

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 12/16/2025
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)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. (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

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** This citation pertains to intake 2627267. Based on observation, interview, and record review, the facility failed to implement fall care plan interventions for three sampled residents (R901, R902, and R903) of three reviewed for fall interventions. Findings include: A review of the intake summary noted, after assisting [R901] off the toilet and returning R901 to [their] wheelchair, staff did not properly secure [R901] or ensure [R901] was seated fully in the chair. As a result, [R901] fell to the floor. On 12/16/25 at 11:50AM, R901 was observed in their room in bed and was asked about the fall and explained they remember the fall but not the details regarding the fall. R901 was asked if they had any concerns with how the fall was handled and reported no concerns. A review of R901's progress note revealed, 9/25/2025 12:11 IDT (Interdisciplinary Team) Note: writer spoke with resident regarding fall. resident stated that she does not know what happened but that she began sliding out of the chair. resident did state that she had a dry towel between her bottom and the cushion. resident allowed writer to performative ROM (range of motion) assessment, resident completed with no difficulty. Further review of R901's medical record revealed, R901 was admitted to the facility on [DATE] with diagnosis of metabolic encephalopathy (brain dysfunction). A review of R901's care plan noted, Focus: The resident is at risk for falls/injury r/t decreased mobility and weakness, HTN (Hypertension), CAD (Coronary artery disease), Diabetes, Anemia, episodes of incontinence, possible medication side effects. Date Initiated: 09/28/2025. Goal: Reduce serious injuries from falls. Date Initiated: 09/24/2025 Target Date: 03/16/2026. The resident will be free of minor injury through the review date. Date Initiated: 06/11/2025. Interventions: Event 9/24/25 Sent to ER (emergency room) for further evaluation - diagnostics at hospital stable. Will monitor for s/s (signs/symptoms) of poor positioning/ fatigue (upper physical torso) - Will add dycem (nonskid pad) and removed the towel Date Initiated: 09/24/2025. 902 On 12/16/25 at 12:57 PM, R902 was observed to walk to the nurse's station with their bare feet, without any footwear on. R902 was asked by staff to put on some socks. R902 agreed and was observed to walk to their room. On 12/16/25 at 2:53PM, R902 was observed walking on the unit with socks on their feet, the socks appeared to have no grips on them. A review of R902's last fall on 11/8/2025, Resident observed sitting on [R902] buttocks on the floor on the right side of R902's bed. Resident was wearing (brand name slip on shoe), call light in reach and off. Resident stated that [R902] tripped by the phone cord while [R902] was trying to get out of the bed. Further review of R902's medical record revealed, R902 was admitted on [DATE] with diagnosis of alcohol abuse withdrawal delirium and with a cognition was assessed as impaired A review of R902's Care plan noted, Focus: R902 has impaired cognitive function or impaired thought process r/t (related to) Delirium, Alcohol use disorder. Resident sometimes has difficulty with decision-making, insight, logic, planning, and organization of thoughts. Date Initiated: 11/10/202. Goal: [R902] will demonstrate increased orientation, awareness, and comfort. Date Initiated: 11/10/2025. Interventions: Provide resident with cues and prompting and demonstration as needed. Date Initiated: 11/10/2025. Focus: FALL: Resident is at high risk for falls r/t: Cognitive deficits, Functional Deficits, History of Falls, Use of Diuretics, Use of Psychotropic Medication Date Initiated: 11/11/2025. Goal: Reduce serious injuries from falls. Date Initiated: 11/13/2025. Interventions: Event 11/8/25 Encouraged to wear nonskid socks. Remote control is place back to bed so she can adjust the bed to low position - encouraged. R903 On 12/16/25 at 2:53PM, R903 was observed sitting in their wheelchair near the nurse's station, their wheelchair wheels were observed in the unlocked position. R903 position was observed leaning forward towards their legs. A review of R903's medical record revealed, R903 was admitted to the facility on [DATE] with diagnosis of Epilepsy. Care plan: Focus: [R903] has impaired cognitive function/dementia or impaired thought processes r/t (related to) dementia, encephalopathy. Date Initiated: 01/12/2024. Goal: [R903] will be able to communicate basic needs on a daily basis through the review date. Date Initiated: 10/10/2025. Interventions: Monitor cognitive decline for further progression of the disease process. Date Initiated: 07/16/2024. Focus: The resident is at risk for falls r/t (related to) Confusion, Gait/balance problems. [R903] gets up and down from his chair, unaware of [R903] limitations and decreased safety awareness, [R903] is impulsive, and attempts to ambulates. Seizure Subdural hematoma (chronic) Subarachnoid hemorrhage Delirium Known for self-lowering to the ground Date Initiated: 10/07/2023. Goal: Reduce serious injuries from falls. Date Initiated: 05/08/2025 Target Date: 01/08/2026 The resident will be free of minor injury through the review date. Date Initiated: 10/07/202. Interventions: Ensure bed brakes are locked Date Initiated: 07/16/2024 On 12/16/25 at 3:00PM Unit Manager A was asked if</p>		