

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  12/11/2024
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 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 47283</p> <p>This citation pertains to Intake # MI00147358</p> <p>Based on interview and record review, the facility failed to provide written transfer notification to the resident's representative including reason, effective dates, and the location to which the resident was being transferred and Ombudsman notification for one Resident (R901) of two residents reviewed for transfers/discharge out of the facility. Findings include:</p> <p>R901's clinical record was reviewed and revealed R901 was admitted to the facility on [DATE] after a hospital stay. R901's admitting diagnoses included aphasia, dementia, anxiety disorder, nutritional deficiency, and chronic obstructive pulmonary disease (COPD). A review of a Minimum Data Set (MDS) assessment dated [DATE] revealed that R901's primary language was not English and they had severe cognitive impairment. R901 had limited ability to communicate due to their diagnosis of aphasia, cognitive impairment and language barrier. R901's spouse was appointed as their Durable Power of Attorney (DPOA) to make decisions on their behalf.</p> <p>A review of R901's Electronic Medical Record (EMR) revealed a progress note titled transfer to hospital or other facility dated 10/3/24 that read in part Arabic speaking gentleman with confusion, dementia, heart disease .needs more appropriate placement. Reason for transfer: Needs a more appropriate environment. Usual mental status: alert, disoriented, cannot follow commands. Documents sent: A face sheet was sent with the patient. Medication sheet was sent with the patient and current labs were sent with the patient. A nursing note dated 10/2/24 titled recapitulation of stay read under comprehensive care plan goals, smaller facility or lock down unit needed .spouse is very supportive.</p> <p>A social service progress note dated 10/2/24 at 2:18 PM read in part, (name omitted) the marketing liaison was here to see and evaluate resident for admission to community. Resident was accepted in both locations but will prefer the (location name omitted - where R901 was discharged to) . would like to receive the resident tomorrow at 11 AM . It must be noted that the location was the preference of the liaison for the organization that R901 was transferred to.</p> <p>Further review of R901's EMR revealed social work progress notes dated 10/2/24, that revealed that referrals were sent to these facilities by the facility social worker. Social service progress note dated 10/2/24 at 12:01 PM read in part, Social worker called and spoke with resident spouse (name omitted). Writer informed his wife that I will be sending referral to (facility names omitted) for more appropriate placement. She responded his &lt;sic&gt; confused. Spouse states will be in today to visit.</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  12/11/2024
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 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An interdisciplinary (IDT) team note dated 10/2/24 read, IDT discussed the resident for wandering, confusion, and eating food off other resident trays spouse visits often. SW (Social work) is attempting to find more appropriate placement for his cognition. Labs completed on 10/1/24 with nothing remarkable except valproic acid level was low . (name omitted) NP (nurse practitioner) texted .</p> <p>Further review of the records did not reveal that the facility provided any written notices to the resident representative with opportunities and or time to discuss the discharge plans with the R901's representative and asked for their input with the current care needs for R901, IDT recommendations, location of the facility, how/why these location (s) would be more appropriate set up for R901's care needs etc. by the facility's social worker and or their interdisciplinary team. There was no evidence that facility had involved the R901's representative/family to develop a resident specific discharge plan to address their care needs before R901 was discharged from the facility to a new facility that was located farther away from the family. There was no evidence in the EMR that the facility provided any written notice of transfer/discharge to R901's representative and ombudsman.</p> <p>An initial interview was completed with R901's representative (spouse) and R901's daughter on 12/10/24 at approximately 11:35 AM. During the interview with resident representative R901's daughter was also present. R901's spouse reported they were at a hospital receiving care and their daughter was aware of what had happened and they were very involved in R901's care. R901's spouse reported that they were very upset about the discharge. They reported that they were notified by the facility social worker that they were looking for an appropriate placement the day before via phone. They did not know they were transferring their spouse to another facility that was located about an hour away from where they lived. R901's daughter reported that their mother visited R901 almost every day of the week and they also called to check during the day. R901's spouse and daughter had confirmed that they did not receive any written notice of transfer/discharge from the facility.