviewed and documented the amount ordered at 30, however; the amount received was left blank. The Norco was noted as signed out of the supply 7/1/24 at 2:18 AM, 6:40 AM, 12:30 PM, 5:00 PM, 9:00 PM and 7/2/24 at 3:00 AM. A review of R705's MAR was reviewed and revealed the Norco had only been signed out as given on 7/1/24 at 3:00 AM and 12:46 PM, and 7/2/24 at 12:02 PM. The MAR was missing documentation of the additional three doses signed out on controlled substance record on 7/1/24 (6:40 AM dose, 5:00 PM dose, and 9:00 PM dose) and the additional dose signed out of the controlled substance record on 7/2/24 (3 AM dose).</p> <p>On 7/2/24 at approximately 12:30 PM, an interview and record review were conducted with the Director of Nursing (DON). The DON was asked about the protocol when administering medication including controlled substances. The DON said medication should be signed out on the Control Record and then after being observed as taken, nurses should mark as given on the MAR. When asked as to whether medication should be left for a resident to take on their own, including but not limited to the two pills found in R705's bed, the DON reported nursing staff should observe medication being take or document a note if the medication was refused. The DON was then asked to provide further evidence as to why the Norco signed out on the Control Record did not match R705's MAR, however; no additional documentation was provided by the end of the survey.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235489	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/02/2024
NAME OF PROVIDER OR SUPPLIER The Villa at Green Lake Estates		STREET ADDRESS, CITY, STATE, ZIP CODE 6470 Alden Dr Orchard Lake, MI 48324	
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of a facility provided document titled, Administering Medications was conducted and read, .22. The individual administering the medication initials the resident's MAR on the appropriate line after giving each medication and before administering the next ones . A review of a second facility provided document titled, Controlled Substance Accountability Guideline was conducted and read, .Chapter 3: Records of usage are required to be maintained in sufficient detail to allow reconciliation .</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235489	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/02/2024
NAME OF PROVIDER OR SUPPLIER The Villa at Green Lake Estates		STREET ADDRESS, CITY, STATE, ZIP CODE 6470 Alden Dr Orchard Lake, MI 48324	
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>34275</p> <p>Based on observation, interview, and record review the facility failed to ensure appropriate storage of medication and treatment supplies in two of five medication carts. This deficient practice had the potential to affect multiple residents residing in the facility. Findings include:</p> <p>On 7/2/24 at approximately 10:10 AM, the medication cart located on the third floor was observed. Registered Nurse (RN) B who was standing near the cart, reported that they had concerns about medication administration and medication storage. RN B pulled out three (brand named) insulin pens that did not have any dates to indicate when they were removed from the refrigerator and placed in the medication cart. RN B reported they should have been dated and was unsure as how to proceed.</p> <p>34208</p> <p>On 7/2/24 at 12:30 PM, a review of the first floor medication cart was conducted with Nurse 'A'. Review of the cart revealed two insulin pens in the top drawer both sealed with unbroken tamper resistant red tape. It was observed both pens had a sticker that indicated they should be kept in the refrigerator until ready to use. It was further observed neither pen had a date of when it was placed in the cart, and one of the two pens did not have a label with a resident's name. Nurse 'A' was asked if they knew when they were placed in the cart and who the unlabeled pen belonged to and said they did not know.</p> <p>Continued review of the right side bottom drawer revealed the following:</p> <p>Rectal suppositories, multiple topical lotions, topical creams, and a bottle of earwax drops stored in a compartment that also contained liquid and pill form oral medications.</p> <p>Twelve Dulcolax suppositories with an expiration date of 6/2024.</p> <p>Topical gels, multiple topical creams, baby shampoo, and anti-fungal shampoo stored in a compartment that also contained liquid and pill form oral medications.</p> <p>On 7/2/24 at 1:45 PM, an interview was conducted with the facility's Director of Nursing. They said they had been made aware of the condition of the medication carts and it was all nurses responsibility to keep the carts clean.</p> <p>The facility policy titled, Medication Labeling and Storage was reviewed and documented, in part: .The facility stores all medications and biologicals in locked compartments under proper temperature, humidity an light controls .2. The nursing staff is responsible for maintaining medication storage and preparation areas in a clean, safe, and sanitary manner .The medication label includes, at a minimum: medication name, prescribed dose; strength; expiration date; resident's name; route of administration; and appropriate instructions .7. Medications for external use, as well as hazardous drugs and biologicals, are clearly marked as such, and are stored separately from other medications .</p>		