

|                                                                     |                                                                  |                                                                                      |                                              |
|---------------------------------------------------------------------|------------------------------------------------------------------|--------------------------------------------------------------------------------------|----------------------------------------------|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                    | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>235489 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                 | (X3) DATE SURVEY COMPLETED<br><br>10/08/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>The Villa at Green Lake Estates |                                                                  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>6470 Alden Dr<br>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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)                                    |
| <p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> | <p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</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:<br><br>235489                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                 | (X3) DATE SURVEY COMPLETED<br><br>10/08/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>The Villa at Green Lake Estates                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>6470 Alden Dr<br>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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                      |                                              |
| <p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>               | <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review the facility failed to properly assess for safety, implement timely and effective interventions, and provide adequate supervision with a safe environment for one (R900) of four Residents reviewed for falls/accident hazards, who was identified as high fall risk (history of fall with injury), wanderer, with severe cognitive impairment resulting in multiple falls on the staircase or with the step of the staircase, and multiple facial fractures, a laceration requiring closure, loss of consciousness, hospitalization, and unnecessary pain (using the reasonable person concept). Findings include: This citation pertains to intake # 2626141.Immediate Jeopardy (IJ) was identified on 10/8/25 at 10:00 AM.The IJ began on 9/17/25. The Administrator was notified of the IJ on 10/8/25 at 10:00 AM. A plan for removal was requested at that time to remove the immediacy.The IJ was removed on 10/8/25 based on the facility's implementation of an acceptable plan to remove the immediacy and onsite verification.Although the immediacy was removed, the deficient practice was not corrected and remained isolated with potential for more than minimal harm that is not immediate jeopardy due to sustained compliance that has not been verified by the State Agency (SA).On 9/23/25, a complaint was submitted to the SA that alleged that the facility failed to involve the Power of Attorney (POA) in care decisions or care planning, the facility did not prevent a fall from a staircase twice causing injury. It was also alleged the facility used restraints and the facility failed to follow the residents plan of care. On 10/7/25 at 9:21 AM, an interview was conducted with the Power of Attorney (POA) for R900 via phone. They were asked if they had any additional information that they would like to add to the complaint submitted to the SA. The POA reported that they had a detailed report which included pictures, hospital documents, and email communication with the facility team. In addition, the POA reported that R900 wandered throughout the facility. R900 needed a locked down unit (a secure, specialized unit often used for residents with Dementia or Alzheimer's Disease) and had been trying to coordinate care with the Social Worker (SW) D for over a year to find an appropriate placement. The POA also reported that the facility chose a hospice company for R900 and did not include them in any of the planning about hospice care. The POA reported that they did not receive any call from the facility and they were notified about the services by the hospice provider. The POA mentioned that the fall from the open stairwell happened on 9/17/25, causing multiple injuries and a significant decline to their loved one's overall health. The POA also mentioned that the administrator reviewed the incident via video from 9/17/25 and saw R900 fall from the stairwell, and that the resident is no longer at the facility.On 10/7/25 at 9:47 AM, a follow-up interview was conducted with the POA via phone and asked if they were made aware of the fall for R900 on 10/3/25 from bed. The POA stated, Oh my goodness! It was another fall, no one called me, I can send you my call log right now. I want to cry, are you serious?.On 10/7/25 at 10:43 AM, an interview was conducted with the Assistant Director of Nursing (ADON) during an observation of R900's room. R900 was observed lying on their bed with a wedge underneath the sheet and a pillow stuffed under them on the opposite side. R900's bed was positioned where one side of the bed was placed against the wall. R900 was lying on a mattress that appeared like a regular mattress. The ADON was then asked if R900 had a perimeter mattress (as stated in R900's care plan). The ADON verified the mattress and stated, no. It must be noted that R900's care plan for fall prevention included perimeter mattress dated 9/9/24. The ADON was then asked about R900's fall on 9/17/25, and asked why there was not a progress note