STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235578	A. Building B. Wing	07/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Four Seasons Nursing Center of Westland	8365 Newburgh Road 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)
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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** This citation pertains to intake 3018809.Based on interview and record review, the facility failed to identify the correct resident for an Intravenous (IV) placement for one resident (R703) out of six reviewed for medication administration. Findings include:A review of a complaint called into the State Agency noted the following, [R703] was given an IV that was meant for another patient. It is unknown what was in the IV. It is unknown if the IV caused any interactions with [R703]. Nothing is documented about the IV.A review of the medical record revealed R703 was admitted into the facility on 4/29/2026 with the following medical diagnoses, heart disease with Heart Failure and Weakness. Further review of a Minimum Data Set (MDS) assessment dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 3/15 indicating an impaired cognition. R703 also required staff assistance for bed mobility and transfers.Review of a progress note dated 5/2/2026 noted the following, After the IV line was inserted, the resident became uncomfortable and [R703] started calling [their] daughter about [their] right hand in great pain. Writer immediately called the unit manager, and she asked the writer to immediately remove the IV line and dressed the IV site aseptically. Contacted NP (Nurse Practitioner) [Name] and left a voicemail.On 7/1/2026 at 12:58 PM, an interview was conducted with Registered Nurse (RN) D and confirmed they were the nurse that put the IV in place for R703. RN D reported they came over to put the IV in for the nurse after being asked to then returned back to their assigned set of residents. RN D reported they did not hang anything (administer any fluids or medication) and was unaware of what R703 needed the IV for.On 7/1/2026 at 1:10 PM, an attempted phone call was made to R703's assigned nurse, Licensed Practical Nurse (LPN) E.On 7/1/2026 at 2:02 PM, a phone interview was conducted with RN A who reported they worked the night of 5/1/2026, midnight shift, and confirmed R703 had no IV in place. RN A reported when they came in the next night, R703 had an IV in place and complaining of pain in their right wrist. The nurse then looked at the physician orders and did not see any orders regarding R703 needing an IV. RN A said they then called the Unit Manager who took out the IV and called all necessary parties. RN A reported R703 did not receive any medications through the IV and the intended resident was one room over.On 7/1/2026 at 2:36 PM, an interview was conducted with Unit Manager (UM) C who reported a resident in another room needed the IV fluids and LPN E was entering the order. UM C reported RN D to place the IV for LPN E. UM C reported they got a call around 8:00 PM from RN A stating they did not see an order for R703 and was wondering why they had an IV placed. UM C reported they came up to the facility and saw the IV was in the wrong patient (R703) and subsequently they took the IV out and called all necessary parties.A review of a facility policy stated, Medication Errors noted the following, To prevent medication errors and ensure safe medication administration, nurses should verify the following information: Right resident and right documentation.

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