

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235503	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/27/2024
NAME OF PROVIDER OR SUPPLIER The Villa at Parkridge		STREET ADDRESS, CITY, STATE, ZIP CODE 28 S Prospect St Ypsilanti, MI 48198	

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 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p>45038</p> <p>This citation pertains to intake MI00145665</p> <p>Based on observation, interview, an record review the facility failed to notify one Resident (#2) out of three Resident reviewed of grievance investigation and resolution of grievances.</p> <p>Findings Included:</p> <p>Resident #2 (R2)</p> <p>Review of the medical record revealed R2 was admitted to the facility 09/13/2023 with diagnoses that included cirrhosis of liver (scarring and liver failure), constipation, anxiety, alcohol abuse, anemia (low red blood cells), hepatic encephalopathy (loss of brain function because liver damage does not remove toxins) , hypertension, gastro-esophageal reflux, chronic pancreatitis (inflammation of pancreas), low back pain, depression, and cognitive communication deficit. Review of R2's Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 06/20/2024, demonstrated a Brief Interview for Mental Status (BIMS) of 15 (cognitively intact) out of 15.</p> <p>During observation and interview on 08/27/2024 at 11:56 p.m. R2 was observed sitting up on the side of her bed. R2 explained that she had made two concern forms for issues that she had during her stay at the facility. R2 explained that she had not been contacted regarding the grievances that she had completed. She expressed frustration that resolution of those grievances had yet to be shared with her.</p> <p>Review of R2 grievance form, dated 07/02/2024, demonstrated concerns with bathroom cleanliness, requested salads at dinner and much as possible, and concern with her roommate leaving the light on throughout the night. Resolutions were stated that the housekeeping manager had been notified, the dietary manager had been notified, and R2's resident had been spoken to regarding leaving the light on at night. The grievance form report failed to demonstrate that R2 had been notified of the resolutions.</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: 235503	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/27/2024
NAME OF PROVIDER OR SUPPLIER The Villa at Parkridge		STREET ADDRESS, CITY, STATE, ZIP CODE 28 S Prospect St Ypsilanti, MI 48198	

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 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of R2 grievance form, dated 07/08/2024, demonstrated concerns with waiting for care, medication administration, emptying of trash cans, activities staff not asking resident to attend activities, request for antibacterial soap, staffing issues, and roommate leaving light on throughout the night. Resolutions were stated to had discussion with Activity Director, discussion with housekeeping manager, follow up with nursing staff regarding nursing issues. The grievance form failed to demonstrate that R2 had been notified of the resolutions.</p> <p>In an interview on 08/27/2024 at 11:30 a.m. Nursing Home Administrator (NHA) A explained that residents are encouraged to complete a facility Grievance Form, that are available on each of the nursing units, if concerns are identified. NHA A explained that those concerns are placed in a computerized format. She explained that the computerized format does not demonstrate if the Resident had been notified of resolution. NHA A could not demonstrate the Grievance Form that R2 had completed, dated 07/02/2024 and 07/08/2024, and could only refer to the computerized documentation. NHA A could not identify if R2 had been notified of the grievance resolutions or if R2 had been satisfied with those resolutions.</p> <p>Review of the facility policy entitled Grievance Guideline, with an effective date of 11/28/2017, revealed section H-Resolution section b. The Grievance Official will complete a response to the resident or residents representative .</p>