

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 01/08/2026
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 0689 Level of Harm - Actual harm Residents Affected - Few	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** This citation pertains to Intake 2706540Based on observation, interview, and record review the facility failed to serve hot liquids in a safe manner for one resident (R700) out of three reviewed for accidents, resulting in a second-degree burn blister. Findings include:A review of an incident investigation dated noted the following, IDT (Interdisciplinary Team) incident investigation. On 12/15/2025 resident spilled hot soup onto [their] lap. Nursing assessment was completed including skin assessment and pain assessment. No pain or injury at the time of the incident. Resident alert and orientated and continued to deny pain. Nursing assessment completed every shift with no redness or pain noted. On 12/18/2025, blister developed to the right medial thigh and new order received for triad daily and PRN (As needed) until resolved. Nursing assessment completed every shift with continued denial of pain, redness, etc .Further review of the progress notes revealed the following, 12/15/2025 11:50 am, Nursing Progress Note.: Residential had a witnessed injury on 12/15/2025 at around 11:30 this morning. Resident asked for hot soup from kitchen. Nurse aide brought soup and witnessed resident tip soup bowl over, accidentally causing the soup to spill into resident's lap. Redness observed on resident's anterior thighs bilaterally. Cleansed thighs and applied silicone cream, per resident's wishes. 12/23/2025 10:44 am, Wound Care note.Desiccated (dried out) blister to [their] right medial thigh from 2nd degree burn . Continue Rx (prescription) with thin layer of Triad daily and PRN until resolved.A review of the medical record revealed R700 was admitted into the facility on [DATE] with the following medical diagnoses, Muscle Weakness and Hemiplegia and Hemiparesis following Cerebral Infarction affecting Left non dominant side. A review of the most recent Minimum Data Set (MDS) assessment revealed a Brief Interview for Mental Status (BIMS) of 14/15 indicating an intact cognition. R700 also required staff assistance with bed mobility and transfers.On 1/8/2026 at 12:44PM an interview was conducted with Certified Nursing Assistant (CNA) B. CNA B reported R700 did not eat much, and their daughter would bring in soup packets to heat up for R700 to eat. CNA B reported they had been working with R700 for the past three days, and they usually drink the soup with a straw out of a personal coffee cup. CNA B reported they could not find R700's cup, so they warmed the soup up in a white foam cup for approximately 45 seconds. CNA B reported they gave the cup to R700 with a straw, but they wanted some crackers and a spoon. CNA B reported they left to go to the kitchen, so they could obtain a different style of cup for R700's soup to make it safer to eat with a spoon and when they returned to the room, R700 had spilled the soup on themselves, and on the floor. CNA B confirmed they did not use the thermometer to get a temperature reading on the soup before giving it to R700. On 1/8/2025 at 1:32 PM, a phone interview was conducted with Family Member (FM) C. FM C reported R700 was at home now and the blister has turned into a scab and is being treated daily by the home care nurse, as well as themselves. FM C reports R700 did not have a great appetite, so they would bring the soup packets and a handled cup you just add water to. FM C reported R700 still complains about pain in</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 235530
		If continuation sheet Page 1 of 2

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F 0689 Level of Harm - Actual harm Residents Affected - Few	the burn area.On 1/18/2025 at 1:49 PM, an interview was conducted with the Director of Nursing (DON). The DON reported there is a thermometer, as well as a sign saying what the temperature of hot liquids should be by every microwave in the nourishment rooms. The DON reported their expectation is staff obtain the temperature of hot liquids prior to serving them to residents.A review of a facility policy titled, Hot Liquid Safety Policy and Procedure noted the following, .Policy: Hot liquids are to be served at proper (safe and appetizing) temperatures using appropriate safety precautions. Staff are to be cautious when handling hot liquids.		