

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235514	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/29/2025
NAME OF PROVIDER OR SUPPLIER Imperial, A Villa Center		STREET ADDRESS, CITY, STATE, ZIP CODE 26505 Powers Avenue Dearborn Heights, MI 48125	

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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>This citation pertains to intake 2572680. Based on interview and record review, the facility failed to implement care plan interventions for one resident (R702) out of three reviewed for care plans. Findings include: A review of the medical record revealed R702 was admitted into the facility on 7/22/2025 with the following medical diagnoses, End Stage Renal Disease and Obstructive Sleep Apnea. A review of the most recent Minimum Data Set (MDS) assessment revealed a Brief Interview for Mental Status score of 15/15 indicating an intact cognition. R702 was also dependent on staff for bed mobility and transfers. A review of a care plan revealed the following interventions, Oxygen Settings: O2(Oxygen) via NC (Nasal Cannula) at 3 LPM (Liters Per Minute)/PRN (As Needed). Date initiated: 7/23/2025. 1500 ml (milliliter) fluid restriction-Dietary 780 ml, Nursing 720 ml (240ml AM, 240 ml PM, 240 ml MN (Midnight)) d/t (due to) edema, diuretic usage and hospital dietary orders. Further review of the current physician's orders revealed there was not an order for fluid restrictions or oxygen for R702. On 7/29/2025 at 12:55 PM, an interview was conducted with Registered Dietitian (RD) A regarding the care plan intervention for the fluid restriction. RD A stated they were corporate and helping at the facility. RD A reported R702 was on dialysis and a fluid restriction is usually a standard order when someone is on dialysis. RD A reported a physician's order should have been put in before entering information on a care plan. On 7/29/2025 at 1:34 PM, an interview was conducted with the Director of Nursing (DON) regarding the oxygen care plan intervention. The DON reported they were unsure why there was an intervention for oxygen and why the MDS Nurse entered it. The DON reported that it was communicated on their admission notice form, however, it was not entered as a physician's order. The DON reported it should have been entered as a physician's order if it was needed. A review of a facility policy titled, Care plan Standard Guideline did not address implementation of interventions.</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
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p>This citation pertains to intake 2572680. Based on interview and record review, the facility failed to assess one resident (R702) prior to dialysis treatment out of one reviewed for dialysis. Findings include: A review of the medical record revealed that R702 was admitted into the facility on 7/22/2025 with the following medical diagnoses, End Stage Renal Disease and Obstructive Sleep Apnea. A review of the most recent Minimum Data Set assessment revealed a Brief Interview for Mental Status score of 15/15 indicating an intact cognition. R702 was also dependent on staff for bed mobility and transfers. A review of a dialysis communication form dated 7/23/2025 was completed and the only portions filled out were the patient's name, date and pre dialysis weight. The vital signs portion, code status, pain, any changes in condition, as well as the completed by (name and title) were noted to blank. On 7/29/2025 at 1:34 PM, an interview was conducted with the Director of Nursing (DON). The DON stated they expect residents to be assessed prior to going to dialysis, whether it be on the communication form or in the resident electronic medical record. The DON reported R702 chair time was 10:00 AM and they should have been assessed before going to dialysis, with the communication form filled out in its entirety. A review of a facility policy titled, Dialysis noted the following, . Communication between outpatient dialysis provider and facility should include: Written communication form with review of daily weights, any changes in condition or mood.</p>		