STATEMENT O	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	TIPLE CONS	TRUCTION	(X3) DA COMPI	ATE SURVEY LETED
		824350				8/3/20	23
NAME OF PRO	VIDER OR SUPPLIE	R		s	STREET ADDRESS, CITY, STATE,	ZIP CO	DE
FOUR SEASC	ONS NURSING CI	ENTER OF WESTLAND			3365 NEWBURGH RD NESTLAND, MI 48185		
(X4) ID PREFIX TAG	(EACH DEFICIEN FULL REGULAT	TEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FORY OR LSC IDENTIFYING NFORMATION)	ID PREFIX TAG	CORRE	DER'S PLAN OF CORRECTION (E ECTIVE ACTION SHOULD BE CR(ERENCED TO THE APPROPRIAT DEFICIENCY)	DSS-	(X5) COMPLETION DATE
F0000 SS=	INITIAL COMME	INTS	F0000				
33=		sing Center of Westland was obreviated survey on 8/3/23.					
	Intake: MI001379	67.					
	Census = 146						
F0600 SS= D	Freedom from Al Exploitation The free from abuse, resident property in this subpart. T limited to freedom involuntary seclu chemical restrain resident's medica The facility must- verbal, mental, s corporal punishm seclusion; This REQUIREM evidenced by: This citation pert MI00137967. Based on observ review, the facilit and R802) of two abuse who were one another but consent to sexua sexual activity. F Review of a facili updated on 5/24/	and Neglect §483.12 buse, Neglect, and resident has the right to be neglect, misappropriation of , and exploitation as defined his includes but is not n from corporal punishment, sion and any physical or it not required to treat the al symptoms. §483.12(a) • §483.12(a)(1) Not use exual, or physical abuse, nent, or involuntary IENT is not met as ains to Intake Number: vation, interview, and record y failed to ensure two (R801 o residents reviewed for known to be attracted to were not cognitively able to al activity, did not engage in indings include: ity policy titled, "Abuse", '23, revealed, in part, the ents have the right to be free	F0600	in facility incident. and revie interventi permittec what inte it. Reside placed on Element Current r the poter deficient in facility any curred identified updated · Element The facilit deemed educated consensu Element Social W audits of desires to weekly x	s #801 and #802 continue to re and show no ill-effects from all Resident #801 and #802's care wed and updated to reflect ions regarding sexual activity, v d, what should be monitored, ar inventions staff should use to pr ents #801 and #802 have been in frequent visual checks. #2 esidents residing in the facility thial to be affected by the allege practice. Current residents resi have been assessed for showi ent intimacy/sexual behaviors. I will have care plans reviewed with interventions as needed. #3 ity on Abuse has been reviewed appropriate. Facility staff has b d on Abuse to include Non- ual sexual contact of any type.	eged e plans what is id event have id ding ng fhose and d and een duct sexual (ss, ie is s will	8/23/2023
	DIRECTOR'S OR PI	I ROVIDER/SUPPLIER REPRESENT	ATIVE'S SIGNA	TURE	TITLE	(X6) DA ⁻	I TE
Electronical							/2023

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.

ND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			STRUCTION		(X3) DATE SURVEY COMPLETED	
		824350	B. WING			8/3/20	23	
IAME OF PRO	VIDER OR SUPPLIE	R			STREET ADDRESS, CITY,	STATE, ZIP CO	DE	
OUR SEASC	ONS NURSING C	ENTER OF WESTLAND			8365 NEWBURGH RD WESTLAND, MI 48185			
(X4) ID PREFIX TAG	(EACH DEFICIEN FULL REGULA	ATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY TORY OR LSC IDENTIFYING NFORMATION)	ID PREFIX TAG	CORI	IDER'S PLAN OF CORREC RECTIVE ACTION SHOULD FERENCED TO THE APPR DEFICIENCY)	BE CROSS-	(X5) COMPLETIO DATE	
	systems designed and prevent the facility's procedu- safe environmer possible, a resid relationship and protocols for pre- as how to identifi whom determinat to a sexual conta- this documentati resident's right to with another indi- the developmen- ongoing sexually relationshipSe consensual sexu- resident includin touch especially The facility's pro- Establishing a sa- to the extent pos- consensual sexu- establishing poli- preventing sexual identify the wher determinations of sexual contact w documentation v resident's right to with another indi- the developmen- ongoing sexually policy titled, "De- Policy" was prov- did not addressa' facility assessed	evention consists of facility ad to detect, identify, correct, occurrence of abuseThe irres include: Establishing a at that support, to the extent ent's consensual sexual by establishing policies and venting sexual abuse, such y the when, how, and by titions of capacity to consent act will be made and where on will be recorded; and the o establish a relationship vidual, which may include t of or the presence of an v intimate xual AbuseNon- ual contact of any type with a g but not limited to unwanted breasts or perineal area" asked to provide the policy "Abuse" policy that read, ocedures include: afe environment that support, ssible, a resident's ual relationship and by cies and protocols for al abuse, such as how to n, how, and by whom of capacity to consent to a vill be made and where this vill be recorded; and the o establish a relationship vidual, which may include t of or the presence of an v intimate relationship. A cision Making Capacity ided, however, that policy specifics about how the for or handled consent and e decisions related to sexual		commit recomm	of audits will be provided tee for review and further nendations. ministrator is responsible ince.	r		

