

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235714	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/18/2026
NAME OF PROVIDER OR SUPPLIER Windemere Park Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 31800 Van Dyke Avenue Warren, MI 48093	

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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>This citation pertains to Intake number 2716304. Based on interview and record review, the facility failed to provide scheduled showers for one resident (R700) of four residents reviewed for Activities of Daily Living (ADL's). Findings include: A review of a complaint allegation called into the state agency alleged, the resident isn't provided with appropriate showers since admission. On 2/18/26 at 10:25 AM, a review of R700's Electronic Health Record (EHR) documented the resident was admitted into the facility on 1/07/26 with diagnoses that included congestive heart failure and emphysema. A review of R700's shower schedule noted, Bathing: Tuesday and Friday. A review of R700's shower record for the last 30 days revealed R700 received showers or bed bath on the following days, Thursday 1/8/26; Tuesday 1/13/26; Monday 1/19/26; and 1/26/26 (missing 3 showers). On 2/18/2026 at 2:00 PM, the Nursing Home Administrator (NHA) was asked about R700's missing showers and stated they were aware of the concern and reviewed the charting for documentation of refusals. NHA confirmed there were missing shower days for R700 and provided no explanation saying, the residents are to receive their showers as scheduled. A review of the Bath, Shower and Tub policy only discussed the procedure of giving a bath.</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