

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 08/20/2025
NAME OF PROVIDER OR SUPPLIER The Villa at Parkridge		STREET ADDRESS, CITY, STATE, ZIP CODE 28 S Prospect Street 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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** This citation pertains to Intake # 2589332. Based on interview and record review the facility failed to immediately assess and notify the physician and responsible party of a fall with major injury for one Resident (#3) of three reviewed. Findings include: Review of the clinical record revealed Resident 3 (R3) was admitted to the facility on [DATE] and transferred to the hospital on 8/6/20 where a fractured right hip was discovered. Further review of the clinical record scored 13 out of 15 on the Brief Interview for Mental Status. There was no documentation in the clinical record on 8/5/26 that indicated R3 had a fall. A late entry nursing progress note dated 8/07/25 revealed that on 8/5/25 R3 was observed sitting next to his bed and R3 was unable to articulate what happened. Licensed Practical Nurse (LPN) N and Certified Nursing Assistant (CNA) O placed R3 back to bed. LPN N documented R3 had no injuries, no pain and that a body assessment was conducted. There was no notation that R3's physician or Responsible party had been notified on 8/05/25 of the incident. Further review of the clinical record there was no documentation that range of motion to any extremities was assessed, no documentation regarding neuroglial checks. Review of Occupational Therapy Notes dated 8/06/25 revealed R3 was complaining of right hip and told the therapist that he fell the day before. Therapy had notified nursing. Nursing note dated 8/06/25 reflected nursing was notified by therapy that R3 reported he fell the day prior and had complaints of right hip pain. R3 guardian came to visit on 8/6/25 and was notified about R3's fall from R3's roommate. R3's guardian went to talk to Administration and requested R3 to be sent to the hospital immediately. Review of R3 fall investigation which included hospital records, revealed R3 sustained a right hip fracture that required surgical repair. On 8/20/25 at 9:25 am during an interview with Assistant Director of Nursing (ADON) C she reported nobody was aware that R3 fell until Therapy had notified her. LPN N was aware but forgot to document it and pass the information along. When queried why the Physician and Responsible party wasn't notified until the day after the fall, ADON C stated they had just found out and had not had a chance to contact them before R3's roommate told the Responsible party/guardian. On 8/20/25 at 12:01pm during a phone interview with LPN N she reported she observed R3 on the floor on his right side about 4:00pm on 8/05/2025. LPN N stated she helped R3 into bed and thought R3 was fine. When queried about assessment, LPN N stated R3 denied pain and neuro checks were initiated but wasn't sure if they were documented, LPN N also stated a body check was done and was ok when asked to elaborate about a body check, LPN N stated she looked over R3's body for cuts, abrasions, bruises. When queried if any type of range of motion had been done LPN N stated no. When queried why she did not notify R3's physician and Responsible party/guardian, LPN N stated didn't have a reason, she just didn't. On 8/20/25 at 11:50am during an interview with the Director of Nursing (DON) B she reported the expectation was that after a fall or any type of incident once the resident was fully assessed and safe the physician and responsible party were to be notified.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 235503
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