r		i				-	
STATEMENT O	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF A. BUILDING	PLE CON G		(X3) D/ COMP	ATE SURVEY LETED
		824350	B. WING _			8/3/20	23
NAME OF PRO	VIDER OR SUPPLIE	R			STREET ADDRESS, CITY, STATE,	ZIP CO	DE
FOUR SEASC	ONS NURSING CE	ENTER OF WESTLAND			8365 NEWBURGH RD WESTLAND, MI 48185		
(X4) ID PREFIX TAG	(EACH DEFICIEN FULL REGULAT	TEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY TORY OR LSC IDENTIFYING NFORMATION)	ID PREFIX TAG	COR	IIDER'S PLAN OF CORRECTION (E RECTIVE ACTION SHOULD BE CRI FERENCED TO THE APPROPRIAT DEFICIENCY)	OSS-	(X5) COMPLETION DATE
	activity.						
	Agency revealed found outside on engaging in sexu further alleged th consent to the se	plaint submitted to the State an allegation that R801 was the patio with R802 ial activity. The complaint iat R801 was not able to exual activity.					
	sitting on the side pleasantly confus safe in the facility time. When aske feel uncomfortab respond. R801 re go outside as lon out there. R801 r go outside with th	e of her bed. R801 appeared sed. When asked if she felt y, R801 reported she fell one d if anyone ever made her le or unsafe, R801 did not eported she was allowed to og as there were two people eported staff did not have to ne residents. R801 reported n the facility, but did not give					
	self propelling in facility. R802 was asked how he wa	54 AM, R802 was observed a wheelchair around the s holding a football. When as doing, R802 reported he od day and stated, "I never					
	R801						
	R801 was admitt with a diagnosis Review of a Minin assessment date had moderately i behaviors, and w independently.	s clinical record revealed ed into the facility on 5/5/21 of Alzheimer's Disease. mum Data Set (MDS) ed 5/12/23 revealed R801 mpaired cognition, no vas able to walk					
	the following:						

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 824350		Á. BUILDING	G	STRUCTION	COM	DATE SURVEY PLETED
		824350	B. WING			8/3/2	023
NAME OF PROV	/IDER OR SUPPLIE	ER			STREET ADDRESS, CITY, ST	ATE, ZIP CO	DDE
FOUR SEASO	INS NURSING C	ENTER OF WESTLAND			8365 NEWBURGH RD WESTLAND, MI 48185		
(X4) ID PREFIX TAG	(EACH DEFICIEN FULL REGULA	ATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY TORY OR LSC IDENTIFYING NFORMATION)	ID PREFIX TAG	COR	IDER'S PLAN OF CORRECTION RECTIVE ACTION SHOULD BE FERENCED TO THE APPROF DEFICIENCY)	E CROSS-	(X5) COMPLETIO DATE
	that documented contacted daugh public display of between (R801) before (kiss). Da protocol and whi- especially with (I concerns. Socia (R801) and other monitored to ma escalate." A "Social Work" documented, "So daughter in rey affection betwee Social worker act was being transf care unit) for sep Daughter was co expressed that so potentially be fru- weekend due to male resident. S staff will monitor adding to be see in the next hand A "Psychiatry" n documented, "A Alzheimer's dise reportedly been affection with ma was recently tratuint"	progress note dated 4/26/23 d, "Social worker had ther of (R801) to speak of the affection that occurred and male resident the night aughter questioned on at steps are being taken R801) having some memory I worker indicated that rr resident would be closely ke sure that things do not progress note dated 5/19/23 ocial worker had contacted gards to public display of en (R801) and male resident. Imitted that male resident ferred to Autumn Unit (locked baration of the two residents. ontent with this however she believes that (R801) will ustrated and agitated over the not being able to see the locial worker indicated that (R801) with her being en by psych and psychologist ful of days." ote dated 5/20/23 dmitting dx (diagnosis): wase with early onset. Pt has showing public displays of ale resident. Male resident nesferred to Autumn locked					

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	À. BUILDIN	G	ISTRUCTION	ĊOMF	ATE SURVEY
		824350	B. WING _			_ 8/3/20)23
NAME OF PRC	VIDER OR SUPPLIE	R			STREET ADDRESS, CITY, S	TATE, ZIP CC	DDE
FOUR SEAS	ONS NURSING C	ENTER OF WESTLAND			8365 NEWBURGH RD WESTLAND, MI 48185		
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	medication regul her to take her n private. She say he was her boyft took him in was money. She say says she thinks feeling as hungr they took her bo was a very funny know how to exp kissing her on th doesn't know if h unhappy after he together all the t because he didn doesn't want to r up here. She say because she do do, she has no c A "Social Work" documented, "C today with IDT (i family (daughter conversation inc relationship with display of affecti Both of the daug parties are equa and the mental s when separated that they are cor and potential risk hope things will (R801) and male administrator tha checks the next the appropriaten for above conve	e hasn't been taking her arly, it is very difficult to get hedication. She is seen in s that she feels bad because tiend. She thinks the girl that trying to marry him for his s she is sleeping ok. She ost some weight, she isn't y. She says she is upset that yfriend away. She says he y guy, she says she doesn't blain it, but he was always e head. She says they were ime. She would rub his head 't have hair. She says she nove on, there are no men ys she just walks around esn't have anything else to one to talk to." progress note dated 6/27/23 are conference took place net disciplinary) team and s-by phone). Part of the luded the topic of the male resident and the public on that has taken place. hters realize that both Ily seeking each other out adness that comes into play . Daughters both verbalized tent with the hand holding < of kissing however they not go further between e resident. It was reported by at they will be on visual several days to make sure of ess between them. Present rsation include unit (Director of Nursing),					