of the incident and why a late entry progress note was completed (five days later) the day after R900 returned from the hospital. The ADON was queried where the vitals were recorded from the incident and if the SA was notified of the accident since there were major injuries involved. The ADON reported that the nurse on duty during the 9/17/25 fall could not log into the Electronic Medical Record (EMR) system, so they (ADON) had completed a late entry progress note. The ADON added that they were unaware that there were not any current vitals in the EMR from the incident. The ADON reported that they would follow up to find out if the incident was reported to the SA. A review of medical records revealed that R900 was originally admitted to the facility on [DATE] with a readmission date of 9/22/25. R900's medical diagnoses included fracture of left femur (thigh bone), Alzheimer's disease, wandering, and confusional arousal. According to the minimal data set assessment (MDS) dated [DATE], R900 had a Brief Interview for Mental Status score (BIMS) of 99, indicative of severe cognitive impairment and was completely dependent on facility staff for mobility and transfers. It should be noted, the MDS dated [DATE] revealed the Resident needed assistance from facility staff for transfers and mobility but was able to</p> |                                                                                      |                                              |

|                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                      |                                              |
|------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|----------------------------------------------|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                                                                                   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>235489                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                 | (X3) DATE SURVEY COMPLETED<br><br>10/08/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>The Villa at Green Lake Estates                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>6470 Alden Dr<br>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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                      |                                              |
| <p>F 0770</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>Provide timely, quality laboratory services/tests to meet the needs of residents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> This citation pertains to intake # 2615985 Based on interview, and record review, the facility failed to obtain laboratory services ordered by the physician/practitioner for one (R901) of two Residents reviewed for laboratory services. Findings include:A complaint received by the State Agency revealed that the facility failed to follow through with a laboratory (lab) order by the physician to rule out Urinary Tract Infection (UTI) for R901 during their stay at the facility which was also confirmed during an interview with the complainant on 10/3/25 at approximately 11:15 AM.R901 was admitted to the facility on [DATE] after hospitalization due to left ankle fracture. R901's admitting diagnoses included intellectual disabilities, pneumonia, and anxiety disorder. R901 was living in a group home prior to hospitalization. R901 had a guardian who was their family member. R901 was transferred to the hospital on 8/24/25 after a fall at the facility.Review of R901's Electronic Medical Record (EMR) revealed a physician order dated 8/18/25 that read, UA (Urinalysis - urine test to rule out infection) C&amp;S (Culture and Sensitivity), CBC (Complete Blood Count) and BNP (B-type Natriuretic Peptide - lab test to rule out heart failure). Further review of R901's medical record revealed an interdisciplinary team note dated 8/20/25 at 12:14 that read in part, .no new orders, no new labs. There were no lab results for the tests that were ordered on 8/18/25 in R901's EMR. Review of the facility protocol on Lab and Diagnostic Test Results with a revision date of 03/2014 read in part, Assessment and Recognition: 1. The physician will identify, and order diagnostic and lab testing based on diagnostic and monitoring needs.2. The staff will process the test requisitions and arrange for tests.3. The laboratory, diagnostic radiology provider, or other testing source will report test results to the facility.An interview with Director of Nursing (DON) was completed on 10/8/25 at approximately 11:35 AM. The DON was queried about the facility's follow up with the lab process and the lab test results for R901 that was ordered on 8/18/25. The DON reported that the facility has missed to draw the lab as ordered for R901 and they had identified that the facility was not compliant after R901 was transferred to the hospital. The DON added that they were reviewing R901's EMR after they were transferred to the hospital on 8/24/25 and identified their non-compliance and facility had completed a Past Non-Compliance (PNC) process.During the onsite survey, Past Non-Compliance (PNC) was cited after the facility implemented actions to correct the non-compliance which included non-compliance with the facility's lab policy. Facility identified the concern on 8/24/25. An ad-hoc QAPI (Quality Assurance and Performance Improvement) meeting on 8/24/25 and the facility had a compliance date of 8/25/25. The Facility PNC report revealed that they were not in compliance with their lab policy between 8/18/25 and 8/24/25. The facility was able to demonstrate monitoring of the corrective action and maintained compliance during the survey and they were continuing their audits.</p> |                                                                                      |                                              |