

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  04/16/2026
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observations, interviews, and record reviews, the facility failed to effectively clean and maintain food service equipment affecting 67 residents who consume food, resulting in the increased likelihood for cross-contamination and bacterial harborage. Findings include: On 04/14/2026 at 8:52 A.M., An initial tour of the food service was conducted with Director of Food Services (DFS) M. The following items were noted: Dry Storage Room: The return air exhaust ventilation grill was observed heavily soiled with accumulated and encrusted dust/dirt deposits. (DFS) M indicated he would have maintenance thoroughly clean the soiled ventilation grill as soon as possible. The 2022 FDA Model Food Code section 6-501.14 states: (A) Intake and exhaust air ducts shall be cleaned and filters changed so they are not a source of contamination by dust, dirt, and other materials. (B) If vented to the outside, ventilation systems may not create a public health HAZARD or nuisance or unlawful discharge. Food splash residue was observed on the overhead light assembly and ceiling surfaces, adjacent to the equipment storage rack. (DFS) M indicated he would have maintenance staff thoroughly clean and sanitize the soiled light assembly and ceiling surfaces as soon as possible. The 2022 FDA Model Food Code section 6-501.12 states: (A) PHYSICAL FACILITIES shall be cleaned as often as necessary to keep them clean. (B) Except for cleaning that is necessary due to a spill or other accident, cleaning shall be done during periods when the least amount of FOOD is exposed such as after closing. The Pitco fryer interior and exterior surfaces were observed with accumulated and encrusted food residue. (DFS) M indicated he would have dietary staff thoroughly clean and sanitize the fryer interior and exterior surfaces as soon as possible. The South Bend convection oven interior and exterior surfaces were observed with accumulated and encrusted food residue. (DFS) M indicated he would have dietary staff thoroughly clean and sanitize the convection oven interior and exterior surfaces as soon as possible. The South Bend stove top and oven interior and exterior surfaces were observed with accumulated and encrusted food residue. (DFS) M indicated he would have dietary staff thoroughly clean and sanitize the stove top and oven interior and exterior surfaces as soon as possible. The South Bend char broiler exterior surfaces were observed with accumulated and encrusted food residue. (DFS) M indicated he would have dietary staff thoroughly clean and sanitize char broiler exterior surfaces as soon as possible. The Cleveland steamer stainless steel support table was observed with accumulated and encrusted food residue. (DFS) M indicated he would have dietary staff thoroughly clean and sanitize the steamer support table as soon as possible. The Manitowac ice machine interior white resin retention plate was observed with brown to black psychrophilic bacterial growth extending along the lower retention plate ridge. The bacterial growth measured approximately 1-inch-wide by 30-inches-long. (DFS) M indicated he would have dietary staff thoroughly clean and sanitize the ice machine basin as soon as possible. The Juice Machine under splash and drip tray assembly were observed with accumulated and encrusted food residue. (DFS) M indicated he would have dietary staff thoroughly clean and sanitize the Juice Machine under splash and drip tray assembly as soon as possible. The 2022 FDA Model Food Code section 4-601.11 states: (A) EQUIPMENT FOOD-CONTACT SURFACES and UTENSILS shall be clean to sight and touch. (B) The FOOD-CONTACT SURFACES of cooking EQUIPMENT and pans shall be kept free of encrusted grease (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
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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>deposits and other soil accumulations. (C) NonFOOD-CONTACT SURFACES of EQUIPMENT shall be kept free of an accumulation of dust, dirt, FOOD residue, and other debris. On 04/14/2026 at 3:06 P.M., A comprehensive tour of the food service was conducted with Director of Food Services (DFS) M. The following item was noted: On 04/14/2026 at 3:21 P.M., The mechanical dish machine wash temperature (130 degrees Fahrenheit) and final rinse temperature (168 degrees Fahrenheit) were observed out-of-range. The pounds-per-square inch (PSI) was also observed in range (23 PSI) during the final rinse session. (DFS) M stated: I will contact our service provider for repairs. The 2022 FDA Model Food Code section 4-501.110 states: (A) The temperature of the wash