

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235701	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/29/2025
NAME OF PROVIDER OR SUPPLIER The Willows at Okemos		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46954</p> <p>Based on observation, interview and record review the facility failed to ensure accurate Minimum Data Set (MDS) assessments for four (Resident #4, #34, #42, and #67) of 18 reviewed. Findings include:</p> <p>Resident #4 (R4)</p> <p>Review of the medical record revealed R4 admitted to the facility on [DATE] with diagnoses that included major depressive disorder. The Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 12/2/24 revealed R4 scored 14 out of 15 (cognitively intact) on the brief interview for mental status.</p> <p>Review of the Annual MDS with an ARD date of 12/2/24 revealed R4 was coded for taking an anticoagulant medication and an opioid medication.</p> <p>Review of the Physician Orders revealed R4 was not taking an anticoagulant or an opioid medication for that MDS period.</p> <p>In an interview on 1/29/25 at 12:23 PM, MDS coordinator B reviewed the MDS and reviewed the Physician Order's for R4 and agreed that R4 was coded for taking an anticoagulant medication and opioid medication inaccurately.</p> <p>Resident #42 (R42)</p> <p>Review of the medical record revealed R42 admitted to the facility on [DATE] with diagnoses that included adjustment disorder with mixed anxiety and depressed mood. The Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 1/17/25 revealed R42 scored 10 out of 15 (cognitively impaired) on the brief interview for mental status.</p> <p>Review of the Physician Orders revealed R42 was taking an antipsychotic medication.</p> <p>Review of the MDS with an ARD date of 1/17/25 revealed R42 was not coded for taking an antipsychotic medication.</p> <p>In an interview on 1/29/25 at 12:23 PM, MDS coordinator B reviewed the MDS and reviewed the Physician Order's for R42 and agreed that R42 should have been coded for taking an antipsychotic medication.</p> <p>(continued on next page)</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235701	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/29/2025
NAME OF PROVIDER OR SUPPLIER The Willows at Okemos		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>34705</p> <p>Resident #34 (R34)</p> <p>Review of the Face Sheet and Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 10/4/24, reflected R34 was a [AGE] year old male admitted to the facility on [DATE], with diagnoses that included hypertension (high blood pressure), malnutrition and depression. The MDS reflected R34 had a BIM (assessment tool) score of 10 which indicated his ability to make daily decisions was moderately impaired.</p> <p>During an observation and interview on 1/27/25 at 11:45 AM, R34 was in room sitting in wheelchair with some difficulty answering questions. R34 family was present and reported was currently receiving hospice services.</p> <p>Review of R34's Physician Orders, dated 9/26/24, reflected an order for Hospice services.</p> <p>Review of R34's Significant Change MDS, dated [DATE], reflected no evidence that resident 34 was on Hospice services.</p> <p>During an interview on 1/28/25 at 4:44 PM, MDS staff C reported had been in position about five months and received support from regional support staff. MDS C reported MDS significant change needed to be completed if hospice services add or permanent decline in two areas or improvement in two areas. MDS staff C verified R34 was currently on Hospice services and started 9/26/24. MDS staff C reported R34's significant change MDS was most likely completed related to adding Hospice services and verified Hospice Services was not marked on assessment and should have been. MDS staff C reported must have been an oversight and would plan to submit correction.</p> <p>49103</p> <p>Resident #67</p> <p>Review of the medical record revealed R67 admitted to the facility on [DATE] with diagnoses that included Unspecified Displaced Fracture of first Cervical Vertebrae.</p> <p>During review of the Electronic Medical Record (EMR) it was noted that the Discharge Minimum Data Set (MDS) dated [DATE] revealed R67 was coded as having discharged to hospital.</p> <p>Review of the EMR revealed R67 discharged home on 12/13/2024 at 11:27 AM as revealed by documentation entered by the Nurse Practitioner (NP) Y.</p> <p>On 01/29/25 at 03:31 PM during interview with Social Worker (SW) Z the MDS was reviewed and SW Z stated, She did go home with spouse and I am not sure why the MDS reflects otherwise. She discharged home.</p> <p>On 01/29/25 at 03:39 PM SW Z explained, I followed up with the MDS Coordinator and it was selected in error. And we are submitting for a modification.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235701	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/29/2025