</p> <p>An initial interview was completed with Social Worker (SW) B on 12/10/24 at approximately 12:40 PM. They were queried about the discharge planning process. They reported that the discharge planning process started on day one after a resident was admitted to the facility and followed up based on the resident's functional progress, care needs, and wishes of the resident/resident representative. They were queried about R901's discharge to another facility and if the discharge plan was communicated to the resident's representative. SW B reviewed the EMR and confirmed that R901 needed long term care. They reported that R901 needed 1:1, was restless, high risk for falls and needed more supervision. They were queried if they had provided written notification to the R901's representative and they reported No and added that they typically provided notices and did not provide any further explanation.</p> <p>An interview with facility Administrator was completed on 12/11/24 at approximately 12:35 PM. During the interview they were queried about their expectations for discharge planning and facility-initiated discharge process and notices to the representatives. The Administrator reported they expected staff to follow the discharge planning policies and to keep the resident/resident representative/guardian involved in the process and provide the required notices. They were notified of the concerns with R901's facility-initiated discharge and they reported that they understood the concerns and they would follow up with their team.</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  12/11/2024
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 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A document provided by the facility titled, Transfer or Discharge, Facility Initiated dated 10/2022 read in part, Once admitted to the facility, residents have the right to remain in the facility. Facility-initiated transfers and discharges, when necessary, must meet specific criteria and require resident/representative notification and orientation, and documentation as specified in this policy.</p> <p>Policy Interpretation and Implementation</p> <p>Each resident will be permitted to remain in the facility, and not be transferred or discharged unless:</p> <ul style="list-style-type: none"> <li>a. the transfer or discharge is necessary for the resident's welfare and the resident's needs cannot be met in this facility.</li> <li>b. the transfer or discharge is appropriate because the president's health has improved sufficiently so the resident no longer needs the services provided by this facility.</li> <li>c. the safety of individuals in the facility is endangered due to the clinical or behavioral status of the resident.</li> <li>d. the health of individuals in the facility would otherwise be endangered .</li> </ul> <p>Notice of Transfer or Discharge (Planned)</p> <ul style="list-style-type: none"> <li>1. Except as specified below, the resident and his or her representative are given a thirty (30)-day advance written notice of an impending transfer or discharge from this facility.</li> <li>2. The resident and representative are notified in writing of the following information: <ul style="list-style-type: none"> <li>a. The specific reason for the transfer or discharge, including the basis under S483.15(c)(1)(i)(A)- (F);</li> <li>b. The effective date of the transfer or discharge;</li> <li>c. The specific location (such as the name of the new provider or description and/or address if the location is a residence) to which the resident is being transferred or discharged ;</li> <li>d. An explanation of the resident's rights to appeal the transfer or discharge to the state, including: <ul style="list-style-type: none"> <li>(1) the name, address, email and telephone number of the entity which receives such appeal hearing requests;</li> <li>(2) information about how to obtain an appeal form; and</li> <li>(3) how to get assistance in completing and submitting the appeal hearing request;</li> </ul> </li> <li>e. The Notice of Facility Bed-Hold and policies;</li> </ul> </li> </ul> <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  12/11/2024
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 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>f. The name, address, and telephone number of the Office of the State Long-term Care Ombudsman;</p> <p>g. The name, address, email and telephone number of the agency responsible for the protection and advocacy of residents with intellectual and developmental (or related) disabilities (as applies);</p> <p>h. The name, address, email and telephone number of the agency responsible for the protection and advocacy of residents with a mental disorder or related disabilities (as applies); and</p> <p>i. The name, address, and telephone number of the state health department agency that has been designated to handle appeals of transfers and discharge notices.</p> <p>3. A copy of the notice is sent to the Office of the State Long-Term Care Ombudsman at the same time the notice of transfer or discharge is provided to the resident and representative.</p> <p>4. If information in the notice changes, the facility will update the recipients of the notice as soon as practicable with the new information to ensure that residents and their representatives are aware of and can respond appropriately.</p> <p>5. For significant changes, such as a change in the transfer or discharge destination, a new notice will be given that clearly describes the change(s) and resets the transfer or discharge date in order to provide 30-day advance notification and permit adequate time for discharge planning .</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  12/11/2024