STATEMENT O AND PLAN OF	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	A (X2) MULTIF A. BUILDING		ISTRUCTION		ATE SURVEY LETED
		824350	B. WING _			8/3/20	23
NAME OF PRO	VIDER OR SUPPLIE	R			STREET ADDRESS, CITY, STAT	E, ZIP CO	DE
FOUR SEASC	ONS NURSING CI	ENTER OF WESTLAND			8365 NEWBURGH RD WESTLAND, MI 48185		
(X4) ID PREFIX TAG	(EACH DEFICIEN FULL REGULA	TEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY TORY OR LSC IDENTIFYING NFORMATION)	ID PREFIX TAG	COR	/IDER'S PLAN OF CORRECTION (RECTIVE ACTION SHOULD BE CI FERENCED TO THE APPROPRIA DEFICIENCY)	ROSS-	(X5) COMPLETION DATE
	administrator and	d this social worker."					
	R802						
	R802 was admitt 7/29/22 with a di of a MDS assess R802 had moder was independen using a wheelcha Review of R802' the following: A "Social Work" documented, "So spouse of (R802 display of affection (R802) and fema (kiss). Spouse di this time of the s of (R802). Social (R802) and othe	s clinical record revealed ted into the facility on agnosis of dementia. Review sment dated 5/5/23 revealed rately impaired cognition and t for locomotion on the unit air. s progress notes revealed note dated 4/26/23 ocial worker had contacted) to speak of the public on that occurred between ale resident the night before id not seem concerned at ituation due to the dementia I worker indicated that r resident would be closely ke sure that things do not					
	5/15/23 document follow-up on mult dementia is caus Social work is dis family. Pt appear contracted with p states he is frust be at home." A "Physician Tea 5/19/23 document wandering, social family and move	am - Progress Note" dated nted, "Pt (patient) seen to tiple medical issues. Pt's sing issues on the unit. scussing room move with rs calm and verbally provider not to elope. He rated at times no <sic> not am - Progress Note" dated nted, "Pt seen for increased al worker will speak with patient to locked unit. This the progression of dementia</sic>					

STATEMENT O AND PLAN OF (F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLI/ IDENTIFICATION NUMBER:	A (X2) MULTIF A. BUILDING	PLE CON G	ISTRUCTION		ATE SURVEY LETED
		824350	B. WING _			8/3/20	23
NAME OF PRO	VIDER OR SUPPLIE	R			STREET ADDRESS, CITY, STATE	, ZIP CO	DE
FOUR SEASC	ONS NURSING CE	ENTER OF WESTLAND			8365 NEWBURGH RD WESTLAND, MI 48185		
(X4) ID PREFIX TAG	(EACH DEFICIEN FULL REGULAT	TEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY TORY OR LSC IDENTIFYING IFORMATION)	ID PREFIX TAG	COR	IDER'S PLAN OF CORRECTION (I RECTIVE ACTION SHOULD BE CR FERENCED TO THE APPROPRIA DEFICIENCY)	OSS-	(X5) COMPLETION DATE
	disease progress	s. Pt is medically stable."					
	A "Social Work" documented, "So (R802) in regard: leave facility. Du leaving the facilit going to the Autu for safety issues. contacted the sp hesitant however of safety concerr A "Psychiatry" pr documented, "St other females for to Autumn, deme higher libido and Patient is alert w historian due to o upset because h play footballHe lay in bed." A "Physician Tea 6/2/23 document depressed about states his wife is dementia"	progress note dated 5/19/23 bocial worker spoke with s to (R802) threatening to e to cognition and threats of y, discussion was had of umn unit for the time being Social worker had ouse who was initially a little r understood the reasoning					
	with patients wife change. He still h worried about hir him to stay in the because he likes sitting in his whe says he wants to without helphe	ashe hasn't noticed much has a high sex drive. She is n because she doesn't want lock down unit long to socialize. He is seen elchair holding a football. He go outside, but he can't says he just wants to be e and get some sunlight."					

STATEMENT O AND PLAN OF (F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CON G	STRUCTION		ATE SURVEY PLETED	
		824350	B. WING				8/3/2023	
AME OF PRO	/IDER OR SUPPLIE	R			STREET ADDRESS, CITY, ST	ATE, ZIP CC	DE	
OUR SEASC	ENTER OF WESTLAND			8365 NEWBURGH RD WESTLAND, MI 48185				
(X4) ID PREFIX TAG	(EACH DEFICIEN FULL REGULA	TEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FORY OR LSC IDENTIFYING NFORMATION)	ID PREFIX TAG	COR	IDER'S PLAN OF CORRECTION RECTIVE ACTION SHOULD BE FERENCED TO THE APPROF DEFICIENCY)	E CROSS-	(X5) COMPLETIO DATE	
	6/23/23 documer on inappropriate locked unit and f aware, not conce hypersexual beh A "Social Work" documented, "Ca today with IDT te by phone. Part of the topic of the re- resident and the that has taken pl she is ultimately and kissing that and the female re- content with any holding and kissi was provided that female resident of and the mental s when separated, administrator that checks the next the appropriaten for above conver- managers, DON social worker."	am - Progress Note" dated htted, "Pt seen to follow-up behaviors. Pt is no longer in ollowed by psych. Spouse is ernedPsych is following for aviors" progress note dated 6/27/23 are conference took place eam and spouse of (R802), f the conversation included elationship with female public display of affection ace. Spouse admitted that content with hand holding may occur between (R802) esident. Spouse is not thing beyond the hand ing at this time. Education at both (R802) and the equally seek each other out adness that comes into play It was reported by it they will be on visual several days to make sure of ess between themPresent rsation include unit , administrator and this s Physicians Orders er for "Frequent visual						
	checks every ho behavior and wh of 6/21/23 and a	ur for 7 days Monitor ereabouts" with a start date n end date of 6/28/23.						
	and any investig facility for R802	10 AM, all incident reports ations conducted by the between April 2023 and the requested from the						

