

Department of Health & Human Services  
Centers for Medicare & Medicaid Services

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Form Approved OMB  
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235402	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/11/2024
NAME OF PROVIDER OR SUPPLIER  The Villa at Great Lakes Crossing		STREET ADDRESS, CITY, STATE, ZIP CODE  22811 W Seven Mile Rd Detroit, MI 48219	
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 0610  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	<p>Respond appropriately to all alleged violations.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 34208</p> <p>This citation pertains to intake #MI00148730.</p> <p>Based on observation, interview, and record review, the facility failed to thoroughly investigate an injury of unknown origin for one resident (R903) of three residents reviewed for abuse.</p> <p>Findings include:</p> <p>An anonymous complaint received by the State Agency alleged the facility improperly transferred a resident causing a broken toe.</p> <p>On 12/11/24 at 11:45 AM, R903 was observed seated in their wheelchair in the dining room on the second floor. It was observed their tongue protruded from their mouth. An interview was attempted with R903, however; they did not verbally respond to attempts at conversation.</p> <p>A review of R903's progress notes was conducted and revealed the following:</p> <p>A note entered into the record by Nurse 'D' dated 11/22/24 that read, .Activity Aide reported resident had pain in left foot upon assessment resident would not let underwriters &lt;sic&gt; touch foot with facial grimaces and moaning. Underwriter called Dr. and ordered x-ray of left foot .</p> <p>A Health Status Note entered into the record on 11/23/24 that read, Resident had Lt (left) [NAME] &lt;sic&gt; (foot) x-ray results received. Resident has Acute Second metatarsal neck fracture (2nd toe fracture) .</p> <p>Continued review of R903's record revealed they admitted to the facility on [DATE] and most recently readmitted on [DATE] with diagnoses that included: cerebral palsy, nutritional deficiency, protein calorie malnutrition, aphasia, and heart failure. R903's most recently completed Minimum Data Set assessment dated [DATE] revealed R903 had severely impaired cognition per staff assessment.</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

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F 0610  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	<p>On 12/11/24 at 1:05 PM, a review of a facility provided incident report was reviewed but did not demonstrate a thorough investigation into the fracture. The report did not contain any interviews with any staff assigned to R903's care. The report only contained a nursing description of the incident, an assessment, a statement that read, .Resident keeps legs in scissor position when up in chair, elevating Left foot higher than Right, increasing foot exposure to environments ., and a note at the bottom of the report that read, Reviewed resident's history and had discussion this date with IDT (interdisciplinary team) regarding residents friability &lt;sic&gt; due to osteoporosis and DJD (degenerative joint disease and need to prevent future injury to LE (lower extremity .</p> <p>On 12/11/24 at 2:25 PM, an interview was conducted with the facility's Director of Nursing (DON) regarding the incident report provided. They were asked if they had any additional information such as statements or interviews with caregivers for R903 on the day they experienced pain from their toe. They said they did not, they watched the surveillance video of the resident in activities and the DON said the fracture occurred, spontaneously when the activity aide placed R903's feet on the wheelchair pedals. They were asked if it was possible the fracture occurred prior to them being taken to the activity room or prior to their demonstration of pain with movement, and they had no reply.</p> <p>A review of a facility provided policy titled, Abuse, Neglect, Exploitation, Mistreatment and Misappropriation of Resident property Effective 11/28/17 was conducted and read, .It is the policy of this facility that reports of abuse (mistreatment, neglect, or abuse, including injuries of unknown source . are promptly and thoroughly investigated .</p>		