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 0660</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Plan the resident's discharge to meet the resident's goals and needs.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 47283</p> <p>This citation pertains to intake #: MI00147691, MI00147358</p> <p>Based on observation, interviews and record review facility failed implement an effective discharge planning process for two (R901 and R902) of two residents reviewed for transfer/discharge, resulting in psychosocial harm using the reasonable person concept for R901 who has aphasia (difficulty communicating due to damage in the brain), a language barrier, and severe cognitive impairment, was discharged to another facility, farther away from family, without approval from the resident's representative and without notification to the other facility; and R902 feeling frustrated and dissatisfied with their living situation. Findings include:</p> <p>R901</p> <p>A complaint received from another State Agency revealed the following: (R901's name omitted) family received a call from staff notifying them that (R901's name omitted) would be transferred to (facility name omitted). The staff stated (R901's name omitted) was being transferred because he wanders into other residents' room and the residents hit him. The staff stated they could not look for him when he wanders and unable to care for him anymore. At 2:30 PM, (R901's was transferred to (facility name omitted).</p> <p>A review of R901's Electronic Medical Record (EMR revealed R901 was admitted to the facility on [DATE] after a hospital stay. R901's admitting diagnoses included aphasia, dementia, anxiety disorder, nutritional deficiency, and chronic obstructive pulmonary disease (COPD). A review of a Minimum Data Set (MDS) assessment dated [DATE] revealed that R901's primary language was not English and they had severe cognitive impairment. R901 had limited ability to communicate due to their diagnosis of aphasia, cognitive impairment and language barrier. R901's spouse was appointed as their Durable Power of Attorney (DPOA) to make decisions on their behalf.</p> <p>During initial and follow-up observations completed on 12/10/24 at approximately 9:45 AM, 10:15 AM and 1:30 PM on the 2nd floor, the surveyor observed Velcro stop signs in doorways of three residents' rooms. An unknown resident was observed walking down the hall and attempted to enter other residents' rooms during those observations. During the observation at 1:30 PM, the resident was observed with unintelligible speech. Staff redirected the resident. When queried about the stop signs on the doors, Certified Nursing Assistant (CNA) A reported they had the signs on the rooms doorways of alert residents to redirect this resident who tends to wander into other resident rooms.</p> <p>Further review of of R901's EMR revealed a progress note titled transfer to hospital or other facility dated 10/3/24 read in part Arabic speaking gentleman with confusion, dementia, heart disease .needs more appropriate placement. Reason for transfer: Needs a more appropriate environment. Usual mental status: alert, disoriented, cannot follow commands. Documents sent: A face sheet was sent with the patient. Medication sheet was sent with the patient and current labs were sent with the patient. A nursing note dated 10/2/24 titled recapitulation of stay read under comprehensive care plan goals, smaller facility or lock down unit needed .spouse is very supportive.</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  12/11/2024
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 0660</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>A social service progress note dated 10/2/24 at 14:18 read in part, (name omitted) the marketing liaison was here to see and evaluate resident for admission to community. Resident was accepted in both locations but will prefer the (location name omitted - where R901 was discharged to) .would like to receive the resident tomorrow at 11 AM . It must be noted that the location was the preference of the liaison.</p> <p>Further review of R901's EMR revealed social work progress notes dated 10/2/24, that revealed that referrals were sent to these facilities by the facility social worker. Social service progress note dated 10/2/24 at 12:01 read in part, Social worker called and spoke with resident spouse (name omitted). Writer informed his wife that I will be sending referral to (facility names omitted) for more appropriate placement. She responded his confused. Spouse states will be in today to visit.</p> <p>An interdisciplinary (IDT) team note dated 10/2/24 read, IDT discussed the resident for wandering, confusion, and eating food off other resident trays spouse visits often. SW (Social work) is attempting to find more appropriate placement for his cognition. Labs completed on 10/1/24 with nothing remarkable except valproic acid level was low . (name omitted) NP (nurse practitioner) texted .