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	04/09/2026

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 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	PASARR screening for Mental disorders or Intellectual Disabilities **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to timely complete annual PASARR (Pre-admission Screening and Annual Resident Review - Level I) assessments and review to the appropriate State - appointed authority for six residents (Resident #5, #6, #11, #14, #59 and #117) of six reviewed for PASARR Level I assessments. The Pre-admission Screening/Annual Resident Review (PASARR) in Michigan is a two-step screening and evaluation process. The purpose of the PASARR process is to encourage community care by supporting the placement of individuals with Mental Illness (MI) or those with Intellectual/Developmental Disabilities (ID/DD) in a nursing facility only when their medical needs clearly indicates that the resident requires the level of care provided by a nursing facility. Resident #5On 4/07/26 the medical record for R5 was reviewed and revealed the following: R5 was initially admitted to the facility on [DATE] with diagnoses that included: Schizoaffective Disorder, Depressive Disorder and Vascular Dementia with Behavioral Disturbance. A review of R5's Minimum Data Set assessment revealed a Brief Interview for mental status (BIMS) score of 15/15 indicating intact cognition. On 4/07/26 further review of R5's medical record revealed a PASARR (Pre-admission Screening and Annual Resident Review / Level I) assessments dated 2/16/26. There were no updated PASARR Level II / 3878 acknowledging the mental illness diagnoses noted in the record. Resident #6 On 4/07/26 the medical record for R6 was reviewed and revealed the following: R6 was initially admitted to the facility on [DATE] with diagnoses which included: Major Depressive Disorder, and Anorexia. A review of R6's MDS (Minimum Data Set) assessment revealed a BIMS score (brief interview for mental status) assessment score of 3/15 indicating severely impaired cognition. On 4/07/26 further review of R6's medical record revealed a PASARR (Pre-admission Screening and Annual Resident Review/3878) assessments dated 1/22/26 for hospital exempted discharge. There was no updated PASARR/ 3878 noted in the record acknowledging diagnosis of Dementia or referral for level II. Resident #11 On 4/07/26 the medical record for R11 was reviewed and revealed the following: R11 was admitted to the facility on [DATE] with diagnoses which included: Psychotic Disorder with Delusions, Dementia, and Hemiplegia and Hemiparesis. A review of R11's MDS (Minimum Data Set) assessment revealed a BIMS score (brief interview for mental status) assessment score of 9/15 indicating impaired cognition. (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

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 04/09/2026
NAME OF PROVIDER OR SUPPLIER: Four Seasons Nursing Center of Westland		STREET ADDRESS, CITY, STATE, ZIP CODE: 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 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	On 4/07/26 further review of R11's medical record revealed a PASARR Level I (3877) assessment dated [DATE]. There was no updated PASARR/ 3878 noted in the record acknowledging diagnosis of Dementia or other mental illnesses was noted in the record. Resident #14On 4/07/26 the medical record for R14 was reviewed and revealed the following: R14 was initially admitted to the facility on [DATE] with diagnoses including: Post Traumatic Stress Disorder, Major Depressive Disorder, Dementia and Anxiety Disorder. A review of R14's MDS (Minimum Data Set) assessment revealed a BIMS score (brief interview for mental status) assessment score of 13/15 indicating intact cognition. On 4/07/26 further review of R14's medical record revealed a PASARR (3877) assessment dated [DATE]. There was no updated PASARR /3878 noted in the record acknowledging diagnosis of Dementia and mental illness. On 4/09/26 at 2:00 PM, the Nursing Home Administrator (NHA) was interviewed regarding the PASARR documentation. The NHA stated that they were aware of the PASARR assessments not being up to date and they were working with the Director of Social Work (DSW K) to bring them up to date. The NHA stated that their expectation is that all residents will be assessed and updated as needed per the policy. On 4/09/26 at 2:45 AM, K was interviewed in regard to PASARR assessments. The DSW K stated that the residents PASARR updates were missed due to having a shortage with social service staff. When asked what their expectation for updating Pre-admission Screening and Annual Resident Reviews, they stated that residents are monitored and assessed appropriately per policy. R59 A review of R59's medical record revealed they were initially admitted into the facility on 1/19/24 with diagnoses that included Bipolar disorder and Dementia. Review of the resident's most recent minimum data set assessment (MDS) dated [DATE] revealed that the resident had a moderately impaired cognition. Further review of the resident's medical record revealed a Level II evaluation dated 3/28/25 which indicated that it required re-evaluation by 3/25/26. On 4/9/26 at 1:00 PM, a request for R59's Level II evaluation was made to the facility, and the surveyor was provided with a copy of the resident's Level I screening with a written note stating the following, Waiting for [Doctor] to sign [Level II]. R117 R117 was admitted to the facility on [DATE] with the following relevant diagnoses: Bipolar Disorder, Dementia with Psychotic Disturbance, and Anxiety Disorder. R117's Minimum Data Set (MDS) Assessment reveals a Brief Interview for Mental Status score of 00/15 indicating severe cognitive impairment. On 4/7/26 review of the medical record revealed a Level I Screening for the Preadmission Screening Annual Resident Review (PASAAR) was completed on 3/18/26 indicating resident had a current diagnosis for mental illness and dementia. Further review of the medical record revealed R117 (continued on next page)