solution in spray type warewashers that use hot water to SANITIZE may not be less than: (1) For a stationary rack, single temperature machine, 74oC (165oF); (2) For a stationary rack, dual temperature machine, 66oC (150oF); (3) For a single tank, conveyor, dual temperature machine, 71oC (160oF); or (4) For a multitank, conveyor, multitemperature machine, 66oC (150oF). (B) The temperature of the wash solution in spray-type warewashers that use chemicals to SANITIZE may not be less than 49oC (120oF). The 2022 FDA Model Food Code section 4-501.112 states: (A) Except as specified in (B) of this section, in a mechanical operation, the temperature of the fresh hot water SANITIZING rinse as it enters the manifold may not be more than 90oC (194oF), or less than: (1) For a stationary rack, single temperature machine, 74oC (165oF); or (2) For all other machines, 82oC (180oF). (B) The maximum temperature specified under (A) of this section, does not apply to the high pressure and temperature systems with wand-type, hand-held, spraying devices used for the in-place cleaning and SANITIZING of EQUIPMENT such as meat saws. On 04/16/2026 at 5:00 P.M., Record review of the Policy/Procedure entitled: Dishmachine Guideline dated 4/25/13 revealed under Guideline: Dishmachines will be properly used to ensure cleaning and sanitation of dishes and utensils. Record review of the Policy/Procedure entitled: Dishmachine Guideline dated 4/25/13 further revealed under Procedure: (3) Start Up: (7) Check that temperatures are appropriate: High Temp-Wash temp should be 150 - 160 degrees Fahrenheit; Rinse temp should be 180-185 degrees Fahrenheit. Low Temp using Sanitizer - Temperatures should be between 120-150 degrees Fahrenheit. The optimal temperature for plastic ware is 140 degrees Fahrenheit. Test strips must be utilized for a low temp machine. (9) Low or abnormal temperatures will be reported to the Dining Services Manager or Manager in Charge. On 04/16/2026 at 5:15 P.M., Record review of the Policy/Procedure entitled: Dishmachine Temp/Sanitizer Guideline dated 4/25/13 revealed under Guideline: Dishmachine temperatures and sanitizer concentration will be accurately recorded to ensure proper sanitation of dishes and utensils. Record review of the Policy/Procedure entitled: Dishmachine Temp/Sanitizer Guideline dated 4/25/13 further revealed under Procedure: (1) The Dining Services Manager will post a monthly dishmachine temperature and sanitizer concentration log. (4) The Dining Services Manager will promptly address and correct any dishmachine problems to ensure proper sanitation of dishes and utensils. On 04/16/2026 at 5:30 P.M., Record review of the Policy/Procedure entitled: Grill dated (no date) revealed under Procedures: (1) Use a small amount of water (not cold) with the grill brick. (2) Scrub grill with grill brick scraping excess into drain. (3) Rinse surface clean. (4) Before next use, season the grill with a small amount of cooking oil. On 04/16/2026 at 5:45 P.M., Record review of the Policy/Procedure entitled: Oven dated (no date) revealed under Products: (3) Clean weekly of as needed. (10) Use stainless steel cleaner on the outside surfaces of the oven. (11) When glass is cool on door, clean exterior with glass cleaner. On 04/16/2026 at 06:00 P.M., Record review of the Policy/Procedure entitled: Ice Machine dated (no date) revealed under Procedures: (1) Remove ice from machine. (2) Apply descaler to surfaces. (3) Allow to work for 5-10 minutes. (4) Rinse clean with cool to warm water. (5) Sanitize inside surfaces and allow to air dry. (5) Refill with ice. (6) If desired, apply stainless steel polish to outside of ice machine.</p>		

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<p>F 0636</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assess the resident completely in a timely manner when first admitted, and then periodically, at least every 12 months.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review the facility failed to complete a comprehensive assessment timely for three Residents (#12, #58, #68) of seventeen residents reviewed for comprehensive assessments. Findings Included:</p> <p>R12:</p> <p>Review of the medical record reflected R12 admitted to the facility on [DATE], with diagnoses that included Alzheimer's and chronic obstructive pulmonary disease (COPD). The Annual Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 3/4/26, reflected R12 scored four out of 15 (severe cognitive impairment) on the Brief Interview for Mental Status (BIMS-a cognitive screening tool).</p> <p>On 04/15/2026 at 4:39 PM, R12 was observed seated in his wheelchair, in the dining room.