</p> <p>Further review of the records did not reveal that the facility provided any opportunity and or time to discuss the discharge plans with the R901's representative and asked for their input with the plan, location of the facility, how it would be a more appropriate set up for R901's care needs etc. by the facility's social worker and or the interdisciplinary team. There was no evidence that facility had involved the R901's representative/family to develop a resident specific discharge plan to address their care needs before R901 was discharged from the facility to a new facility that was located farther away from the family.</p> <p>A request was sent via e-mail to facility Administrator and Director of Nursing (DON) on 12/10/24 at 2:06 PM to provide any incidents/accidents reports and investigations completed for R901 during their stay at the facility. Facility reported R901 did not have any incidents/accident reports.</p> <p>Further review of R901's EMR revealed a form titled My Transition Home initiated on 10/2/24 at 3:49 PM with a locked date of 10/3/24 at 9:01 AM was not signed by resident/representative. The form read phone (spouse name omitted) -unable to come. The form also read that personal belongings were sent with the resident and it was later confirmed that R901 did not have any personal belongings when they arrived at the facility on 10/3/24.</p> <p>An initial interview was completed with R901's representative (spouse) and R901's daughter on 12/10/24 at approximately 11:35 AM. During the interview with resident representative R901's daughter was also present. R901's spouse reported they were at a hospital receiving care and their daughter was aware of what had happened and they were very involved in R901's care. R901's spouse reported that they were very upset about the discharge. They reported that they were notified by the facility social worker that they were looking for an appropriate placement the day before. They did not know they were transferring their spouse to another facility that was located about an hour away from where they lived. R901's daughter reported that their mother visited R901 almost every day of the week and they also called to check during the day. On 10/3/24, the day of discharge from the facility, R901's representative had called in the morning to check and they were notified by a staff member that R901 was still sleeping and they did not need to come in.</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  12/11/2024
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 0660</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Later that day, at approximately 10:30 AM, R901's spouse received a call from the facility social services director (SW) B about R901's transfer to another facility. R901's spouse had requested SW B to call their daughter. R901's daughter reported that they had received a call from SW B on 10/3/24 at 10:56 AM that they were transferring R901 to the current location. R901's daughter had notified that they were unaware of this facility location and they did not want to approve the transfer to this location. They had notified SW B that this facility was located farther away from where their mother lived and did not want to transfer to this location. They added that they had notified R901's spouse/representative and family was open to look for a facility that was closer to where the spouse resided, as they visited R901 regularly. R901's daughter stated, he may not know us but he needs us. R901's daughter added that during the conversation with SW B they were notified that R901 needed more supervision and they did not have the staff to monitor. R901's daughter reported that they thought R901 stayed at the facility after their conversation. Later that day at 3:14 PM. R901's family received a call from the Social Worker from the facility R901 was transferred to (SW C) to notify them that R901 was at their facility. SW C told the family they were unaware R901 was being transferred to their location, R901 did not arrive with any personal belongings, and R901 was not able to provide any information. R901's daughter reported they attempted to call SW B multiple times on 10/3/24 after the transfer and they were unable to reach her. R901's daughter reported that their mother and brother went to the facility a few days after discharge and picked up R901's personal belongings. It must be noted that based on information received from transportation provider R901 was dropped off at the current facility at approximately 12:45 PM.</p> <p>A follow up interview was completed with R901's daughter on 12/10/24 at approximately 5:35 PM. They confirmed that their mother/R901's representative did not have a meeting with the staff at the facility or administration regarding any discharge planning related to their care needs for their father. They stated that it was done behind our back and their mother/R901's representative was very upset.