NAME OF PROVIDER OR SUPPLIER The Willows at Okemos		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45135</p> <p>This citation pertains in intake MI00148900.</p> <p>Based on observation, interview, and record review, the facility failed to ensure care and services was provided for two of 17 residents (R3 and R4) received resulting in a delay in treatment to maintain the highest practical level of wellbeing and care needs not being met. Findings include:</p> <p>Resident #3 (R3)</p> <p>Review of the medical record reflected R3 was an initial admission to the facility on [DATE] and readmitted on [DATE]. Diagnoses of fracture of upper end of right tibia, subsequent encounter for closed fracture with routine healing, presence of right artificial knee joint, periprosthetic fracture around internal prosthetic right hip joint, arthritis of left hip, muscles weakness, difficulty walking, Type 2 Diabetes Mellitus with Diabetic Kidney Disease, and Depression.</p> <p>The most recent Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 12/19/2024, revealed R3 had a Brief Interview of Mental Status (BIMS) of 13 (cognitively intact) out of 15. Under section GG0100, Activities of Daily Living (ADL) Assistance reveals R3 was dependent on all care and requires minimal assist with setting up for meals and oral care.</p> <p>During an interview on 01/28/25 at 12:14 PM, R3 stated she had just got back from physical therapy and the Certified Resident Care Assistant (CRCA) would be in to transfer her from the wheelchair to her bed. R3 stated the injury to her right leg was on 11/25/24. R3 stated one of the female CRCA O had a German acescent and short blonde hair. R3 stated the male CRCA N is the one that usually transferred her with another person. R3 stated she had sat in her wheelchair for a while, so she knew it would take a minute or two once she started the transfer. Both CRCA's started helping her to transfer to bed from the wheelchair using a walker and R3 told them to wait a minute, wait a minute, her right leg was caught under the chair. CRCA O told her to come on, keep going. R3 stated again wait a minute, wait a minute, my right leg was caught under the chair, and again CRCA O told R3 to keep going. R3 stated that CRCA O told her to grab the rail on her bed so they could transfer her up on the bed. R3 stated she was sitting at the edge of the wheelchair by this time, and again asked them to wait a minute and they did not. Both CRCA's N and O continued moving her over to the bed. R3 stated they continued with transfer and CRCA N purposefully pushed her the rest of the way on the bed and R3 stated she could feel right leg crack. R3 told CRCA N that she hurt her right leg and was tearful due to the right leg pain. R3 stated she told CRCA O that she needed something for pain, and CRCA O told R3 she would go tell the nurse. R3 stated that the nurse came into her room to give her some pain medication. R3's family member P requested an x-ray be done to the right leg as it hurt more than usual. R3 stated whenever her right leg was moved, it hurt.</p> <p>Record review revealed R3 had a portable x-ray at the facility on 11/25/24 following the incident and the results did not show the fracture.</p> <p>Record review revealed R3 was sent out to the local emergency room after family member P insisted on 12/03/24 for increased right leg pain. The emergency evaluation was not initiated based on the facility staff assessment. The evaluation was upon the instance of R3s family member P.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235701	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/29/2025
NAME OF PROVIDER OR SUPPLIER The Willows at Okemos		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The hospital x-ray report documentation from the emergency room evaluation revealed R3 had a closed fracture of proximal end of right tibia, unspecified fracture morphology. R3 returned to the facility with discharge instruction to follow up with Orthopedic Trauma.</p> <p>During an interview on 01/28/25 at 1:10 PM, family member P voiced concern that CRCA N and O broke R3's leg, they kept pulling on her, and they didn't stop. Family member P stated that it took the facility a couple days, before they sent her to the hospital, and did so when she insisted, causing a delay in treatment. Family member P was told R3's pain was due to arthritis, joint arthritis, but hospital discharge paperwork reported she had a fracture in her right leg. Family member P stated the hospital x-rayed her leg, put her in a brace/immobilizer and told R3, to not take it off until she sees an orthopedic trauma specialist. Family member P stated, she called and scheduled the first appointment, but the facility rescheduled, due to not having transportation to get R3 there. Family member P stated R3 went to the next appointment and the physician reported they saw the fracture and would monitor it. Family member P stated the hospital discharge paperwork stated R3 had osteoarthritis and a fracture like this, would come from a forceful pull. Family member P stated R3 had to keep the immobilizer on for approximately 4 to 6 weeks. Family member P stated R3 was finally able to take the brace/immobilizer off and started back up with physical therapy. R3 will have a follow up appointment with orthopedic trauma specialist in the near future, and she will call and find out the date and time. R3 could walk before all this and now this will put her behind now. There was a delay in treatment from the facility, as they did not respond timely following the incident. R3 continued to complaint of increased pain in the right leg without sending her to the hospital until family member P insisted.</p> <p>Record review on 01/28/25 11:18 AM, revealed a final investigation reporting of this incident from the facility Administrator to the State of Michigan in a Facility Reported Incident (FRI). Record review of the FRI included staff interviews with the following.</p> <p>1) CRCA O interviewed on 12/04/24, she was helping to transfer, R3 was in a wheelchair, and they were trying to transfer to the bed with the rolling walker. After they transferred her to bed, R3 complained of pain in her leg, and she notified the nurse.</p> <p>2) CRCA N interviewed on 12/04/24, they entered R3's room because she wanted to get into bed. R3 was a 2 person transfer from the wheelchair with a walker. CRCA N stated he put the walker in front of R3 and the other CRCA was on either side of her for support. R3 stood up and they helped pivot her to bed. CRCA N stated it was a typical transfer for resident, and nothing went different from any other transfer.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235701	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/29/2025
