

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235530	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/02/2025
NAME OF PROVIDER OR SUPPLIER  Marywood Nursing Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  36975 W. Five Mile Road Livonia, MI 48154	

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 0684  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals.  (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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>This citation pertains to Intake #2680166. Based on interview and record review the facility failed to ensure after visit care was provided for two residents (R900, R903) of three residents reviewed for continuity of care. Findings include: R900 On 12/4/24, R900 was admitted to the facility the following diagnoses: fracture right femoral neck and fracture of right greater trochanter requiring surgical intervention, and severe osteopenia. R900's Brief Interview for Mental Status dated 12/8/24 revealed intact cognition. On 12/2/25, a review of the After Visit Summary (AVS) from the hospital transfer revealed resident instructions included under the heading, Activity: Do not sit for longer than 30-45 minutes, use chair with arms, and don't sit in low chairs. Sleep on back, legs slightly apart on your side with a pillow between legs for about 6 weeks. do not sleep on your stomach or affected hip. Further review under the heading, Ice and Elevation, put ice or a cold pack on the area for 10 to 20 minutes every 1 to 2 hours for the next 3 days while awake. The AVS further revealed that R900 should prop up your ankle when you ice, sit or lie down. Try to keep above the heart. The instructions further revealed to wear compression stockings for 4 to 6 weeks after surgery. On 12/2/25 a review of the physician orders for R900 did not reveal any orders regarding sleeping precautions, ice, or elevation. There were no interventions on the care plan for sleeping precautions, ice, or elevation. R902 On 11/11/2025 R902 was admitted to the facility with the following diagnoses: Intertrochanteric fracture of the left femur with a Left Total Hip Arthroplasty. R902 Brief Interview for Mental Status revealed intact cognition. On 12/2/25, a review of the AVS for R902 from the hospital transfer revealed resident instructions as follows: Activity: Do not sit for longer than 30-45 minutes, use chair with arms, and don't sit in low chairs. Sleep on back, legs slightly apart on your side with a pillow between legs for about 6 weeks. do not sleep on your stomach or affected hip. Further review under the heading, Ice and Elevation, put ice or a cold pack on the area for 10 to 20 minutes every 1 to 2 hours for the next 3 days while awake. The AVS further revealed that R900 should prop up your ankle when you ice, sit or lie down. Try to keep above the heart. The instructions further revealed to wear compression stockings for 4 to 6 weeks after surgery. On 12/2/25 a review of the physician orders for R900 did not reveal any orders regarding sleeping precautions, ice, or elevation. There were no interventions on the care plan for sleeping precautions, ice, or elevation. On 12/2/25 at 1:40 PM, an interview with R902 revealed that they have requested ice only a few times. They further reported they were not aware that the affected leg should be elevated whenever possible. On 12/2/25 at 1:00 PM an interview with Licensed Practical Nurse (LPN) A revealed any precautions or treatments would be found in physician orders, on the care plan or in both places. LPN A further revealed when a physician order is written for things like ice or elevation, it would appear on the Treatment Administration Record (TAR). LPN A further revealed that the admitting nurse, an RN or LPN, would add these items to the Care Plan and that most information regarding specific aftercare treatment would be put in by the admitting nurse. Any nurse may add to the Care Plan when necessary. LPN A further revealed that only ice can be applied by the nurse without a physician. On 12/2/25 at 1:50 PM, LPN B revealed all physician orders appear on the Medication Administration Record (MAR) or the Treatment Administration Record (TAR). If an order from the AVS does not appear on the MAR or TAR, the RN or LPN would call the physician to obtain the order. Once the order is entered, the nurse for that resident would communicate the additional information to the Certified Nursing Assistant (CNA). LPN B further revealed the admitting nurse creates the initial care plan and any nurse can add to it. If the admitting nurse does not finish any part of the admission process, the nurse will endorse to the next shift for completion. LPN B also indicated that if ice were given per resident request, there would be documentation in the progress notes indicating ice was applied, the reason, and its effectiveness. On 12/2/25 at 2:30 PM, an interview with Nurse Practitioner (NP) C revealed they see the resident about two weeks after the initial physician visit unless requested by nursing. She does take a quick look at the AVS and reviews the orders, but relies on the many professionals before them to have the initial orders in. On 12/2/25 at 3:01 PM, an interview with Physician D revealed if ice/elevation were on the AVS, they would put an order in for the same. On 12/2/24 at 3:15 PM, an interview with the Director of Nursing (DON) revealed that orders from the AVS should be put into place by the physician per order, and on the Care Plan by the admitting nurse or nurse who reviews the orders. The policy titled Comprehensive Care Plans, updated May, 2025 revealed a comprehensive care plan will be developed within 7 days after the completion of the comprehensive MDS assessment. and Resident specific interventions that reflect the resident's needs and preferences and align with the resident's cultural identity as indicated</p>		