</p> <p>An interview was conducted with SW B on 12/10/24 at approximately 12:40 PM. They were queried about the discharge planning process. They reported that the discharge planning process started on day one after a resident was admitted to the facility and followed up based on the resident's functional progress, care needs and wishes of the resident/resident representative. They were queried about R901's discharge to another facility and if their discharge plan was communicated with the resident representative. SW B reviewed the EMR and confirmed that R901 needed long term care. They reported that R901 needed 1:1, was restless, high risk for falls and needed more supervision. They added that R901 had a language barrier. They confirmed they had residents who had similar needs at the facility. When queried about other interventions that were tried prior to R901's discharge from the facility, no further explanation was provided. When queried if they met with their IDT and R901's representative/family to discuss R901's care needs, provided options/plan and involved them in planning prior to the transfer on 10/3/24 they stated no. They added that they would arrange for IDT to meet with the family if they had requested for a meeting. When queried about the concerns expressed by the representative about the location of the current facility and their preferences, SW 'B' reported they were not aware and added that if a resident or resident representative did not agree with the plan they would not discharge the resident and did not provide any further explanation. SW 'B' explained they might discharge residents / petition them out to the hospital if their behavior posed a threat to themselves or other residents or staff. They added it would have been documented in their progress notes.</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  12/11/2024
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 0660</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>An interview with the Unit Manager (UM) D was completed on 12/10/24 at approximately 2:40 PM. During the interview they were queried about R901 and why they discharged to another facility. UM D reported that R901 had dementia, they wandered into other resident rooms, and they moved them into a different room/unit a few days after they were admitted . They added R901 took food off plates and needed close supervision; had their sleep cycles altered, usually slept during the day; and needed smaller facility. They added they did not have any other concerns, R901's family was very supportive; and R901's spouse visited them almost every day. They were queried if they had the resident/resident representative sign their discharge summaries after staff members reviewed and they added that it was verbal and they did not sign. A follow-up interview was conducted with UM D (who had also completed the discharge summary) on 12/11/24 at approximately 12 PM. During the interview they were queried if they spoke with R901's family member and they reported that they do not recall speaking with R901's resident representative on the day of discharge. They added that the social worker followed up. UM D was queried if they or their charge nurse called the facility R901 was transferred to on the day of discharge to provide information on R901 and they stated that they did not call. If their nurse did it should be on their progress note. They added that possibly their DON might have called the other facility.</p> <p>An interview with SW C was conducted on 12/11/24 at approximately 10:50 AM. During the interview they were queried about the R901 and their day of admission to their facility. SW C reported that the facility staff were unaware they R901 was being transferred to be admitted to their facility. They added that R901 was dropped off at their facility lobby and staff did not who R901 was and why they were there. R901 was not able to communicate and they were not able to provide any information. R901 attempted to walk and they were trying to keep him safe while looking for additional information. R901 did not have any of their medications or personal belongings with them. After some time, they were able to locate the face sheet and they had contacted the family and eventually they came in.</p> <p>An interview with Licensed Practical Nurse (LPN) E was completed on 12/11/24 at approximately 11 AM. LPN E worked at the facility where R901 was transferred to and they were the nurse on the floor on 10/3/24 (when R901 was admitted to the facility). They added that they worked on the 2nd floor and they were not expecting R901. R901 was transferred to their floor closer the afternoon shift and they were trying to help the other nurse. R901 did not have any information and they were dropped off downstairs. They were not able to obtain any information from R901.</p> <p>A follow-up interview was conducted with SW B on 12/11/24 at approximately 11:15 AM. During the interview they were queried if they had called and spoke with any staff member at the facility where R901 was transferred prior to transfer. SW B reported that they spoke with a liaison from the organization during the onsite visit and did not speak with any staff at the facility and added someone from nursing might have called the facility. They were queried how R901 was transported from their facility and they looked up on the computer and reported that R901 was transported in a wheelchair van by one of their transportation providers and provided their contact information. They had confirmed that no one from the facility accompanied R901 during the transfer on 10/3/24.</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  12/11/2024