NAME OF PROVIDER OR SUPPLIER The Willows at Okemos		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>CRCA N stated that R3 did state that her legs hurt one more than the other and asked for pain medication.</p> <p>CRCA N stated he went and told the nurse pain meds were needed.</p> <p>3) CRCA Q interviewed on 12/04/24, R3 did not assist with any transfers, accept when resident was sent out to the local hospital emergency roiaognom on [DATE].</p> <p>4) RN R interviewed on 12/04/24, R3 complained of pain, family member P requested R3 to be sent out to local hospital emergency room . No marks or increased pain noted prior to being sent out to the hospital. RN R stated R3told her that it occurred during a transfer.</p> <p>5) Afternoon RN Supervisor S interviewed on 12/09/24, CRCA approached him around 9:00 PM, stating R3 wanted a pain pill. He pulled the medication out for resident, went to room where family stated they wanted an x-ray of her left leg. Family stated the right leg hurt more than usual. Resident also stated abdomen always hurts. He called the on-call provider and explained concerns also noting the R3 leg was not red, warm or swollen, when compared to the other leg and baseline. on call stated it could be arthritic in nature or a DVT and notified rounding provider. Family notified and rounding provider ordered x-rays.</p> <p>6) CRCA N interviewed on 12/04/24, They entered the resident's room because she wanted to get into bed. She is a 2 person transfer with a walker, put walker in front of R3 and each one of us on either side of her for support. She stood up and they helped pivot her to bed. It was a typical transfer for resident, and nothing went different from any other transfer. Resident did state that her legs hurt one more than the other and asked for pain medication. Told the nurse pain meds were needed.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235701	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/29/2025
NAME OF PROVIDER OR SUPPLIER The Willows at Okemos		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>7) R3's roommate T interviewed on 12/04/24, CRCA O helped with transfer on R3, was in wheelchair and they transferred R3, and she complained of pain in legs, and they notified nurse.</p> <p>During record review on 01/28/25 at 1:54 PM, writer noted that there was no interview with R3 in the investigation. Writer requested the interview between R3 and Executive Director/ LNA A. After receiving this Statement of Witness Form sometime later, the interview form was typed not written, there was no signature by R3 nor was it dated. Those 2 areas were left blank. The Executive Director/LNA A and Assistant Director of Health Services signed and dated this form.</p> <p>Record review of hospital after visit summary dated 12/3/24. Documented reason for visit- knee pain. Diagnosis- Closed fracture of proximal end of the right tibia, unspecified fracture morphology, initial encounter. XR Knee Right 3 views. Findings- Nondisplaced fracture involving the proximal tibia diaphysis extending to tibial compartment of the arthropathy. Articular surfaces and joint spaces: Total knee arthroplasty is intact. Bones: Well, mineralized without lytic or sclerotic process. No evidence of suprapatellar effusion. Lower extremity edema. Impression: Nondisplaced fracture involving the proximal tibia diaphysis extending to tibial compartment of the arthroplasty. Correlation with CT may be useful.</p> <p>Record review of R3's interview on the injury of unknown origin was dated 12/04/24. The content of the interview was conducted with Executive Director/LNA A and Assistant Director of Health Services U met with R3 and family member P on 12/04/24, both stated the fracture occurred while 2 CRCA's N and O were transferring her. Family member P stated it is not an injury of unknown origin, we know how it happened, during her transfer, when R3 told them to stop and they didn't.</p> <p>During an interview on 01/29/25 10:10 AM, R3 stated the Executive Director/LNA A came back in to interview her without her family member P present. R3 stated she came in and asked a few questions, R3 stated she gave them details of what happened again.</p> <p>During an interview on 01/29/25 at 11:30 AM, Cognitively intact R3 stated that prior to the fracture of her right leg, she could walk with assistance using her walker from the bed to the door, around her room. R3 then stated that now, she can no longer walk with assistance and her walker, she had to use a mechanical lift to transfer with 2-3 people. R3 stated she required more pain medication after the fracture, because it hurt to have her leg moved. R3 had a change in her mobility status from using a walker with assistance to using a mechanical lift with 2-3 people due to being non-weight bearing. R3 also stated that this was a little depressing to her, as she was already being treated for depression. It had affected her psychological status as well.