STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235701	A. Building B. Wing	01/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Willows at Okemos	4830 Central Park Drive Okemos, MI 48864

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34705 Based on observation, interview, and record review the facility failed to provide Activities of Daily Living (ADL's), including bathing/showering for one dependent resident (R4) reviewed of ADL care, resulting in increased likelihood of feelings of worthlessness, disrespect and the potential for uncleanliness. Resident #4(R4) Review of the Face Sheet and Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 12/2/24 , reflected R4 was a [AGE] year old female admitted to the facility on [DATE], with diagnoses that included hypertension (high blood pressure), venous insufficiency (decreased blood flow in legs), cirrhosis of the liver (decreased liver function), pressure ulcer stage III, and depression. The MDS reflected R4 had a BIM (assessment tool) score of 14 which indicated her ability to make daily decisions was cognitively intact, and she required partial to moderate assist with transfers, dressing, and bathing. During an observation on 1/27/25 at 10:04 AM, R4 was in room sitting in wheelchair and appeared upset, dressed and hair appeared un-groomed. When asked if R4 had any concerns with care at facility R4 stated, does it look like I should have concerns? and looked at the bed. R4 reported was unhappy because staff removed sheet from bed and left dirty sheets on end of bed and have not returned. R4 reported staff had not changed sheet for two weeks. R4 reported was scheduled for showers two times weekly on Sunday and Thursday and did not get shower yesterday. Review of R4's Electronic Medical Record Bathing records, dated 11/29/24 through 1/29/25, reflected R4 had 10 missed showers with several entries of, activity did not occur. Review of R4 Care Plans, dated 2/11/21, reflected interventions that included, Assist with ADL care as needed .4/6/22 Resident may ambulate from room to DR[dining room] with 4WW[4 wheel walker] SBA[stand by assist] x 1 person with w/c follow and right knee brace .Supervision with bathing . During an interview on 1/29/25 at 12:50 PM, Certified Nurse Aid (CNA) G reported residents usually received showers 2 x weekly according to room number. CNA G reported R4 was a female only for caregivers and can often just trade female CNA to complete care needs. (continued on next page)

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)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 1/29/25 at 1:00 PM, Director of Nursing (DON) B reported residents usually have showers scheduled 2 times weekly and staff document in EMR under tasks. DON B reported staff have shower schedules according to rooms that have already been approved by residents. DON B reported if staff do not have time to shower residents they are expected to communicate to next shift and offer shower, if not offer the next morning. DON B reported if residents refuse would expect CNA staff to offer three times over 15 minutes apart and if still refused to report to nurse who should completes Progress Note. DON B reported noticed about two weeks ago R4 had several did not occur on shower documentation and staff was educated. Documentation reflected R4 was not provided shower on 1/26/25 as scheduled with no supporting documentation.