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 0660</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>An interview with the office staff for the (TS F) transportation provider was completed on 12/11/24, at approximately 12:20 PM. The call was placed by the facility administrator from their office. TS F was queried about the specifics of transport for R901 on 10/3/24. They reviewed their documentation and reported that they had provided the transport for R901 and the pickup was scheduled at 10:30 AM on 10/3/24. It was further reported they provided transportation one other time for R901 for an appointment and the driver noted during the transport R901 attempted to take off the seat belt and was not safe. The driver recommended having a staff member to accompany R901 for any future appointments.</p> <p>An interview with the DON was conducted on 12/10/24 at approximately 2:55 PM. They were queried about the facility's discharge planning process. The DON reported that discharge planning started on day one after admission into the facility and it involved their IDT, resident, or resident representative based on their goals. The DON was queried about R901's discharge and if they were involved in the process and/or had a meeting with the resident's representative. The DON reported that they did not meet with the resident representative, but the social worker and unit manager were involved. They added R901 had a language barrier and they were ambulatory and the unit manager might be able to provide additional information. A follow up interview with the DON was conducted on 12/11/24 at approximately 11:35 AM. They were queried on the expectation from their team with discharge/transfer process. The DON added the nursing staff reviewed the discharge instructions with the resident/resident representative if they were onsite or via phone. The DON was queried about their expectation for their staff to call to provide report the facility residents were transferred to and medication supplies during the transfer/discharge to another facility. The DON reported that it would be the best practice for the nursing team to call and provide a report to the facility that residents were transferred to, but it did not happen consistently. Also, the facility process was not to send any medications if residents were transferred to another skilled nursing facility. When queried further on medications that R901 needed to take that day until pharmacy was able to deliver their medications at the other facility, they reported that facility might be able to use their back up if those medications were available.</p> <p>An interview with the facility's Administrator was conducted on 12/11/24 at approximately 12:35 PM. During the interview they were queried about their expectations for discharge planning and facility-initiated discharge process and they reported that they expected their staff to follow the discharge planning policies and to keep the resident/resident representative/guardian involved in the process.</p> <p>R902</p> <p>A complaint received by the State Agency revealed that R902 would like to move to another facility and had requested assistance from staff. R902 preferred to be in a private room and they were not getting updates from the facility.</p> <p>A review of R902's EMR revealed R902 was admitted to the facility on [DATE]. R902's admitting diagnoses included Parkinsonism, bipolar disorder, arthritis, diabetes, heart failure and Chronic Obstructive Pulmonary Disease (COPD). Based on the Minimum Data Set (MDS) assessment dated [DATE], R902 had intact cognition and needed supervision to minimal assistance from staff for their mobility and Activities of Daily Living (ADLs).</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  12/11/2024
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 0660</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>An observation of R902 was completed on 12/10/24 at approximately 9:55 AM. R902 was observed in the bed watching television. R902 had a shirt and sheet covering their body. R902 stated, I want to get out this place, right now and added that they had already addressed this with the facility and no follow up has been made. R902 was upset. At approximately 12:25 PM, R902 was further interviewed. R902 reported they spoke with facility staff over a month ago about transferring to a different location and have not heard anything.</p> <p>An e-mail was sent to the facility administrator on 12/11/24 at 9:35 AM and they were asked to provide any grievances and follow-up for R902 from 9/1/24 to 12/10/24 and was notified that they did not have any grievances.</p> <p>Further review of of R902's EMR revealed a social work (SW) progress notes dated 10/7/24 that noted the social worker attempted to assess the resident, the resident was upset and asked to leave them alone. A SW progress note dated 10/21/24 at 13:34 revealed that a referral to other skilled nursing facilities were made by the social worker. A SW progress note dated 10/21/24 at 14:23 revealed that social worker had called the Ombudsman and notified that referrals were sent to five facilities that R902 had requested. The note read one admission director from one facility called and notified that they did not have any beds. Further review of EMR revealed no further follow-up with R902 or any referrals that were sent.