</p> <p>As of 4/16/26, the status of R12's Annual MDS, with an ARD of 3/4/26, was Finalized. Section V (Care Area Assessment (CAA) Summary) of the MDS was signed on 4/16/26.</p> <p>In an interview on 04/16/2026 at 9:40 AM, MDS Nurse K stated Section Z of R12's Annual MDS was signed timely. According to MDS Nurse K, work was done on the CAAs on 3/18/26, but they were never completed, so the MDS was not transmitted.</p> <p>According to the Centers for Medicare &amp; Medicaid Services Long-Term Care Facility Resident Assessment Instrument 3.0 User's Manual, dated 10/2025, .required comprehensive assessments include the completion of both the MDS and the CAA process, as well as care planning. Comprehensive assessments are completed .annually .Assessment Management Requirements and Tips for Annual Assessments .The MDS completion date (item Z0500B) must be no later than 14 days after the ARD (ARD + 14 calendar days). This date may be earlier than or the same as the CAA(s) completion date, but not later than . The CAA(s) completion date (item V0200B2) must be no later than 14 days after the ARD (ARD + 14 calendar days). This date may be the same as the MDS completion date, but not earlier than .</p> <p>Resident #68 (R68)</p> <p>Review of the medical record demonstrated that R68 was admitted to the facility 02/25/2022 with diagnoses that included insomnia, left above the knee amputation, chronic kidney disease, severe protein malnutrition, type 2 diabetes, hypothyroidism (low thyroid hormone), hyperlipidemia (high fat levels in blood), urinary retention, anemia (low red blood cell count), peripheral vascular disease (PVD), gastro-esophageal reflux, and dementia. Review of the Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 01/29/2026, revealed that R68 had Brief Interview for Mental Status (BIMS) of 13 (cognitively intact) out of 15.</p> <p>Review of R68's Annual Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 01/29/2026, revealed that section V-Care Area Assessment (CAA) Summary was not completed signed by a Registered Nurse Coordinator for CAA Process and Date Signed was 02/20/2026. (continued on next page)</p>		

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<p>F 0636</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 04/16/2026 at 09:40 a.m. Minimum Data Set (MDS) Nurse explained that she was a float MDS Nurse K for the company that had ownership of the facility. MDS Nurse K explained that she had been assisting the facility because the facility MDS Coordinator was on leave. MDS Nurse K confirmed that R68's MDS, with an Assessment Reference Date (ARD) of 01/29/2026, section V-Care Area Assessment (CAA) summary was not completed signed by a Registered Nurse Coordinator for CAA Process and Date signed was 02/20/2026. MDS Nurse K explained that documented signature date of 02/20/2026 indicated that the MDS was completed late.</p> <p>Review of the clinical record revealed Resident #58 (R58) was a [AGE] year old female admitted to the facility on [DATE] with diagnoses that included obesity and anxiety. Review of the annual comprehensive Minimum Data Set (MDS) assessment with an Assessment Reference Date (ARD) of 2/13/2026 had a signed completion date of 03/01/2026.</p> <p>During an interview on 04/16/26 at 9:41 am, with MDS float Nurse K, R58's MDS was reviewed. MDS float Nurse K reported the ARD of 02/13/26 should have a signed completion date of 2/27/2026. MDS Nurse K could not speak to why the former MDS nurse did not have R58's MDS completed timely.</p>		

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<p>F 0638</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assure that each resident's assessment is updated at least once every 3 months.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility failed to complete a quarterly assessment for three Residents (#49, #51, #61) of seventeen residents reviewed for comprehensive assessments. Findings Included: Resident #49 (R49)</p> <p>Review of the medical record revealed that R49 was admitted to the facility 05/08/2019 with diagnoses that included heart failure, chronic kidney disease, type 2 diabetes, atrial fibrillation, hyperlipidemia (high fat content in blood), epilepsy (neurological disorder with seizures), chronic pain, osteoarthritis (degenerative joint disease), osteoporosis (bone weakening), obesity, and chronic obstructive pulmonary disease (COPD). Review of R49's Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 11/25/2025, revealed that R49 had a Brief Interview for Mental Status (BIMS) of 9 (moderate cognitive impairment) out of 15.