</p> <p>During an interview on 01/29/25 at 12:23 PM, Minimum Data Set (MDS) Nurse C stated she did the December 2024 MDS Assessment. MDS Nurse C stated R3 was up with 2 persons assist and walker, no other devices. MDS Nurse C stated that she completed the December's assessment, and she was downgraded to a mechanical lift, she is non-ambulatory, non-weight bearing, dependent on transfers from chair to bed, all transfers became dependent.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235701	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/29/2025
NAME OF PROVIDER OR SUPPLIER The Willows at Okemos		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 01/29/25 at 12:55 PM, Physical Therapy Director (PTD) stated R3 was a 2 person assist with walker and a gait belt, and now a mechanical lift because she is non-weight bearing on her leg. PTD V stated Occupational Therapy (OT) was working on upper body exercises, Activities of Daily Living (ADL), overall weakness, more now than before. PTD V stated Physical Therapy (PT) was working on range of motion on leg, seat to balance bed mobility, core strengthening. R3 assist with upper body dressing, upper body exercises, she does well.</p> <p>During an interview on 01/29/25 at 1:03 PM, family member P Stated R3 called her about the injury right after it happened, so she came right up. Family member P stated ED/LNA A and ADHS U came up to R3's room [ROOM NUMBER] times with her there, then again without her there. Family Member P stated they were upsetting R3 with all the questions that she had already answered. ED/LNA A and ADHS U asked R3 again what happened the day of her right leg injury, she gave the same details again, asked R3 if she was sure, it was this person or not. Family Member P stated the second time they asked the same questions and tried to turn it around. Family member P stated they didn't want to give R3 pain medications, didn't know why. R3 did have increased pain from this incident. Family member P stated R3 didn't have the pain in her right leg, that she does now.</p> <p>During an interview on 01/29/25 at 1:18 PM, CRCA O stated she had helped to take care of R3. CRCA O stated she was now a total lift, she positioned her, checked and changed her and that was it. CRCA O stated sometimes they need 3 people. CRCA O stated she helped transfer R3 once, helped CRCA N with transferring, she was 2nd person assist on 2nd shift. R3 was sleeping in her wheelchair, she was too extensive, positioned chair up to bed, helped her stand up, using the walker in front of her, waiting for her to move her feet to sit on bed, R3 was not moving just standing there. CRCA O stated she asked her to move to her bed. CRCA N was on the right side, and she was on the left side of the chair. CRCA O stated she didn't remember being told to wait a minute by R3. CRCA O was told R3 needed a pain pill. CRCA O stated that R3 told her, that she broke her leg.</p> <p>During an interview on 01/29/25 at 1:28 PM, CRCA N stated he was one of the CRCA O on the side of the chair, he was in the back. CRCA N stated R3 was a 2-person transfer, R3 was standing there, then got her to bed, then checked and changed her and got her positioned her in bed. CRCA N stated he did not recall if R3 told them to wait a minute, wait a minute.</p> <p>Record review of the FRI investigation of the incident on 11/25/2024, revealed transfer training was provided to staff through the therapy department, and a sign in sheet was provided. It revealed that abuse education had been provided, but there was not a separate sign in sheet for that training, not knowing who did or did not attend. This document was not part of the FRI- submitted to the State of Michigan.</p> <p>Writer requested the missing information at 01/29/25 at 1:45 PM, via email to Executive Director/LNA A. Missing information was later provided.</p> <p>46954</p> <p>Resident #4 (R4)</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235701	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/29/2025
NAME OF PROVIDER OR SUPPLIER The Willows at Okemos		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the medical record reflected R4 was admitted to the facility on [DATE], with diagnoses that included wedge compression fracture of first lumbar vertebra and chronic pain. The Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 12/02/2024, reflected R4 scored 14 out of 15 (cognitively intact) on the Brief Interview for Mental Status (BIMS-a cognitive screening tool).</p> <p>Review of a Progress Note dated 12/11/2024 at 2:52 PM, R4 was noted to have two upcoming appointments for R4 with a pain clinic.</p> <p>1. 1/8/25 @ 10:15 am and 2. 1/22/25 @ 10:45 am .</p> <p>Review of Progress note dated 01/08/2025 at 08:41 AM reflected Residents (R4) appointment on 1/8/25 was rescheduled for 1/13/24 with [redacted] pain clinic. Nurse was notified and there was a difficulty with transport on the 8th.</p> <p>Review of a Progress Note dated 1/09/2025 at 1:18 PM stated Cancelled residents (R4) appointment with [redacted] pain clinic on Monday, 1/13/25. The (facility) bus is being serviced and we can;t provide transport. Will reschedule when vehilce [sic] is back.