

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  09/04/2025
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)
F 0686  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing.  (continued on next page)

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  09/04/2025
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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> This citation pertains to complaint: 2600725. Based on observation, interview and record review the facility staff failed to follow the facility policy regarding the implementation of individualized interventions for skin protection for one (R105) of three residents reviewed for pressure wounds. Findings include: A review of a complaint submitted to the State Agency (SA) documented concerns of the lack of interventions implemented to prevent wounds in the facility. On 9/4/25 R105 was observed lying on their back in bed playing on their cellphone. An interview was conducted with the resident at that time. A review of the medical record for R105 revealed the resident was admitted to the facility on [DATE], with diagnoses that included: paraplegia, pressure ulcer of sacral region, and contracture of lower leg. R105 required staff assistance for all activities of daily living. A nursing note dated 8/29/25 at 8:13 PM, documented the following wounds . 1. Left knee-stage three pressure, 2. L (left) knee medial-stage three pressure, 3. R (right) knee medial-stage three pressure, 4. R lateral foot-stage three pressure, 5. R ankle-stage three pressure, 6. Heel-stage four pressure, 7. L buttock-stage four pressure, 8. R buttock-unstageable pressure, 9. Abdomen-full thickness surgical. This revealed multiple wounds identified on the resident upon admission. A review of R105's care plans revealed the following: The resident has potential for impairment to skin integrity r/t (related to). Interventions - Monitor skin when providing cares &amp; notify nurse of any changes in skin appearance. Date initiated 08/23/2025. The resident has actual impairment to skin integrity (SPECIFY location) r/t. Interventions - Evaluate and treat per physicians orders, Evaluate resident for S/SX (signs/symptoms) of possible infections, Monitor IV (intravenous) site q (every)/shift and complete dressing change as ordered. Date Initiated: 08/23/2025 There were no other care plans and/or interventions implemented regarding the management of R105's skin, despite the numerous wounds identified. A review of a facility policy titled Skin Protection Guideline dated 7/7/21, documented in part . Purpose: To provide evidence based practice standards for the care and treatment of skin. To ensure residents that admit and reside at our facility are evaluated and provided individualized interventions to prevent, reduce and treat skin breakdown. The first step in the prevention of PU (pressure ulcer)/PIs (pressure injury), is the identification of the resident at risk. This is followed by implementation of appropriate individualized interventions and monitoring for the effectiveness of the interventions. An admission evaluation helps identify. residents with existing PU/PIs. the at-risk resident needs to be identified and have interventions implemented promptly to attempt to prevent PU/PI. An individualized plan of care will be developed based on known predicting factors for skin breakdown. Interventions for prevention, removing and reducing predicting factors and treatment for skin. it is important to individualize each resident's turning and repositioning schedule. The facility staff failed to implement an adequate individualized care plan for the multiple wounds identified and for the potential to prevent the worsening of existing wounds and/or the development of new wounds. On 9/4/25 at 2:49 PM, the Director of Nursing (DON) was asked whose responsibility it was to implement the wound and skin management interventions and the DON replied the nurses. When asked about R105 current condition to have multiple identified wounds, compared to the lack of care plans and interventions implemented despite the guidance of the facility's policy, the DON stated they would review R105's care plans and follow back up. No further explanation or documentation was provided by the end of the survey.</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  09/04/2025
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)		
F 0689  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.  (continued on next page)		