</p> <p>Review of R49's medical record revealed that the last Minimum Data Set (MDS) was completed with an Assessment Reference Date (ARD) of 11/25/25.20</p> <p>During an interview on 04/16/2026 at 09:40 a.m. Minimum Data Set (MDS) Nurse K explained that she was a float MDS Nurse K for the company that had ownership of the facility. MDS Nurse K explained that she had been assisting the facility because the facility MDS Coordinator was on leave. MDS Nurse K confirmed that R49 did not have quarterly MDS completed since 11/25/2025. MRDS Nurse K explained that there was no acceptable reason that R49 had not had quarterly MDS completed since 11/25/2025.</p> <p>Resident #61 (R61)</p> <p>Review of the medical record revealed R61 was admitted to the facility 09/13/2024 with diagnoses that included peripheral vascular disease (PVD), atrial fibrillation, hypertension, osteoporosis (bone weakening), hyperlipidemia (high fat content in blood), gastro-esophageal reflux disease, depression, dysphagia (difficulty swallowing) insomnia, and above left knee amputation.</p> <p>Review of R61's medical record revealed that the last Minimum Data Set (MDS) was completed with an Assessment Reference Date (ARD) of 12/05/2025.</p> <p>During an interview on 04/16/2026 at 09:40 a.m. Minimum Data Set (MDS) Nurse K explained that R61 was a due for a quarterly MDS on 03/07/2026. MDS Nurse K confirmed that the R61's last quarterly MDS was with an Assessment Reference Date (ARD) of 12/05/2025. MDS Nurse K could not explain why a quarterly MDS for R61 was not initiated for 03/07/2025.</p> <p>Resident 51</p> <p>According to the clinical record, Resident 51 (R51) was an [AGE] year old female admitted to the facility on [DATE] with diagnosis that included</p> <p>chronic obstructive pulmonary disease. Review of R51's quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 3/06/26 had signed completion date of 4/13/26. (continued on next page)</p>		

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F 0638  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	During an interview on 04/16/26 at 9:41 am, with MDS float Nurse K, R51's MDS was reviewed. MDS float Nurse K reported the ARD of 03/06/26 should have a signed completion date of 3/20/2026. MDS Nurse K could not speak to why the former MDS nurse did not have R58's MDS completed timely.		

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview and record review, the facility failed to accurately code the Minimum Data Set (MDS) assessment for one (R12) of 17 reviewed. Findings include:Review of the medical record reflected R12 admitted to the facility on [DATE], with diagnoses that included Alzheimer's and chronic obstructive pulmonary disease (COPD). The Annual MDS, with an Assessment Reference Date (ARD) of 3/4/26, reflected R12 scored four out of 15 (severe cognitive impairment) on the Brief Interview for Mental Status (BIMS-a cognitive screening tool) and was coded as not having any applicable oral dental concerns. Broken or loosely fitting full or partial denture and no natural teeth or tooth fragment(s) (edentulous) were listed as coding options. On 04/14/2026 at 9:26 AM, R12 was observed seated in a wheelchair, in his room. R12 reported having dentures, but he had not seen them in a few months and did not know what happened to them. In an interview on 04/15/2026 at 11:40 AM, Licensed Practical Nurse (LPN) N reported R12 dropped and broke his dentures one to two months prior. In an interview on 04/16/2026 at 9:40 AM, MDS Nurse K reported that a quarterly observation and data collection, dated 2/5/26, reflected R12 had dentures. MDS Nurse K acknowledged R12's dental status was not accurately coded on the Annual MDS, with an ARD of 3/4/26.</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview and record review, the facility failed to revise the Care Plan for one (R9) of 17 reviewed. Findings include: Review of the medical record reflected R9 admitted to the facility on [DATE], with diagnoses that included hemiplegia and hemiparesis (paralysis/muscle weakness on one side of the body) following cerebral infarction (stroke), affecting the left non-dominant side. The Significant Change in Status Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 1/22/26, reflected R9 scored eight out of 15 (moderate cognitive impairment) on the Brief Interview for Mental Status (BIMS-a cognitive screening tool). On 04/14/2026 at 2:44 PM, R9 was observed lying in bed. In an interview on 04/15/2026 at 5:11 PM, Certified Nurse Aide (CNA) R reported R9 transferred via hooyer lift (mechanical lift that uses a sling to lift a person) and two-person assist. CNA R stated transfer status was included in the Care Plan. R9's Care Plan reflected an intervention, dated 11/9/21, for pivot transfers with assistance of one person. An intervention, dated 8/16/23, reflected one person assistance for stand and pivot transfers to the right side. An intervention, dated 4/12/23, reflected R9 transferred via hooyer lift and assistance of two people. A Physician Order, dated 1/23/26, reflected R9 transferred via hooyer lift with assistance of two people. In an interview on 04/16/2026 at 1:03 PM, Director of Nursing (DON) B reported R9 was downgraded to use a hooyer lift for transfers due to no longer being able to bear weight. DON B reported the transfer status on R9's Care Plan should have been updated.</p>