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	04/09/2026

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 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	received treatment for a mental illness and received psychotropic medications within the last 14 days. Further review of the medical record failed to reveal a Level II screening had been submitted and signed by the physician. A review of the PASRR - Preadmission Screen and Resident Review policy dated 6/01/2011 and revised 3/10/2025 revealed, It is the policy of the facility to screen any resident with mental illness and/or intellectual/developmental disabilities through the PASARR process to ensure appropriate nursing facility services and specialized services are provided. The Social Service employee, or designee, is responsible for verifying that the PAS and/or ARR processes are completed appropriately and timely. The PASARR process must be completed in the following situations: Prior to admission to a nursing facility; After a significant change in the resident's physical or medical condition; Not less than annually.

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	04/09/2026

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 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to apply orthotic equipment (hand splints, knee braces, heel lift boots, and elbow extensions) for four residents (R9, R22, R48, and R144) out of four reviewed for limited range of motion. Findings include:R9A review of the medical record revealed R9 admitted into the facility on [DATE] with the following medical diagnoses, Muscle Weakness and Peripheral Vascular Disease. A review of the Minimum Data Set assessment dated [DATE] revealed a Brief Interview for Mental Status score of 0/15 indicating impaired cognition. R9 also required staff assistance with bed mobility and transfers. Further review of the medical record revealed the following on the Medication Administration Record (MAR) for April 2026, Orthosis/Splint to be applied to Left RHS (Resting Hand Splint) and Rt. (Right) elbow splint 4 hrs (hours) check skin integrity pre and post application of splint/braces every day shift for contracture prevention. Start date: 11/14/2025.Additional review of the MAR showed checkmarks April 1st-April 9th, indicating that R9 had their Splint/Brace applied on those days.On 4/7/2026 at 10:00 AM and 2:18 PM, R9 was observed sitting in a Geri chair in the dining room and then in then hallway. R9 was observed to have a contracture to their left hand. R9 was unable to answer any interview questions. No splint or brace was noted to be applied.On 4/9/2026 at 1:19 PM, no splint or brace was noted to be applied to R9.R22A review of the medical record revealed that R22 admitted into the facility on 9/27/2019 with the following medical diagnoses, Muscle Weakness and Stiff-Man Syndrome (Neurological disorder characterized by severe muscle stiffness). A review of the Minimum Data Set assessment dated [DATE] revealed a Brief Interview for Mental Status score of 15/15 indicating an intact cognition. R22 also required staff assistance with bed mobility and transfers. Further review of the progress notes revealed that R22 had been seen by Pain Management and Rehabilitation on 3/30/2026 and a recommendation for PRAFO (Pressure Relieving Ankle-Foot Orthosis) boots was made to address R22's foot drop.Further review of the care plan revealed the following intervention, Date initiated:9/27/2019.Bil (Bilateral) PRAFO donn (put on) for 2-3 hours as tolerated.Further review Medication Administration Record (MAR) for April 2026 revealed the following, Orthosis/Splint to be applied to: Apply PRAFO boots BLE (Bilateral Lower Extremities) for 2-3 hours as tolerated. Check skin issues upon application and removal. Every day shift for contracture prevention. Start Date-11/14/2025.Additional review of the MAR showed checkmarks April 1st-April 9th, indicating that R22 had the PRFAO boots applied on those days.On 4/7/2026 at 2:01 PM, R22 was observed laying in bed. R22 was noted to have dry, flaky feet, and their heels were resting on the air mattress.On 4/8/2026 at 3:12 PM, R22 was noted to be in bed with their heels resting on the mattress. No PRAFO boots were observed in place, or in the room. R22 reported they had not worn the boots in quite some time and did not know where they were at. R22 reported that they were not asked if they would like the PRAFO boots applied.On 4/9/2026 at 9:41 AM, R22 was noted to be in bed with their heels resting on the mattress. No PRAFO boots were observed in place, or in the room. R22 reported that they were not asked if they would like the PRAFO boots applied.On 4/9/2026 at 11:01 AM, Wound Care Nurse (WCN) L observed R22 without their PRAFO boots in place. WCN L reported R22 is supposed to have the boots on for their foot drop and contractures.R48On 4/7/2026 at 1:04 PM, R48 was observed lying in bed with a towel rolled up in their right hand. A knee brace was observed sitting in the windowsill. R48 was unable to be interviewed.A review of the medical record revealed that R48 was admitted into the facility on 6/1/2024 with the following medical diagnoses, Spinal Stenosis and Muscle Weakness. A review of the Minimum Data Set assessment dated [DATE] revealed a Brief Interview for Mental status score of 0/15 indicating an impaired cognition. R48 also required staff assistance with bed mobility and transfers. Further review of the Medication Administration Record (MAR) for April 2026 revealed the following, Orthosis/Splint to be applied to: Bil (Bilateral) PRAFO boot, Rt. Knee splint, Rt. (continued on next page)