STATEMENT OF DEFINAND PLAN OF CORRE		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			ISTRUCTION		DATE SURVEY PLETED
		824350	B. WING			8/3/2023	
NAME OF PROVIDER	OR SUPPLIE	R			STREET ADDRESS, CITY,	STATE, ZIP CO	DDE
FOUR SEASONS N	ENTER OF WESTLAND			8365 NEWBURGH RD WESTLAND, MI 48185			
PRÉFIX (EAC	CH DEFICIEN	ATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY TORY OR LSC IDENTIFYING NFORMATION)	ID PREFIX TAG	COR	IDER'S PLAN OF CORRECT RECTIVE ACTION SHOULD FERENCED TO THE APPRO DEFICIENCY)	BE CROSS-	(X5) COMPLETION DATE
condi Wher whetl decis deem his w queri she v SW 'I incon decis docuu 4/29/ displa SW 'I R801 of aff it was queri locke had a threa the d that r inforr the lo residu respo "hand there and F SW 'I hand 'E' was sexua betwo hand a bow	ucted with \$ in queried al her he was ions, SW 'E hed incomp ife was his ed about R vas able to E' reported npetent and ion maker. mentation ii 23 that note ay of affecti E' identified . When que ection was, s hand hold ed about w d unit on 5/ a dementia ts of exit se occumentati noted R801 med the "ma ocked unit ir ents", SW 'E d holding". \ was a care R802's lega E' reported holding an as asked if al activity, a holding an een R801 a holding an e.	28 AM, an interview was Social Worker (SW) 'E'. bout R802's cognition and able to make his own E' reported R802 was etent to make decisions and legal decision maker. When 801's cognition and whether make her own decisions, R801 was deemed I her daughter was her legal When queried about the n R802's clinical record on ed there was a "public on with a female resident", the female resident as eried about what the display SW 'E' reported she thought ing and kissing. When hy R802 was moved to a '19/23, SW 'E' reported R802 diagnosis and was making eking. When queried about on in R801's clinical record 's daughter was called and ale resident was moving to n order to separate E' did not offer a clear E' reported it was due to When queried about why e conference held with R801 I representatives on 6/27/23, it was to get consent for d "no more than kissing". SW she as aware of any other illeged or witnessed, nd R802 and reported only d kissing as mentioned					

STATEMENT OF DEFIC		(X1) PROVIDER/SUPPLIER/CLI IDENTIFICATION NUMBER:	IA	(X2) MULTIF A. BUILDING	PLE CON	STRUCTION	(X3) DA COMPI	ATE SURVEY LETED
		824350		B. WING _			8/3/20	23
NAME OF PROVIDER (OR SUPPLIE	R				STREET ADDRESS, CITY, STATE,	ZIP CO	DE
FOUR SEASONS NU	JRSING CE	ENTER OF WESTLAND				8365 NEWBURGH RD WESTLAND, MI 48185		
PRÉFIX (EAC	H DEFICIEN	TEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY 'ORY OR LSC IDENTIFYING IFORMATION)		ID PREFIX TAG	COR	IDER'S PLAN OF CORRECTION (E RECTIVE ACTION SHOULD BE CR FERENCED TO THE APPROPRIAT DEFICIENCY)	DSS-	(X5) COMPLETION DATE
more during activiti (sexu. explai it. On 8/ follow incide invest 5/19/2 reque Revie revea On 5/ were (dining hands (R802 (guard kiddin worke leave (R802 (guard kiddin worke leave A sec follow	incident tha g the facility ites staff "th al between ined the fac 3/23 at 11:4 red up and 1 ent reports f tigations co 23 and 6/22 ested at that wo of the invite and go hor 2) became v s ok with m 2) became v s ok with m 2) was furth dian) of (R8 ig he then s er (SW 'E') t and go hor 2) (guardiar by dath the facility" ond investig ing: /22/23 at al ty Director (min (Admin ix, 4:10pm,	vestigation files provided						

