

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235578	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/29/2025
NAME OF PROVIDER OR SUPPLIER Four Seasons Nursing Center of Westland		STREET ADDRESS, CITY, STATE, ZIP CODE 8365 Newburgh Rd Westland, MI 48185	

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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49699</p> <p>This citation pertains to Intake MI00153683</p> <p>Based on observation, interview, and record review, the facility failed to provide nail care to one (R703) of five residents observed for nail care. Findings include:</p> <p>R703 was admitted on [DATE] with the following relevant diagnoses: Sequelae of Cerebral Infarction (Stroke); Functional Quadriplegia, Anxiety. R703 required substantial staff assistance for all activities of daily living (ADL's) and mobility.</p> <p>On 5/29/2025 at 1:35 PM, an observation of R703's fingernails revealed the nails were very long, about 3/4 of an inch beyond the end of the finger and contained debris, some was yellow and some darker in color. On inquiry, R703 revealed they wanted them trimmed and had some anxiety about having them cut, afraid the skin may get nipped.</p> <p>During an interview with Registered Nurse (RN) Dat 2:45 PM, they confirmed the resident's should get regular nail care.</p> <p>An interview with Assistant Director of Nurse (ADON) revealed regular nail care should be carried out as part of ADL's.</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 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure that a working call system is available in each resident's bathroom and bathing area.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49699</p> <p>This citation pertains to Intake MI00153683</p> <p>Based on observation, interview and record review facility failed to answer call light in a timely manner for one (R703) of five residents reviewed for timely call lights. Findings include:</p> <p>R703 was admitted on [DATE] with the following relevant diagnoses: Sequelae of Cerebral Infarction (Stroke); Functional Quadriplegia, Anxiety. R703 required substantial assistance for all activities of daily living (ADLs) and mobility.</p> <p>On 5/29/2025 at 1:35 PM, R703 was observed lying in bed. On inquiry R703 reported after activating the call light, it often takes a very long time saying, if I put it on to much they (facility staff) don't like it.</p> <p>On 5/29/25 at 1:51 PM, Registered Nurse (RN) D came in the room making rounds. R703 indicated they needed a brief change and their feet hurt due to being against the footboard. RN D replied they would notify R703's Certified Nurse Assistant (CNA) they needed assistance.</p> <p>ON 5/29/25 at 2:06 PM, CNA B entered the room, turned the call light off and told R703 their assigned CNA was down the hall conducting rounds and would be with them soon. CNA B did not ask resident what they needed.</p> <p>On 5/29/2025 at 2:24 PM (33 minutes later), CNA A entered room and asked R703 what they needed. R703 indicated they were wet and needed to be changed. At this point, R703 was very anxious about being wet. CNA A told R703 not to be so dramatic and would change and reposition them.</p> <p>An interview with at 2:45 PM, with Registered Nurse (RN) D revealed their expectation for answering call lights is 10 minutes, 20 minutes at most if the CNA is in another room assisting another resident. RN D further indicated when a CNA answers a light they are expected to address the residents needs, not turn it off and leave the room to find the covering CNA, but rather determine what the resident needs and assist them.</p> <p>An interview at 2:55 PM, with Assistant Director of Nurse (ADON) revealed their expectation is the call lights should be answered timely, 10-20 minutes, and the person answering the light should address resident needs.</p>		