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 04/09/2026
NAME OF PROVIDER OR SUPPLIER Four Seasons Nursing Center of Westland		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Palm guard 6 hrs. Ensure Lt. RHS and Rt. PRAFO applied, Check skin integrity pre and post application of splint/braces. Every day shift for contracture prevention. Start Date-11/14/2025.Additional review of the MAR showed checkmarks April 1st-April 9th, indicating that R48 had a palm protector and knee brace applied on those days.On 4/7/2026 at 1:04 PM, R48 was observed lying in bed with a towel rolled up in their right hand. A knee brace was observed sitting in the windowsill. R48 was unable to be interviewed.On 4/8/2026 at 8:41 AM and 2:03 PM, R48 was observed lying in bed. No right palm protector or right knee brace was observed to be in place.On 4/9/2026 at 9:00 AM, R48 was observed lying in bed. No right palm protector or right knee brace was observed to be in place.On 4/9/2026 at 9:05 AM, an interview was conducted with Restorative Aide (RA) M. RA M reported they usually apply R48's devices on after mealtime and they wear it for 4-5 hours. RA M reported they were going to put the palm protector and brace on shortly. R144On 4/7/2026 at 2:10 PM, R144 was observed lying in bed and eating lunch. R144 was noted to have a left-hand contracture. A splint was observed sitting in the windowsill. R144 reported that the splint is not applied regularly. R144 reported that if they ask, then they will apply it however sometimes they forget to ask and then it does not get applied.A review of the medical record revealed that R144 admitted into the facility on 8/10/2024 with the following medical diagnoses, Cerebral Infarction (Stroke) and Muscle Weakness. A review of a Minimum Data Set assessment dated [DATE] revealed a Brief Interview for Mental Status assessment score of 13/15 indicating an intact cognition. R144 also required staff assistance with bed mobility and transfers. Further review of the Medication Administration Record (MAR) for April 2026 revealed the following, Orthosis/Splint to be applied to: Left RHS 6-8 hrs, Lt. PRAFO 4 hrs, Rt elbow extension 4-6 hrs, Check skin integrity pre and post application of splint/braces. Every day shift for contracture prevention. Start Date-11/14/2025.Additional review of the MAR showed checkmarks April 1st-April 8th, indicating that R48 had a palm protector and knee brace applied on those days.On 4/8/2026 at 9:08 AM and 2:04 PM, R144 was observed lying in bed. No splint/braces were applied. R144 reported they were not asked if they wanted the splint and/or brace applied.On 4/9/2026 at 9:05 AM, an interview was conducted with RA M. RA M reported they apply R144's splint, but they usually only apply the hand splint because R144 does not like the knee brace very much.On 4/9/2026 at 1:01 PM, an interview was conducted with the Director of Nursing (DON). The DON reported they expect that if it is checked on the MAR, then it should be completed and if not, it should be documented as to why.A review of a facility policy titled, Equipment and Assistive Devices noted the following, Certain equipment and devices that assist with resident mobility, safety, and independence are provided for residents. These may include but are not limited to .Orthotic equipment (such as AFOS, splints, braces, etc.).

