

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235642	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/23/2025
NAME OF PROVIDER OR SUPPLIER Westlake Health Campus		STREET ADDRESS, CITY, STATE, ZIP CODE 10735 Bogie Lake Road Commerce, MI 48382	
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to provide dignified care for one Resident (R500) of four residents reviewed for dignity. Findings include: On 7/23/25 at 12:38 p.m., R500 was observed in their hospital bed wearing a gown. On 7/23/25 at 12:39 p.m., R500 reported earlier in the day Nurse Aide, (NA) C, checked their incontinence brief when they told NA C they did not want to be checked or changed, as their brief was dry. R500 stated NA C checked their brief anyways and said they felt harassed by NA C, as this was intrusive. R500 explained it was their right not to be checked against their wishes, since their brief was dry. On 7/23/25 at 1:21 p.m., NA C was asked what occurred when they checked R500's incontinence brief earlier on 7/23/25. NA C reported they asked R500 if they could check their brief for incontinence, and R500 responded they did not want their brief checked. NA C stated they still checked R500's brief for incontinence, and the brief was dry. When asked why they continued, NA C said they were trained to check a resident's brief every two hours. NA C clarified their job responsibility was to check every resident's brief every two hours as a standard of care. NA C stated, I just wanted to double check (the brief was dry). Review of R500's Minimum Data Set (MDS) assessment, dated 5/13/25, revealed R500 was admitted to the facility on [DATE], with diagnoses including arthritis, depression, and anxiety. The assessment revealed R500 required maximal assistance for transfers and was dependent for toileting. The Brief Interview for Mental Status (BIMS) assessment revealed a score of 15/15, which showed R500 was cognitively intact. The assessment showed no behaviors. Review of R500's Care Plan, accessed 7/23/25, revealed R500's goal was for their preferences were to be honored, with approaches which included Encourage resident to participate in decision making by offering choices. Encourage resident to actively participate in care plan and decision making. The interventions were dated 7/14/25. On 7/23/25 at 5:05 p.m., the concerns related to undignified care by NA C towards R500 were reviewed with the Nursing Home Administrator (NHA), with Clinical Nurse Consultant A, as reported when discovered earlier in the survey. Both reported they understood the concerns related to undignified care and had reeducated NA C regarding dignified care provision and resident rights. Review of the policy, Resident Rights Guidelines, reviewed 12/17/24, revealed, Purpose Statement: The purpose of this policy is to: To ensure resident rights are respected and protected and provide an environment in which they can be exercised. Policy Resident Rights Guidelines Procedure 1. Residents shall not leave their individual personalities or basic human rights behind when they move to a health campus. The following is a list of rights recognized by staff at (the provider): 2. Our residents have a right to. a. Be treated with dignity and respect b. Be given the information necessary to participate in decisions which affect them both individually and corporately.f. Be treated fairly, courteously and with respect by all staff.</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: 235642
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