</p> <p>Review of a Progress Note dated 1/21/2025 at 10:45 AM stated Residents (R4) appointment on 1/22/25 was cancelled with [redacted] pain clinic. No transportation is available due to bus in shop. Will reschedule when bus is available.</p> <p>In an interview on 01/29/25 at 11:49 AM, Life Enrichment (LE) E stated that she is the primary driver of the facility vehicle and also assists with the scheduling of appointments for residents. LE E stated for the past few months, the facility vehicle has been in the shop a lot however, more recently, the facility vehicle has been completely out of commission for about three weeks. In the meantime the facility has been encouraging families to provide transportation and/or hire outside transportation to assist with the residents getting to and from outside appointments. LE E stated that the facility had had to reschedule R4's pain clinic appointments due to the facility vehicle being out of commission, however, was unsure why an outside transportation company was not consulted to assist with transporting R4 to her appointments. LE E confirmed that the last pain clinic appointment R4 had attended was on 11/15/24.</p> <p>On 1/29/25 at 12:59 PM, R4 was observed in her room self propelling toward her dresser. When asked about the pain clinic, R4 stated that she had been attending the pain clinic for pain injections for months. R4 stated that she had a chronic back pain problem and that she doesn't like taking pills so she elected to attend the pain clinic to assist in pain relief. R4 stated that she felt that she was ready for her next injection and that her back pain was coming back because she had been requesting more of her as needed Tylenol lately. R4 stated that she felt more than ready for her next injection and was not aware of her pain clinic appointments being cancelled and rescheduled due to lack of transportation.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235701	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/29/2025
NAME OF PROVIDER OR SUPPLIER The Willows at Okemos		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0685</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assist a resident in gaining access to vision and hearing services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34705</p> <p>Based on observation, interview and record review, the facility failed to ensure timely ophthalmology services for one (Resident #49) of one reviewed for vision, resulting in lack of timely eye care services and the missed treatments.</p> <p>Findings include:</p> <p>Resident #49 (R49)</p> <p>Review of the Face Sheet and Minimum Data Set (MDS) dated [DATE], reflected R49 was a [AGE] year old male admitted to the facility on [DATE], with diagnoses that included type 2 diabetes mellitus with unspecified diabetic retinopathy, hypertension (high blood pressure), chronic kidney disease, and depression. The MDS reflected R49 had a BIM (assessment tool) score of 12 which indicated his ability to make daily decisions was moderately impaired.</p> <p>During an observation and interview on 1/27/25 at 12:33 PM, R49 was sitting at table in dining room with another resident. R49 reported appeared pleasant and able to answer questions without difficulty. R49 reported concern related to facility bus was not functioning and had missed two to three eye appointments including for eye injections in past two weeks. R49 reported was upset because eye doctor told him he could go blind if treatment plan was not completed. R49 and other resident reported facility bus had not been available for outings for months.</p> <p>During an observation and record review on 1/28/25 at 9:15 AM, Daily Chronicle was posted near main dining room and outside Nursing Home Administrator office, dated 1/28/25. The posting included activity calendar information, The OUTINGS will be announced when we have our bus back from maintenance, Thank You for your patience and support with this matter.</p> <p>Review of the facility, Daily Chronicle, dated 1/14/25 through 1/28/25, reflected, TODAY'S OUTING: Cancelled while the bus is being serviced.</p> <p>Review of R49 Nursing Progress Notes, dated 11/25/2024 at 2:37 p.m., reflected, Pt has a f/u[follow up] with a retina specialist on 12-6-24. at [named ophthalmology].</p> <p>Review of R49 Progress Notes, dated 12/23/2024, reflected, Resident has 3 upcoming Appointments with [named ophthalmology office] .</p> <ol style="list-style-type: none"> 1. 1/22/25 @ 2:25 pm p/u 1:45 pm 2. 2/26/25 @ 10:10 am p/u 9:30 am 3. 3/27.25 @ 10:10 am p/u 9:30 am <p>Review of R49 Nursing Progress Notes, dated 1/09/2025 at 1:42 PM, reflected, [Named facility] bus is not working unexpectedly , will need to set up Transportation for tomorrow's outpatient procedure .</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235701	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/29/2025