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 04/09/2026
NAME OF PROVIDER OR SUPPLIER: Four Seasons Nursing Center of Westland		STREET ADDRESS, CITY, STATE, ZIP CODE: 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 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are fully informed and understand their health status, care and treatments. Based on observation, interview, and record review, the facility failed to obtain consent and provide risk versus benefits of psychotropic medication use for one severely cognitively impaired resident (R109) of five residents reviewed for unnecessary medications. Findings include: On 4/7/26 at 9:10 AM, R109 was observed sitting in the dining room eyes closed, drifting in and out of sleep. Attempts to speak with the resident were to no avail due to their cognition. A review of R109's medical record revealed they were admitted into the facility on 6/5/25 with diagnoses which included Alzheimer's Disease, Depression and Anxiety. Further review revealed the resident was severely cognitively impaired and required assistance with Activities of Daily Living. In addition, the resident had a medical power of attorney dated 4/18/16 in place granting their son as the representative. Review of the resident's active physician's orders revealed the resident was prescribed the following psychotropic medications:Seroquel (anti-psychotic) Oral Tablet 25 MG (milligrams), ordered, 2/25/26.Buspirone HCl (anti-anxiety) Oral Tablet 10 MG, ordered, 7/30/25.Sertraline HCl (anti-depressant) Oral Tablet 100 MG, ordered 6/5/25. Further review of R109's medical record revealed a consent for the medication use dated 6/20/25, indicating the resident, not their representee (son), was provided with education regarding risks versus benefits, and consented to the use of the medication. On 4/9/2026 at 1:30 PM, the Nursing Home Administrator was asked about medication consents being completed by the appropriate party, and explained the social worker is responsible for ensuring the consents are accurate. A review of the facility's, Psychotropic Medication Use policy revealed the following, .For any resident taking a psychotropic medication, the Social Service employee or designee will obtain informed consent from the resident and/or authorized representative using the Psychotropic Medication Consent UDA in the resident's electronic medical record. (*psychotropic medication consents prior to the release of the UDA may be on paper in the resident's medical record). The Social Service employee, or designee, will review the medication prescribed, dosage, side effects, and risks versus benefits of the medication, which are outlined on the psychotropic informed consent evaluation. The Social Service employee, or designee, will discuss any Black Box Warnings associated with the psychotropic prescribed to the resident or authorized presentative so that they are aware of the potential risks. After review, the resident and/or authorized representative will either consent or refuse the psychotropic medication

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 04/09/2026

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 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed. Based on interview and record review, the facility failed to timely coordinate with the appropriate State-appointed authority to complete a PASARR (Preadmission Screening and Resident Review) Level II Comprehensive Evaluation (used to determine the appropriate setting for the individual and recommends what, if any, specialized services and/or rehabilitative services the individual needs) for one resident (R38) of five residents reviewed for PASARR Level II recommendations. Findings include: A review of R38's medical record revealed they were initially admitted into the facility on 9/23/19 with diagnoses of Depression, Anxiety, and Psychotic Disorder. Further review revealed the resident was cognitively intact and required assistance with Activities of Daily Living. Further review of the resident's medical record revealed a Comprehensive Level II Evaluation dated 7/7/2022 which was noted as being the Annual Resident Review which Require Re-Evaluation in 363 days. On 4/9/26 at 12:59 PM, a request for R38's Level II evaluation was made to the facility, and surveyor was provided with a copy of the resident's Level I screening with a written note stating the following, no level 2 OBRA (Omnibus Budget Reconciliation Act) since 7/7/2022. On 4/9/26 at 2:00 PM, the Nursing Home Administrator (NHA) was interviewed regarding the PASARR documentation. The NHA stated that they were aware of the PASARR assessments not being up to date and they were working with the Director of Social Work (DSW K) to bring them up to date. The NHA stated that their expectation is that all residents will be assessed and updated as needed per the policy. A review of the facility policy, PASARR - Preadmission Screen and Resident Review revealed the following, It is the policy of the facility to screen any resident with mental illness and/or intellectual/developmental disabilities through the PASARR process to ensure appropriate nursing facility services and specialized services are provided.