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  09/04/2025
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> This citation pertains to complaint: 2600725. Based on interviews and record reviews the facility failed to ensure adequate supervision and/or resident specific interventions to prevent falls for one (R103- a resident with a known history of falls with injury, developmental delay, non-compliance with care, impulsive &amp; combativeness) of two residents reviewed for falls, resulting in injuries that required the resident to be transferred to the hospital for a higher level of care. Findings include: A review of a complaint submitted to the State Agency (SA) documented concerns of frequent falls with injury due to the lack of staffing at the facility. A review of an audit of residents transferred to the hospital revealed a concern with R103. A review of the medical record revealed R103 was admitted to the facility on [DATE], with diagnoses that included: aftercare following joint replacement surgery, severe intellectual disabilities, developmental disorder of speech and language, unspecified lack of expected normal physiological development in childhood and falls. A review of the referral packet provided to the facility by the transferring hospital documented in part, . S/p (status post) unwitnessed fall. Acute L (left) medial malleolus fracture (side of ankle) with mild subluxation of the tibia articular surface in relationship to the talus. S/p ORIF (open reduction and internal fixation) Medial Malleolus fracture L ankle with open repair deltoid ligament (7/16/25). H/o (history of) fall (3/2025) with traumatic nasal and C5/C6 fractures (neck fracture). nasal fx (fracture). Developmental delay. return to Group Home with 24/7 supervision and assistance. return to group home when appropriate. Limited rehab potential 2* (secondary) to cognitive deficit. impulsive unable to follow Wt (weight) bearing precautions, became agitated and attempted to walk to restroom needed assist to remain in bed. attempted to get (out) put again and therapist had to stay with (resident). encouraging bed mobility and distractions to keep patient secure in bed, left with bed alarm in place. Not oriented to person, Not oriented to place, Not oriented to situation, Not oriented to time. fall risk. inconsistent with following simple one step commands. Problem Solving: Impaired, LLE (left lower extremity): Non-weight bearing. A review of a nursing progress note dated 8/25/25 at 8:47 AM, documented in part . 2035 (8:35 PM) Writer called to patient's room after CENA (nurses aide) observed patient on the floor. Writer observed patient laying on the floor parallel to his bed on his chest with his face turned to the right, blood noted on left side of head, patient was responsive but, unable to assess cognition r/t (related to) patient level of mental awareness. Patient is only oriented to self, is relatively nonverbal, and unable to answer questions relating to his fall. Patient assessed, FROM (full range of motion) to all extremities, doesn't appear to have pain but, notable to fully assess. Patient moved from floor to bed where a complete assessment was done including neuro check. Once patient was on his back, it was noted that patient had more injuries than writer was previously noted while patient was still prone. Pupils were noted to unequal left pupil was smaller than right and had a sluggish response time injuries included head laceration, bruise developing on left side of face, small amount of blood noted to be coming from left nostril, small abrasion above left eye. 2100 (9:00 PM) EMS (emergency medical service) was called. Arrived at 2105 (9:05 PM). 2105 Dr (doctor) was made aware of call to EMS. 2109 (9:09 PM) DON was also notified. 2115 (9:15 PM) Ems out the door with patient and taking patient to nearest hospital and not to (hospital name) as per Dr's request. Prior to the fall incident on 8/25/25, the progress notes revealed the following: A nursing note dated 7/22/25 at 4:25 PM, . Pt (patient) arrived A&amp;Ox1 (alert and oriented time one) and stable no confusion ablet to understand but unable to speak complete sentences. Pt combative wont always allow ppl (people) to touch him. fracture on LLE (left lower extremity). Surgery was done on LLE and had cast on leg. A nursing note dated 7/22/25 at 5:34 PM, . Resident has weight bearing restriction. left leg fracture. resident needs assistance with ADL's. Resident uses assistive device/s: Wheelchair. A nursing note dated 7/22/25 at 7:22 PM, . HIGH risk for falls. A nursing note dated 7/22/25 at 7:30 PM, . An Initial Care Management meeting was held. Discharge Plan. The resident will require supervision for safety; A caregiver is required 24 hours per day. Caregiver assistance is not available. A care management noted dated 7/29/25 at 9:56 AM, . An Ongoing or Discharge Care Management meeting was held. Non-compliant with NWB (non-weight bearing), LLE r/t cognition. A therapy note dated 8/1/25 at 11:04 AM, . IDT (interdisciplinary team) met to discuss. Non-compliant with NWB to casted LLE r/t cognition. A physician note dated 8/5/25 at 3:11 PM, . LLE CAM boot in place. Difficulty w (with)/command following, difficulty w/interview and exam. Difficulty w/ROS d/t cog (cognitive) delay. D/W (discussed with) therapy staff, patient non compliant w/WB precautions. non ambulatory at this time unable to follow commands accurately. cog delay at baseline. Walking difficulty s/n</p>		