NAME OF PROVIDER OR SUPPLIER The Willows at Okemos		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0685</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Transportation options include-[five named transportation options with numbers]</p> <p>During a telephone interview on 1/29/25 at 11:15 AM, R49's ophthalmology office reported R49 last appointment was 12/23/24 with eye injections scheduled for 1/22/25 that was rescheduled to 2/13/25, then 2/26/25, and 3/27/25.</p> <p>During a telephone interview on 1/29/25 at 11:25 AM, R49's guardian office staff W reported guardian had no knowledge of R49's 12/23/24 eye appointment. Guardian office W reported last known appointment was 11/25/24. Guardian office W verified no knowledge of planned follow up appointments reported usually facility communicates with guardian office they sends representative to appointment and if not they follow up with consulting provider.</p> <p>During an interview on 1/29/25 at 11:49 AM, Activities/Transportation(AT) staff E reported was also transportation driver for facility outings on Tuesdays and Thursdays. AT E reported facility bus has been having maintenance issues since September 2024 and was no longer drivable and facility had loner vehicle that also had maintenance issues and not working for at least 3 weeks. AT E reported attempt to get families involved to transport residents and if not reschedule appointments or hire outside transportation. AT E reported R49 eye appointments have had to be rescheduled related to no transportation. AT E reported was present at R49 eye appointment on 12/23/24 and R49 received eye injection that was part of series of injections with appointments that included 1/22/25 that had to be rescheduled because of no transportation. AT E reported was unsure why outside transportation was not arranged but nursing staff was responsible for that.</p> <p>Review of the R49 Electronic Medical Record, dated 11/25/24 through 1/29/25, reflected no evidence of R49 Ophthalmology appointments consult notes for 11/15/24 or 12/23/24.</p> <p>During a telephone interview on 1/29/25 at 12:22 PM, R49's ophthalmology office staff reported R49 was seen 11/25/24 and 12/23/24 in office and 12/6/25 appointment was canceled because R49 did not have guardian or facility staff present at office with R49.</p> <p>Review of R49's Ophthalmology Consult, dated 11/25/24, reflected, The [AGE] year old patient presents for evaluation of Dm[diabetes mellitus] in the right eye and left eye .Said within the last one year vision has deteriorated a lot. Trouble with small print, recognizing people, hazy blurry vision and seeing in dim light OU[both eyes]. Diabetic since 2007 .The patient is present for evaluation of Cataracts in the right eye and left eye .Plan-Cataract OU[both eyes]- Visually significant. Pt with decreased acuity and glare, affecting activities of daily living .Pt will need to be evaluated by Retina for diabetic retinopathy and possible injections before surgery .DM/NPDR[diabetic mellitus/nonproliferative diabetic retinopathy] OU- Severe NPDR OD[right eye]/Moderate OS[left eye]. Will refer for retina consult before scheduling cataract surgery. Advised patient he may need injections. After retina consult will move forward with cataract surgery depending on treatment plan .</p> <p>Review of R49's Ophthalmology Retinal Consult, dated 12/23/24, reflected, Plan .Discussed with patient there is significant damage to the inside of the eyes from the diabetes. In order to reduce swelling and preserve vision [named physician] recommends monthly treatments with Avastin. Will plan for [NAME][intravitreal injection] OU today and 2 automatic injections at 1 month intervals. Will reevaluate plan of care in 3 months .Cataracts OU - Okay to move forward with cataract surgery as long as patient continues treatment. Patient will need injections 1-2 weeks prior to surgery .</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235701	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/29/2025
NAME OF PROVIDER OR SUPPLIER The Willows at Okemos		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0685</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 1/29/25 at 1:40 PM, Registered Nurse(RN) J reported outside consult visits process that included when residents returned from consult staff obtain consult follow up documents from resident or call office and document in progress notes. Nurse X was present during interview and reported R49 eye appointment last week was canceled related to transportation. Nurse X or RN J reported were unsure why other transportation options were not utilized.</p> <p>During an interview on 1/29/25 at 1:59 PM, Director of Nursing(DON) B reported nursing staff expected to ask residents for post consult visit notes, the nurse communicates with physician, and documents in progress notes. DON B reported nursing staff expected to follow up with Consulted Physician if residents does not provide documentation within 24 hours.</p> <p>During an interview on 1/29/25 at 2:47 PM, DON B verified no notes in EMR to reflect R49 missed appointment 1/22/25 and no visit notes in EMR for 11/25/24 or 12/23/24 and have contacted [named Ophthalmology office] for consult visit notes for recent visits.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235701	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/29/2025