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<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>34208</p> <p>This citation pertains to intake #MI00148730</p> <p>Based on observation, interview, and record review, the facility failed to ensure the use of an appropriate wheelchair for one resident (R902) of three residents reviewed for accidents, resulting in a fractured tibia and fibula (the two long bones in the lower leg that connect the knee to the ankle).</p> <p>Findings include:</p> <p>An anonymous complaint received by the State Agency alleged R902 was not placed in an appropriate wheelchair for transport and sustained a broken tibia and fibula.</p> <p>On 12/11/24 at 9:34 AM, a power wheelchair was observed in the hallway outside R902's room. It was observed the power chair had very long and wide foot rests to prevent feet from slipping off the foot rests.</p> <p>On 12/11/24 at 9:38 AM, R902 was observed in their bed. At that time, an interview was conducted with R902 regarding an accident that occurred resulting in their broken leg bones. R902 said on the morning of 11/11/24 two Certified Nurse Aides (CNA's), CNA 'A' and CNA 'B' transferred them into a manual wheelchair so they could attend an eye appointment. R902 said they were supposed to go to their appointment in their power chair but the CNA's told them the power chair would not fit in the transport van so they were going by manual wheelchair. R902 continued to explain that while they were being pushed down the hall in the manual wheelchair by CNA 'B' their foot slipped off the foot pedal, their leg got caught under the chair as it was in forward motion and she sustained two fractures in their right leg.</p> <p>A review of a facility provided investigation into the accident was conducted and a statement from CNA 'B' read, .on nov (November) 11-2024 I (CNA 'B') assist the cna (CNA 'A') with a transfer of putting (R902) in the chair, for a DR (doctor) appt, (appointment) upon putting her in the chair her foot slid off the pedal, i &lt;sic&gt; had the cna (CNA 'A') put it back on the foot pedal, then as i &lt;sic&gt; went to push her down the hall, her foot fell off the foot pedal again, and (R902) said my feet is off the pedal its &lt;sic&gt; on the floor, and (R902) said my foot hurts, so I went and get &lt;sic&gt; the nurse to help us pull her up, and help put her foot back on the foot pedal.</p> <p>A progress note dated 11/11/24 by a physician's extender was reviewed and read, Nurse notified provider that patient has pain, warmth, swelling of section of right lower extremity. Findings are concerning .and may have had possible trauma to right lower extremity today with transfer. Patient to be sent to (Hospital Name) ER (emergency room ) for further evaluation and management.</p> <p>Review of a Health Status Note dated 11/14/24 was conducted and read, Patient was admitted from (Hospital Name). Patient has a right tibia and fibula fracture. Patient has a stabilizer and is warm to touch with swelling .</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>On 12/11/24 at 11:31 AM, an interview was conducted with Nurse 'C', R902's assigned nurse on 11/11/24. They were asked about the incident and said CNA 'B' reported to them R902's foot slipped off the wheelchair pedal. They were asked if it would be normal to report a resident's foot slipping off a wheelchair pedal and they said they thought it was kind of odd. They said they went to the resident, observed both feet on the pedals and said R902 denied pain so they were sent to their appointment. They further reported when R902 arrived back to the facility after their appointment they were complaining of pain in their right leg. They said they looked at the leg noticed it was red and swollen, and they notified the nurse practitioner.</p> <p>On 12/11/24 at 11:39 AM, an interview was conducted with CNA 'B', who was pushing R902 in the wheelchair when the incident occurred. They said they assisted CNA 'A' transfer R902 into the manual wheelchair and put their feet on the wheelchair pedals. They said R902's right foot slipped off the pedal prior to starting the transport and they put it back on the pedal. They further said the right foot slipped off the pedal a second time while they were pushing the resident down the hall. They said their leg/foot got caught under the wheelchair during the transport and R902 complained of pain in their leg so they reported it to the nurse. They were asked why R902 was using a manual wheelchair and not their power chair and they said the power chair would not fit in the transport van.</p> <p>A review of a progress note in the record dated 4/24/24 was reviewed and read, .Reason for Visit: Mobility Evaluation .She is unable to ambulate or propel with manual wheelchair due to immobility .Manual wheelchair would not be appropriate for patient due to decreased active range of motion of lower extremities. Resident does not have enough strength to propel manual wheelchair .(R902) does have physical and mental ability to operate a power wheelchair safely. A power wheelchair will significantly improve patient's life by enabling her to be out of bed and participate in social activities at facility. Also, would help make transfers to outside appointments easier for patient .</p> <p>A review of a therapy note dated 9/5/24 after a hospital stay from 8/30/24 to 9/5/24 was conducted and read, . Physician's order received for skilled physical therapy .Also recommended gerichair &lt;sic&gt; (a large, padded, reclining chair with wheels that is designed to help people with limited mobility) when out of bed properly positioned with extra pillows as needed .</p> <p>It was noted that was the last therapy recommendation prior to the R902 fracturing their leg on 11/11/24, and nothing indicated R902 would have been appropriate for either their power chair or a manual wheelchair at the time of the incident.</p> <p>On 12/11/24 at 3:50 PM, an interview was conducted with the Administrator and Director of Nursing (DON) regarding R902's accident and fractured tibia and fibula. They were asked why a manual wheelchair had been used for transport and said R902 couldn't go in their power chair because it would not fit in the transport van, and they couldn't go in a geri-chair because there was no way to safely strap a geri-chair into the van, so they were sent in a manual wheelchair. Finally, they were asked that if neither the power chair or geri-chair could be used, could R902 have gone to their appointment by a stretcher and they said they would find out, however; a reply to the question was not provided by the end of the survey.</p> <p>(continued on next page)</p>		