	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF A. BUILDING	PLE CON G	ISTRUCTION		ATE SURVEY PLETED
		824350	B. WING _	8/3/20	8/3/2023		
AME OF PRO	VIDER OR SUPPLIE	ER			STREET ADDRESS, CITY, S	STATE, ZIP CC	DE
OUR SEASC	ENTER OF WESTLAND			8365 NEWBURGH RD WESTLAND, MI 48185			
(X4) ID PREFIX TAG	(EACH DEFICIEN FULL REGULA	ATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY TORY OR LSC IDENTIFYING NFORMATION)	ID PREFIX TAG	COR	IDER'S PLAN OF CORRECT RECTIVE ACTION SHOULD I FERENCED TO THE APPRO DEFICIENCY)	BE CROSS-	(X5) COMPLETIC DATE
	outside the wind each other (on ta immediately wer while (AD 'A') go well. Resident be became upset w come inside by (residents did ret incident. Both re anything wrong ' holding hands w administrator on and said they we each other's com staff being on pa investigation of a completed. After and interviewing determined that between the two at their own will having a conver- forced by the oth affection and con otherSocial W. Conference with (separately) to d wanting to show by kissing and P affection). Resid the kissing even offered."	ed (R802) and (R801) sitting ow kissing and touching op of clothing). They at outside with residents it (Nurse 'D') to go to patio as oth denied touching and hen they were asked to Nurse 'D'), however both urn back inside without sidents denied doing with kissing each other and hen interviewed by 6/22/23 at approx. 4:45pm are just talking and enjoying mpany when observed by tio kissingThorough alleged incident has been reviewing camera footage all parties, it was no type of abuse occurred residents who were kissing and holding hands while sation, neither reported being her and both were showing mpassion towards each ork to set up Care IDT and both Guardians iscuss situation of residents affection towards each other DA (public displays of ents GA's were notified of t and conferences will be the form documented AS 'B', he 'D' as witnesses to the 07 PM, an interview was AS 'C'. When queried about with R801 and R802 on eported she was in the					

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA ND PLAN OF CORRECTION IDENTIFICATION NUMBER: 824350 IAME OF PROVIDER OR SUPPLIER OUR SEASONS NURSING CENTER OF WESTLAND (X4) ID SUMMARY STATEMENT OF DEFICIENCIES		À. BUILDIN	G	STRUCTION	ĊOMF	(X3) DATE SURVEY COMPLETED 8/3/2023	
					STREET ADDRESS, CITY, S 8365 NEWBURGH RD WESTLAND, MI 48185	TATE, ZIP CC	DDE	
PRÉFIX (E	EACH DEFICIEN FULL REGULA	TEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY IORY OR LSC IDENTIFYING NFORMATION)	ID PREFIX TAG	COR	IDER'S PLAN OF CORRECTI RECTIVE ACTION SHOULD B FERENCED TO THE APPROI DEFICIENCY)	E CROSS-	(X5) COMPLETIO DATE	
res R& Se ho 'C' that stur se co go R& fro wf res qu int su rep on to ha Or wa av su Or c (R) (R) (R) (R) (R) (R) (R) (R) (R) (R)	sidents can sit 301 was seated ated in a wheet lated in a wheet explained at sit accorner of the bod up and foll ther explained e the residents worker) went of ing on. AS 'C' 302's lap and F m R801's gen hat they were of sident denied of eried about will erventions in p pervision of R borted we wen them for that be "kissy and ve seen them a 8/3/23 at 122: as attempted we ailable for inter rvey. A 8/3/23 at 1:00 nducted with A bat happened of d R802, AD 'A o the activities tivities staff we tio to try to se hen queried al parate the res id "It appeared 801's) vagina	butside patio where outside. AS 'C' reported d on a bench and R802 was elchair next to the bench, times, and they kissed. AS some point, R802 wheeled to patio out of view and R801 owed to the corner. AS 'C' I that when they could not s, they (AS 'C' and a butside to see what was observed R801's leg up on R802 moved his hand away ital area when we asked doing. AS 'C' reported neither doing anything. When nether there were any blace at that time for 801 and R802, AS 'C' e supposed to keep on eye reason. They were allowed hold hands" but "people do more than that". 36 PM, a phone interview vith AS 'B'. AS 'B' was not rview prior to the end of the A PM, an interview was AD 'A'. When queried about on 6/22/23 between R801 c' reported she was walking room with Nurse 'D' and the parate R801 and R802. bout why they were trying to idents, AD 'A' reported they f like (R802) was touching and (R801's) leg was 'A' reported she notified the						

TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/C ND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CON G	ISTRUCTION		(X3) DATE SURVEY COMPLETED 8/3/2023	
		824350	B. WING _		_ 8/3/20			
AME OF PRO	VIDER OR SUPPLIE	ER			STREET ADDRESS, CITY, S	STATE, ZIP CC	DDE	
OUR SEASONS NURSING CENTER OF WESTLAND					8365 NEWBURGH RD WESTLAND, MI 48185			
(X4) ID PREFIX TAG	(EACH DEFICIEN FULL REGULA	ATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY TORY OR LSC IDENTIFYING NFORMATION)	ID PREFIX TAG	COR	IDER'S PLAN OF CORRECT RECTIVE ACTION SHOULD I FERENCED TO THE APPRO DEFICIENCY)	BE CROSS-	(X5) COMPLETIO DATE	
	statements that Administrator. W known sexual be AD 'A' reported that been seen H and something t sexual comment other residents a separated and re On 8/3/23 at 1:2 conducted with I about what happ on 6/22/23, Nurs the activities root activities aides s out there!!". Nurs remember exact thought they we When Nurse 'D' were separated but R802's "pant explained she w 6/22/23. When c place for superv if he was permitt unsupervised by that the door to 1 unless it was nig weather. Accord can open the do patio which was outside of the pa last time Nurse ' Nurse 'D' explain activity and she on the patio, but checks at that tin want him being i 'D' reported she	d had the staff write were turned into the /hen queried about any ehaviors by either resident, hey were always together, dissing and holding hands, hey made inappropriate s to each other in front of and would have to be emoved from the activity. 5 PM, an interview was Nurse 'D'. When queried bened with R801 and R802 de 'D' reported she came to m to buy a snack and the aid, "(R802) and (R801) are se 'D' reported she did not ly what they said, but re engaged in sexual activity. went outside, the residents and not touching each other, is were unbuckled." Nurse 'D' as R802's assigned nurse on ueried about what was in ision of R802 on 6/22/23 and ed to go to the patio 'staff, Nurse 'D' explained he patio remained unlocked ht time or there was extreme ing to Nurse 'D', residents or and go outside on the fenced in with no access tio. When queried about the D' saw R802 had been in an was unaware he was outside that he was on "15 minute me" because "his wife didn't ntimate with (R801)". Nurse wrote a handwritten 'as turned into the						