NAME OF PROVIDER OR SUPPLIER The Willows at Okemos		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34705</p> <p>Based on observation, interview and record review, the facility failed to ensure appropriate storage of medications, including narcotics in 2 of 5 medication carts, resulting in the potential for misuse, and medication administration errors.</p> <p>Findings include:</p> <p>During an observation on 1/28/25 at 9:15 AM, 100 hall medication cart was unlocked with no staff present. Continued observation with two non-nurse staff members passing medication cart. Observed nurse staff exit resident room and return to medication cart and lock cart at 9:18 a.m. prior to exiting hall 100.</p> <p>Review of the 100 hall medication cart on 1/28/25 at 11:22 AM, Registered Nurse (RN) K unlocked 100 hall medication cart, revealed a unlabeled medication cup with at least 2 unidentified pills in the top drawer. RN K grabbed the cup of medications and reported was resident 11:00 am medications and needed to administer medications now, locked medication cart and entered resident room [ROOM NUMBER]. This surveyor heard RN K tell resident she had her Norco and Tramadol(Controlled narcotics). RN K returned to the medication cart and opened cart. Continued review of the cart revealed one single blister pack levoquin 250mg in top drawer with no name and one pharmacy packaged Levaquin 750mg with resident name. RN K reported was unsure why they were in top drawer and should not be. Continued review of the medication cart revealed several open eye drops with no open dates delivered in past 30 days. RN K obtained treatment ointment for another resident from treatment cart near by while surveyor continued to review medication cart and stood by this surveyor with gloves on. After cart review RN K asked if complete and left cart without locking and entered another resident room about 4-5 doors down hall at 11:39 a.m. This surveyor continued to observe 100 unlocked medication cart until RN K exited resident room, returned to medication cart and locked at 11:44 a.m.</p> <p>During an interview on 1/28/25 about 3:40 PM, DON B reported would expect medication carts to be locked if nurse steps away, and controlled drugs should be double locked. DON B reported would not expect Levaquin to be located in top draw of medication carts and each resident medications should be located in middle drawers separated by resident and labeled with resident name and medication. DON B medications should not be prepped in advance in unlabeled medication cups and stored in medication carts prior to administration because that can increase risk of medication errors. DON B reported would expect nurses to document at the time medication was administered.</p> <p>Review of the provided, Medication Storage in the Facility Policy, dated 11/18, reflected, The provider pharmacy dispenses medications in containers that meet regulatory requirements, including standards set forth by the United States Pharmacopoeia (USP). Medications are kept in these containers. Facility personnel may not transfer medications from one container to another or return partially used medications to the original container .Only licensed nurses, pharmacy personnel, and those lawfully authorized to administer medication .are permitted to access medications. Medication rooms, carts, and medication supplies are locked when not attended by persons wit authorized access .</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235701	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/29/2025
NAME OF PROVIDER OR SUPPLIER The Willows at Okemos		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>46954</p> <p>An observation on 01/28/25 11:52 AM of the [NAME] medication cart with Registered Nurse (RN) B, revealed a medication cup with 6 unidentified pills. There was a piece of paper in the cup with a possible resident name written on the paper. RN B reported the medications should not be stored in a medication cup inside the medication cart.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235701	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/29/2025
NAME OF PROVIDER OR SUPPLIER The Willows at Okemos		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34705</p> <p>Based on observation, interview and record review, the facility failed to maintain complete and accurate medical records for two (R7, R49) of 17 residents reviewed for medical records.</p> <p>Findings include:</p> <p>Resident # 7 (R7)</p> <p>Review of the Narcotic Record binder, on 1/28/25 at 11:19 a.m., located on the 100 hall medication cart, revealed, R7 had, Controlled Drug Use Record for Norco 10/325 mg 1 tablet, Xanax 0.25mg 1 tablet, and Tramadol 50mg 1/2 tablet all documented as given at 11:00 a.m.</p> <p>Review of the 100 hall medication cart and interview on 1/28/25 at 11:22 AM, Registered Nurse (RN) K unlocked 100 hall medication cart, revealed a unlabeled medication cup with at least 2 unidentified pills in the top drawer. RN K grabbed the cup of medications and reported was resident 11:00 am medications and needed to administer medications now, locked medication cart and entered R7. This surveyor heard RN K tell R7 she had her Norco and Tramadol(Controlled narcotics). RN K returned to the medication cart and opened the cart.</p> <p>During an interview on 1/28/25 about 3:40 PM, DON B reported would expect nurses to document at the time medication was administered.</p> <p>Resident #49 (R49)</p> <p>Review of the Face Sheet and Minimum Data Set (MDS) dated [DATE], reflected R49 was a [AGE] year old male admitted to the facility on [DATE], with diagnoses that included type 2 diabetes mellitus with unspecified diabetic retinopathy, hypertension (high blood pressure), chronic kidney disease, and depression. The MDS reflected R49 had a BIM (assessment tool) score of 12 which indicated his ability to make daily decisions was moderately impaired.