</p> <p>An interview with SW B was completed on 12/10/24 at approximately 12:40 PM. During the interview they were queried about the R902's request to transfer to other facilities and their discharge planning. SW B reported that they were still working on placement and they had sent referrals to facilities in October. When queried if they had called the followed up with facilities and if they had spoken with R902 and provided updates. SW B reported that they had not spoken with any other facilities and had not spoken with R902 and did not provide any further explanation.</p> <p>On 12/10/24 at approximately 2:10 PM, SW B provided copies of the documents that were sent to other facilities. They reported that they were faxed over. There were no fax confirmations and they added they received call back from one facility and they did not have any beds. They had confirmed that they did not call to follow up and did not provide any updates since October 2024.</p> <p>An interview with Admissions Coordinator (AC) G from one of the facilities where R902's referral was sent was completed on 12/10/24 at approximately 2:20 PM. They were queried if they had received R902's referral and they reported that they received a fax. They were not a provider for R902's insurance carrier so they were not able to accept the resident and reported they must have notified the facility.</p> <p>A review of the facility provided document titled Discharge Summary and Plan read in part, When a resident's discharge is anticipated, a discharge summary and post-discharge plan is developed to assist the resident with discharge .Every resident is evaluated for his or her discharge needs and has an individualized post-discharge plan.</p> <p>The post-discharge plan is developed by the care planning/interdisciplinary team with the assistance of the resident and his or her family and includes:</p> <p>a. where the individual plans to reside.</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  12/11/2024
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 0660</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>b. arrangements that have been made for follow-up care and services.</p> <p>c. a description of the resident's stated discharge goals.</p> <p>d. the degree of caregiver/support person availability, capacity and capability to perform required care.</p> <p>e. how the IDT will support the resident or representative in the transition to post-discharge care.</p> <p>f. what factors may make the resident vulnerable to preventable readmission; and</p> <p>g. how those factors will be addressed.</p> <p>The discharge plan is re-evaluated based on changes in the resident's condition or needs prior to discharge.</p> <p>The resident/representative is involved in the post-discharge planning process and informed of the final post-discharge plan .</p> <p>Another document provided by the facility titled, Transfer or Discharge, Facility Initiated dated 10/2022 read in part, Once admitted to the facility, residents have the right to remain in the facility. Facility-initiated transfers and discharges, when necessary, must meet specific criteria and require resident/representative notification and orientation, and documentation as specified in this policy.</p> <p>Policy Interpretation and Implementation:</p> <p>Each resident will be permitted to remain in the facility, and not be transferred or discharged unless:</p> <p>a. the transfer or discharge is necessary for the resident's welfare and the resident's needs cannot be met in this facility.</p> <p>b. the transfer or discharge is appropriate because the president's health has improved sufficiently so the resident no longer needs the services provided by this facility.</p> <p>c. the safety of individuals in the facility is endangered due to the clinical or behavioral status of the resident.</p> <p>d. the health of individuals in the facility would otherwise be endangered .</p> <p>Facility-Initiated Transfer or Discharge</p> <p>1. Facility-initiated transfer or discharge means a transfer or discharge which the resident objects to or did not originate through a resident's verbal or written request, and/or is not in alignment with the resident's stated goals for care and preferences.</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  12/11/2024
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 0660</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>2. In some cases, residents are admitted for short-term, skilled rehabilitation under Medicare, but, following completion of the rehabilitation program, they communicate that they are not ready to leave the facility. In these situations, if the facility proceeds with discharge, it is considered a facility-initiated discharge.</p> <p>3. A resident's declination of treatment is not grounds for discharge, unless the facility is unable to meet the needs of the resident or protect the health and safety of others.</p> <p>4. The facility will document that the resident or, if applicable, resident representative, received information regarding the risks of refusal of treatment and that staff conducted the appropriate assessment to determine if care plan revisions would allow the facility to meet the resident needs or protect the health and safety of others .</p>		