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 824350	À. BUILDIN	G	ISTRUCTION	(X3) DATE SURVEY COMPLETED _ 8/3/2023	
IAME OF PRO	ENTER OF WESTLAND			STREET ADDRESS, CITY, STA 8365 NEWBURGH RD WESTLAND, MI 48185	ATE, ZIP CC	DDE	
(X4) ID PREFIX TAG	(EACH DEFICIEN FULL REGULA	ATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY TORY OR LSC IDENTIFYING NFORMATION)	ID PREFIX TAG	COR	I VIDER'S PLAN OF CORRECTIO RECTIVE ACTION SHOULD BE FERENCED TO THE APPROP DEFICIENCY)	CROSS-	(X5) COMPLETIO DATE
	patio on 6/22/23 Administrator. The recording of the taken with the A- therefore there w was unable to be video footage re bench on the pa wheelchair. They conversation wit At one point, R8 the corner of the camera. Due to the was recorded wit the time is not vi R801 stood up a of the patio out of not visible). Sho out of view, staff was not included investigation) wh come outside, the were observed of R801 and R802 camera). On 8/3/23 at 2:2 conducted with the the facility's Abu queried about how whether a reside give consent to so Administrator rep BIMS, talked with representatives. whether there we conducted by the	6 PM, video footage of the was reviewed with the he video reviewed was a screen of the video footage dministrator's cell phone and were parts where the time a viewed. Review of the vealed R801 seated on a tio and R802 was seated in a y appeared to be having a h occasional hand holding. 02 was observed to wheel to patio out of view of the the way the video footage th the Administrator's phone, sible on the recording. Then, ind walked over to the corner of view of the camera (time rtly after the residents were identified as AS 'G' (who d in the facility's documented to was the first person to the AS 'C', and Nurse 'D' putside moving toward where were (not visible on the 7 PM, an interview was he Administrator, who was se Coordinator. When the facility determined ent had the cognitive ability to sexual contact, the ported they looked at their h the physician and talked to the residents' legal When queried about as a formal assessment e facility to determine ent to sexual contact, the					

AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			ISTRUCTION		(X3) DATE SURVEY COMPLETED 8/3/2023	
		824350	B. WING _		8/3/2			
NAME OF PRO	VIDER OR SUPPLIE	ER			STREET ADDRESS, CITY,	STATE, ZIP CO	DDE	
FOUR SEAS	ONS NURSING C	ENTER OF WESTLAND			8365 NEWBURGH RD WESTLAND, MI 48185			
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	have one. When that were impler contact did not of R801 beyond ha (documented as resident's legal r Administrator rej the locked unit of exit seeking afte separate him fro about what was moved from the unlocked section Administrator rej At that time, the The DON report hourly checks fro When queried al were for, the DC R802 and R801' and they were n When queried al adequate supen were found outs contact, the DOI When queried al provided for the reported the pati the hours of 10:0 queried about th and R802's lega regards to makin sexual activities, sure. The Admin appear to be up conference. Bott make sure that i hand holding or whether R801 an representatives	ported the facility did not a queried about interventions nented to ensure sexual occur between R802 and and holding and kissing acceptable gestures by both representatives), the ported R802 was moved to on 5/19/23 because he was ir the facility attempted to om R801. When queried in place after R802 was locked unit back into the n of the facility, the ported the DON might know. DON joined the interview. ed R802 was placed on om 6/21/23 for seven days. bout what the hourly checks IN explained to make sure is whereabouts were known ot in any closed off areas. bout whether that was vision when R801 and R802 ide engaging in sexual N did not offer a response. bout the supervision patio area, the Administrator io is open to anyone between D0 AM and dusk. When e scope of authority R801 I representatives have in ng decisions about their , the Administrator was not histrator reported they did not set during the care h representatives wanted to t did not go any further than kissing. When queried about nd R802's legal were notified about what was 'C' and AS 'B', the						

	ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/ D PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTI A. BUILDIN	PLE CON G	ISTRUCTION		ATE SURVEY PLETED
		824350	B. WING _			8/3/2	023
AME OF PRO	VIDER OR SUPPLIE	R			STREET ADDRESS, CITY, ST	TATE, ZIP CO	DDE
OUR SEAS	ENTER OF WESTLAND			8365 NEWBURGH RD WESTLAND, MI 48185			
(X4) ID PREFIX TAG	(EACH DEFICIEN FULL REGULA	TEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FORY OR LSC IDENTIFYING NFORMATION)	ID PREFIX TAG	COR	IDER'S PLAN OF CORRECTION RECTIVE ACTION SHOULD BI FERENCED TO THE APPROF DEFICIENCY)	E CROSS-	(X5) COMPLETIO DATE
	anything actually investigation. Wh planned intervent to prevent sexual between two res- consent to it and did not consent t and kissing, the nothing specific it them. On 8/3/23 at 3:11 conducted with <i>A</i> what happened v 6/22/23, AS 'G' r to the corner of t longer be viewed ran outside to se 'G' observed R80 and R802 was to legs. AS 'G' said touching R801 ir asked why they v and R801 went of stated, "They are that. They do like can't do that." As and R801 were to approached and AS 'G' reported to and she wrote a activities room d Administrator. Further review of revealed the follow An "Incompetence psychologist on 0 7/18/23 that read	borted that she did not think happened based on her hen queried about what care tions were currently in place l activity from occurring idents who were unable to whose legal representative o further than hand holding DON reported there was n place, just to monitor 7 PM, an interview was NS 'G'. When queried about with R801 and R802 on eported the residents moved he patio where they could no I so AS 'G' and other staff e what they were doing. AS 01 with her leg up on R802 vuching R801 between her it appeared R802 was uside of her pants. When were concerned when R802 but of view of the staff, AS 'G' e not supposed to do all of e to kiss and stuff, but they S 'G' explained that R802 not "shocked" when were "not in a hurry" to stop. he residents were separated statement and left it on the esk to be given to the I R801's clinical record owing: cy Form" signed by a 6/30/23 and a physician on d, "(R801) is not competent derstand Resident Rights or					

		i					
STATEMENT O	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A (X2) MULTIF A. BUILDING	PLE CON G			ATE SURVEY LETED
		824350	B. WING _			8/3/20	23
	VIDER OR SUPPLIE				STREET ADDRESS, CITY, ST		
						ATE, ZIP CO	DE
FOUR SEASONS NURSING CENTER OF WESTLAND					8365 NEWBURGH RD WESTLAND, MI 48185		
(X4) ID PREFIX TAG	(EACH DEFICIEN FULL REGULAT	TEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FORY OR LSC IDENTIFYING NFORMATION)	ID PREFIX TAG	COR	IDER'S PLAN OF CORRECTIO RECTIVE ACTION SHOULD BE FERENCED TO THE APPROP DEFICIENCY)	E CROSS-	(X5) COMPLETION DATE
		e decisions. This is gnosis of Alzheimer's					
	Review of R801's following:	s care plans revealed the					
	"Alteration in cog processes 2' (see Alzheimer's Dise redirection at tim cognitive fluctuat term memory) ar memory). She is known, conversa	ted on 5/11/21 that read, inition and thought condary) to Dx of aserequirescues and es. She presents with ion and impaired LTM (long nd impaired STM (short term able to make basic needs tion is nonsensical at times. childrens names upon admis					
	"She also has affection towards There were no sp	ted on 8/11/21 that read, shown public display of s male peer of this facility" pecific interventions that ublic display of affection eer.					
	"4/26/(23) publ male res (resider additional interve that addressed th	ted on 8/12/22 that read, ic display of affection with nt)" There were no entions added after 8/12/22 ne public display of the male resident.					
	contact was acce sexual contact w R801 was able to	are plans to address what eptable for R801, what as not permitted, whether o consent to sexual contact, ntions were in place to avior.					
	Further review of	f R802's clinical record					

r						-	
STATEMENT C AND PLAN OF	F DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A (X2) MULTIF A. BUILDING	PLE CON G		(X3) D/ COMP	ATE SURVEY LETED
		824350	B. WING _			8/3/20	23
NAME OF PRO	VIDER OR SUPPLIE	R	·		STREET ADDRESS, CITY, STATE	ZIP CO	DE
FOUR SEASONS NURSING CENTER OF WESTLAND					8365 NEWBURGH RD WESTLAND, MI 48185		
(X4) ID PREFIX TAG	(EACH DEFICIEN FULL REGULAT	TEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY ORY OR LSC IDENTIFYING IFORMATION)	ID PREFIX TAG	COR	IDER'S PLAN OF CORRECTION (E RECTIVE ACTION SHOULD BE CR FERENCED TO THE APPROPRIAT DEFICIENCY)	OSS-	(X5) COMPLETION DATE
	revealed the follo	wing:					
	psychologist and read, "(R802) is r understand Resid	by Form" signed by a physician on 6/30/23 that not competent at this time to dent Rights or make health his is secondary to nentia".					
	Review of R802's following:	s care plans revealed the					
	"(R802) exhibits a cognitionaeb (a (alert and oriente noted confusion t term memory los	as evidenced by) A&Ox1-2 d to person and place), to time and situation w/ short s and mod. (moderately) n making skills requiring					
	"(R802) is exhibit MOODpublic di another peer fem intervention was "Set boundaries a behaviors are no (It should be note	ted on 5/2/23 that read, ing Alt. in BEHAVIORS & isplay of affection towards ale of kissing" An initiated on 5/2/23 that read, and limits with res. that t appropriate and to 'stop'" ed that the specific iould be stopped were not are plan.					
	what activities R8 engage in and wh not permitted or t consent to sexual	her care plans that outlined 802 was permitted to nat sexual activities were hat R802 was not able to I activity. There were no a directed staff to monitor activity.					