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<p>F 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures.</p> <p>Based on observation, interview, and record review the facility failed to implement pharmacy recommendations for one resident (#36) of five residents reviewed for pharmacy services. Findings Included: Resident #36 (R36) Review of the medical record revealed that R36 was admitted to the facility 11/04/2021 with diagnoses that included right ulna fracture, dysphagia (difficulty swallowing), depression, insomnia, anxiety, stroke, type 2 diabetes, hypertension, and pain. Review of the most recent Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 02/01/2026 revealed that R36 had a Brief Interview for Mental Status (BIMS) of 07 (severe cognitive impairment) out of 15. On 04/14/2026 at 08:57 a.m. during observation R39 was observed lying in bed. R39 was pleasant during interview and expressed no concerns. Review of R36's medical record revealed a Pharmacist Drug Regimen Review, dated 07/29/2025, which stated Resident is receiving the statin: Atrovastatin. Please consider adding a fasting lipid panel with next lab draw and annually. The same document revealed the Response to Recommendation was marked Accepted. No order or results for a fasting lipid panel was located in R36's medical record. Review of R36's medical record revealed a Pharmacist Drug Regimen Review dated 09/16/2025, which stated Resident is receiving the statin: Atorvastatin. Please consider adding a fasting lipid panel with next lab draw and annually. The same document revealed the Response to Recommendation was marked Accepted. No order or results for a fasting lipid panel was located in R36's medical record. During an interview on 04/15/2026 at 09:20 a.m. Director of Nursing (DON) B explained that a fasting lipid panel should have been completed based on the Pharmacist Drug Regimen Review recommendations which were completed 07/29/2025 and/or 09/16/2025. DON B confirmed that results of a fasting lipid panel were not present in R36's medical record and explained that she would attempt to locate the results. During an interview on 04/15/2026 at 10:07 a.m. Director of Nursing (DON) B explained that she was unable to find R36's results for a fasting lipid panel. DON B could not explain why the R36's pharmacy recommendations from 07/29/2025 and 09/16/2025 for a fasting lipid panel had not been ordered or completed.</p>		

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<p>F 0791</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide or obtain dental services for each resident.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview and record review, the facility failed to ensure a timely dental services referral for one (R54) of two reviewed. Findings include: Review of the medical record reflected R54 admitted to the facility on [DATE], with diagnoses that included hemiplegia and hemiparesis following cerebral infarction (stroke) affecting left non-dominant side and vascular dementia. The Quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 2/26/26, reflected R54 scored three out of 15 (severe cognitive impairment) on the Brief Interview for Mental Status (BIMS-a cognitive screening tool). According to the medical record, R54 had a Medicaid payer source. On 04/14/2026 at 1:36 PM, R54 was observed seated in a wheelchair, in her room. She reported she had seen the dentist for an issue with a tooth on the bottom, left side of her mouth. She reported she was supposed to do a follow-up but had not heard anything about it yet. A Dental consult for 9/12/25 reflected, .Patient complains of severe pain upon pressure from the posterior in the Lower Left as well as some in the Upper Anterior, left corner. Performed a visual oral exam. Explained to the Patient that she has a lot of fractured and hopeless teeth. Recommended that she gets all of her remaining Upper teeth and the lower fractured teeth removed by an Oral Surgeon .Patient states that she just wants to focus on the teeth causing the pain. Referred the Patient to the Oral Surgeon for removal of teeth #10, 11 and 18 . In an interview on 04/15/2026 at 11:40 AM, Licensed Practical Nurse (LPN) N the referral was never made for R54 to see the Oral Surgeon after her dental appointment on 9/12/25.</p>		