</p> <p>During an observation and interview on 1/27/25 at 12:33 PM, R49 was sitting at table in dining room with another resident. R49 appeared pleasant and able to answer questions without difficulty. R49 reported concern related to facility bus was not functioning and had missed two to three eye appointments including for eye injections in past two weeks. R49 reported was upset because eye doctor told him he could go blind if treatment plan was not completed.</p> <p>Review of R49 Nursing Progress Notes, dated 11/25/2024 at 2:37 p.m., reflected, Pt has a f/u[follow up] with a retina specialist on 12-6-24. at [named ophthalmology].</p> <p>Review of R49 Progress Notes, dated 12/23/2024, reflected, Resident has 3 upcoming Appointments with [named ophthalmology office] .</p> <p>1. 1/22/25 @ 2:25 pm p/u 1:45 pm</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235701	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/29/2025
NAME OF PROVIDER OR SUPPLIER The Willows at Okemos		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>2. 2/26/25 @ 10:10 am p/u 9:30 am</p> <p>3. 3/27.25 @ 10:10 am p/u 9:30 am</p> <p>During a telephone interview on 1/29/25 at 11:15 AM, R49's ophthalmology office reported R49 last appointment was 12/23/24 with eye injections scheduled for 1/22/25 that was rescheduled to 2/13/25, then 2/26/25, and 3/27/25.</p> <p>During a telephone interview on 1/29/25 at 11:25 AM, R49's guardian office staff W reported guardian had no knowledge of R49's 12/23/24 eye appointment. Guardian office W reported last known appointment was 11/25/24. Guardian office W verified no knowledge of planned follow up appointments reported usually facility communicates with guardian office they sends representative to appointment and if not they follow up with consulting provider.</p> <p>During an interview on 1/29/25 at 11:49 AM, Activities/Transportation(AT) staff E reported R49 eye appointments have had to be rescheduled related to no transportation. AT E reported was present at R49 eye appointment on 12/23/24 and R49 received eye injection that was part of series of injections with appointments that included 1/22/25 that had to be rescheduled because of no transportation. AT E reported nurse were responsible for obtaining consult visit notes and if not provided on day of visit.</p> <p>Review of the R49 Electronic Medical Record, dated 11/25/24 through 1/29/25, reflected no evidence of R49 Ophthalmology appointments consult notes for 11/15/24 or 12/23/24.</p> <p>During a telephone interview on 1/29/25 at 12:22 PM, R49's ophthalmology office staff reported R49 was seen 11/25/24 and 12/23/24 in office and 12/6/25 appointment was canceled because R49 did not have guardian or facility staff present at office with R49.</p> <p>Review of R49's Ophthalmology Consult, dated 11/25/24, reflected, The [AGE] year old patient presents for evaluation of Dm[diabetes mellitus] in the right eye and left eye .Said within the last one year vision has deteriorated a lot. Trouble with small print, recognizing people, hazy blurry vision and seeing in dim light OU[both eyes]. Diabetic since 2007 .The patient is present for evaluation of Cataracts in the right eye and left eye .Plan-Cataract OU[both eyes]- Visually significant. Pt with decreased acuity and glare, affecting activities of daily living .Pt will need to be evaluated by Retina for diabetic retinopathy and possible injections before surgery .DM/NPDR[diabetic mellitus/nonproliferative diabetic retinopathy] OU- Severe NPDR OD[right eye]/Moderate OS[left eye]. Will refer for retina consult before scheduling cataract surgery. Advised patient he may need injections. After retina consult will move forward with cataract surgery depending on treatment plan .</p> <p>Review of R49's Ophthalmology Retinal Consult, dated 12/23/24, reflected, Plan .Discussed with patient there is significant damage to the inside of the eyes from the diabetes. In order to reduce swelling and preserve vision [named physician] recommends monthly treatments with Avastin. Will plan for [NAME][intravitreal injection] OU today and 2 automatic injections at 1 month intervals. Will reevaluate plan of care in 3 months .Cataracts OU - Okay to move forward with cataract surgery as long as patient continues treatment. Patient will need injections 1-2 weeks prior to surgery .</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235701	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/29/2025
NAME OF PROVIDER OR SUPPLIER The Willows at Okemos		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 1/29/25 at 1:40 PM, Registered Nurse(RN) J reported outside consult visits process that included when residents returned from consult staff obtain consult follow up documents from resident or call office and document in progress notes. Nurse X was present during interview and reported R49 eye appointment last week was canceled related to transportation.</p> <p>During an interview on 1/29/25 at 1:59 PM, Director of Nursing(DON) B reported nursing staff expected to ask residents for post consult visit notes, the nurse communicates with physician, and documents in progress notes. DON B reported nursing staff expected to follow up with Consulted Physician if residents does not provide documentation within 24 hours.</p> <p>During an interview on 1/29/25 at 2:47 PM, DON B verified no notes in EMR to reflect R49 missed appointment 1/22/25 and no visit notes in EMR for 11/25/24 or 12/23/24 and planned to contacted [named Ophthalmology office] for consult visit notes for recent visits.</p>		