Printed: 07/02/2026
Form Approved OMB
No. 0938-0391

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 04/09/2026
NAME OF PROVIDER OR SUPPLIER Four Seasons Nursing Center of Westland		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0745 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide medically-related social services to help each resident achieve the highest possible quality of life. Based on interview and record review, the facility failed to ensure the timely appointment of a guardian for one resident (R99) out of one resident reviewed for medically related social services. Findings include:A review of the medical record revealed R99 admitted into the facility on 7/19/2024 with diagnoses of depression, Parkinson's Disease, and anxiety disorder. A review of the most recent Minimum Data Set assessment (MDS) for R99 dated 1/26/2026 revealed a Brief Interview for Mental Status (BIMS) score of 11/15, indicating impaired cognition.Further review of the medical record of R99 revealed a physician's note dated 8/16/2024 indicating that R99 is not capable of making their own medical decisions, as well as a petition for guardianship form that was submitted by the facility dated 4/7/2025.On 04/09/2026 at 9:30 AM, an interview was conducted with the Director of Social Work DSW. The DSW stated that R99 was their own responsible party on admission but was found to be incapacitated (unable to make their own medical decisions) and needed to have a guardian appointed. The DSW stated that a petition was sent for guardianship in April of 2025 and received a court hearing for June 2025. The DSW reported they did not attend the court case due to being at another hearing at that same time, and the case for R99 was adjourned. The DSW stated they were informed they would need to resubmit the petition. The DSW reported R99's petition for guardianship was left behind due to many other residents being in more urgent need of guardianship.A review of a facility policy titled Decision Making Capacity, last reviewed 1/15/25, revealed If the resident has no legal paperwork in place, the social worker will speak to the resident's family member and/or emergency contact about applying for guardianship through the probate court system. If the family member and/or emergency contact is not interested in obtaining guardianship or fails to obtain guardianship, the facility, or contracted vendor, should petition the probate court system for a third-party court appointed guardian.

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 04/09/2026
NAME OF PROVIDER OR SUPPLIER Four Seasons Nursing Center of Westland		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to maintain clean privacy curtains for two residents (R13 and R64) of three reviewed for homelike environment. Findings include:R13 On 4/7/26 at 9:00 AM, an observation was made of R13's privacy curtain being soiled with a dried brownish substance on the bottom of the curtain. On 4/9/26 at 10:54 AM, R13's privacy curtain was observed to continue to be soiled. R13 was asked about the curtain and stated, I think it's dried blood. It's not good. On 4/9/26 at 11:15 AM, Floor Services Staff (FSS) I was observed removing R13's privacy curtain and indicated to the surveyor that it would be cleaned. FCS I was asked if there was a cleaning schedule for residents' privacy curtains. FSS I indicated that staff made referrals if they noticed a dirty privacy curtain and they were changed per request. A review of R13's electronic medical record (EMR) revealed that R13 was admitted to the facility on [DATE] with diagnoses that included Bi-polar disorder and Osteoarthritis (Joint disease). A review of R13's most recent quarterly minimum data set assessment (MDS) dated [DATE] revealed that R13 had an intact cognition. R64 On 4/7/26 at 9:03 AM, an observation was made of multiple white stains being present on R64's privacy curtain. On 4/9/26 at 10:59 AM, multiple stains continued to be observed on R64's privacy curtain. R64 was asked about their privacy curtain and indicated that it was last changed approximately four months ago. A review of R64's EMR revealed that R64 was admitted to the facility on [DATE] with diagnoses that included Spinal Stenosis (Narrowing of the Spine) and Heart Disease. A review of R13's most recent quarterly MDS dated [DATE] revealed that R64 had an intact cognition. On 4/9/26 at 11:19 AM, Environmental Services Director (ESD) J was interviewed regarding the observation of the stained privacy curtains. ESD J indicated that they had recently placed an order for some new privacy curtains. ESD J further indicated that they were planning to develop a curtain changing schedule binder. ESD J was asked about their expectations for how often privacy curtains should be changed. ESD J indicated that privacy curtains should be changed on a consistent basis, including when a resident had moved out of a room. On 4/9/26 at 1:45 PM, the Nursing Home Administor (NHA) was interviewed regarding the observation of soiled privacy curtains and indicated that the curtains should be cleaned when a room is deep cleaned. A review of a facility policy titled, Cleaning and Disinfection of Resident .Equipment Reviewed Date: 2.4.2026 revealed the following, Policy Overview: Resident .equipment can be a source of indirect transmission of pathogens .resident .equipment will be cleaned and disinfected in accordance with CDC (Center for Disease Control) recommendations in order to break the chain of infection.