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F 0689  Level of Harm - Actual harm  Residents Affected - Few	A review of a facility provided policy titled WHEEL CHAIR <sic> USE AND POSITIONING dated 4/2017 was conducted and read, .All residents are assessed for mobility. To encourage a resident's independence when needed a wheel chair will be utilized as a means of mobility .Residents are assessed for the appropriate type and size of wheelchair. The assessment is updated as indicated .assist the resident to place their feet on the footrest <sic> placing legs and feet in proper alignment if possible .		

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<p>F 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate pain management for a resident who requires such services.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 34208</p> <p>This citation pertains to intake #MI00147795</p> <p>Based on observation, interview, and record review, the facility failed to appropriately assess and treat pain for one resident (R903) of three residents reviewed for pain.</p> <p>Findings include:</p> <p>On 12/11/24 at 11:45 AM, R903 was observed in their wheelchair in the activity room on the second floor, it was observed their tongue was protruding from their mouth. Conversation was attempted with R903, however; they did not engage in any type of verbal communication.</p> <p>A review of R903's clinical record was conducted and revealed they admitted to the facility on [DATE] and most recently readmitted on [DATE] with diagnoses that included: cerebral palsy, nutritional deficiency, protein calorie malnutrition, aphasia, and heart failure. R903's most recently completed Minimum Data Set assessment dated [DATE] revealed R903 had severely impaired cognition per staff assessment.</p> <p>Continued review of the record revealed a note entered into the record by Nurse 'D' dated 11/22/24 at 8:22 PM that read, .Activity Aide reported resident had pain in left foot upon assessment resident would not let underwriters &lt;sic&gt; touch foot with facial grimaces and moaning. Underwriter called Dr. and ordered x-ray of left foot .</p> <p>A Health Status Note entered into there record on 11/23/24 that read, Resident had Lt (left) [NAME] &lt;sic&gt; (foot) x-ray results received. Resident has Acute Second metatarsal neck fracture (2nd toe fracture) .</p> <p>A review of R903's documented pain assessments was conducted and revealed a numerical pain score (an assessment that rates pain verbally on a scale of zero to ten with zero being no pain and 10 being the worst pain one has experienced) of 4 on 11/22/24 at 4:04 PM, and a numerical score of 5 on 11/22/24. It was noted the scores were documented on the day it was discovered R903 had a fractured toe.</p> <p>A review of R903's physician's orders and medication administration record was conducted and revealed the first order for pain medication was dated 11/23/24 (a day after the discovery of the fracture), and no pain medication had been administered on 11/22/24.</p> <p>On 12/11/24 at 2:25 PM, an interview was conducted with the facility's Director of Nursing (DON) regarding R903's ability to cognitively and accurately participate in a numerical pain scale rating, and they indicated a numerical pain scale would not be appropriate for R903. They were then asked to provide any additional information to show R903 had been given pain medication after the discovery of their toe fracture and demonstration of facial grimaces, and, moaning referenced in Nurse 'D's progress note on 11/22/24, however; no evidence of the administration of pain medication was provided by the end of the survey.</p> <p>(continued on next page)</p>		

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F 0697  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	A review of a facility provided policy titled, Pain Management dated 11/17 was conducted and read, It is the facility practices to observe residents for pain upon admission, quarterly, with a significant change in condition that may cause an onset or increase pain and any time it is suspected a resident is in pain .The facility clinicians use standardized scales .Residents with a cognitive impairment will be evaluated for pain based on objective observations referencing the PAINAD (a tool used to assess pain in people with dementia or other cognitive impairments) scale .The physician and interdisciplinary team will establish a medication treatment regimen .Pharmacological interventions (i.e., analgesics) may be prescribed to manage pain .		