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 824350	Á. BUILDI	NG	STRUCTION	COMP	ATE SURVEY LETED 123
OUR SEAS		ENTER OF WESTLAND			STREET ADDRESS, CITY, S 8365 NEWBURGH RD WESTLAND, MI 48185		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	COR	IDER'S PLAN OF CORRECTI RECTIVE ACTION SHOULD B FERENCED TO THE APPRO DEFICIENCY)	BE CROSS-	(X5) COMPLETIO DATE
F0609 SS= D	response to allege exploitation, or m must: §483.12(c) violations involvin exploitation or m injuries of unknow misappropriation reported immedia hours after the allegation do not result in seric administrator of to officials (includin Agency and adul state law provide care facilities) in through establish (4) Report the re the administrator representative an accordance with State Survey Age of the incident, a verified appropria taken. This REQUIREM evidenced by: This citation pert MI00137967 Based on interving facility failed to re activity between residents reviewy cognitively able to	ged Violations §483.12(c) In jations of abuse, neglect, histreatment, the facility (1) Ensure that all alleged ng abuse, neglect, istreatment, including wn source and of resident property, are ately, but not later than 2 llegation is made, if the e the allegation involve n serious bodily injury, or not irs if the events that cause not involve abuse and do bus bodily injury, to the the facility and to other g to the State Survey it protective services where es for jurisdiction in long-term accordance with State law ned procedures. §483.12(c) sults of all investigations to or his or her designated nd to other officials in State law, including to the ency, within 5 working days nd if the alleged violation is ate corrective action must be IENT is not met as ains to Intake Number: ew and record review, the eport an allegation of sexual two (R801 and R802) of two ed for abuse who were not o consent to sexual activity, ncy. Findings include:	F0609	in facilit incident Elemen Resider have th deficien 30 days ensure needed Elemen The fac alleged deemec Facility and Re Clinical Elemen Adminis audits c week x monthly complia ensure agency immedia	nts #801 and #802 continue y have shown no ill-effects t. t #2 nts currently residing in the e potential to be affected b it practice. Facility has revie s of concerns and investiga proper reporting was comp t #3 ility policy on "Abuse and r violations" has been review d appropriate. Administrator was educate porting Alleged Violations to Director. t #4 strator and/or designee will on any allegations/investiga 4 weeks, 3x week x 4 wee thereafter until substantia ince is achieved and maint proper and timely reporting per regulation. Deficiencie ately corrected. Results of ided to QAPI committee fo recommendations.	for alleged facility y alleged ewed past tion to oleted if eporting wed and ed on Abuse by Regional conduct ations 5x ks, then l ained to g to State s will be audits will r review and	8/23/2023

	TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLI/ IDENTIFICATION NUMBER:		Á. BUILDIN	G	STRUCTION	. COMF	PATE SURVEY
	824350		B. WING _			8/3/2023	
NAME OF PROVIDER OR	PPLIER				STREET ADDRESS, CITY,	STATE, ZIP CO	DDE
OUR SEASONS NUR			8365 NEWBURGH RD WESTLAND, MI 48185				
PRÉFIX (EACH I	ICIENCY MUST	OF DEFICIENCIES [•] BE PRECEDED BY LSC IDENTIFYING [•] ION)	ID PREFIX TAG	COR	IDER'S PLAN OF CORREC RECTIVE ACTION SHOULD FERENCED TO THE APPR DEFICIENCY)	BE CROSS-	(X5) COMPLETION DATE
updated following sexual c including especial facility w involving the Adm Survey / than two the alleg Review of Agency found ou engaging further a consent On 8/3/2 and any facility for current of Administ Review of facility for "On 6/22 Activity I to Admin approx. 'C') were and they outside f each oth immedia while (A well. Review of found ou engaging further a consent	5/24/23, revea Sexual Abus act of any type preasts or perin ensure that all puseare repo- strator and: Re- ency immediate purs after the a provide the abus a complaint sul ealed an alleg de on the patic a sexual activit ged that R801 the sexual activit ged that R801 the sexual activit ged that R801 the sexual activit at 11:10 AM, a restigations co 802 between were requester or. an investigation a tapprx (app ector (AD 'A') co dministrator) f Opm, Activity so oking out wind oserved (R802 window kissin (on top of clott y went outside A') got (Nurse i ent both denie set when they	orted immediately to ported to the State aly but not later llegation is made if use" omitted to the State ation that R801 was o with R802 y. The complaint was not able to vity. Il incident reports inducted by the April 2023 and the ed from the ing documentation: proximately) 4:15pm alled and reported hat on 6/22/23 at staff (AS 'B' and AS ow into patio area) and (R801) sitting g and touching					

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STATEMENT O	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLI/ IDENTIFICATION NUMBER:	A (X2) MULTI A. BUILDIN	PLE CON G	STRUCTION		ATE SURVEY LETED
		824350	B. WING _			8/3/20	23
NAME OF PRO	VIDER OR SUPPLIE	R			STREET ADDRESS, CITY, STAT	E, ZIP CO	DE
FOUR SEASONS NURSING CENTER OF WESTLAND					8365 NEWBURGH RD WESTLAND, MI 48185		
(X4) ID PREFIX TAG	(EACH DEFICIEN FULL REGULAT	TEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FORY OR LSC IDENTIFYING NFORMATION)	ID PREFIX TAG	COR	IDER'S PLAN OF CORRECTION RECTIVE ACTION SHOULD BE C FERENCED TO THE APPROPRI DEFICIENCY)	ROSS-	(X5) COMPLETION DATE
	incident. Both res anything wrong w holding hands wi administrator on and said they we each other's com staff being on pa investigation of a completed. After and interviewing determined that n between the two at their own will a having a convers forced by the oth affection and cor otherSocial Wo Conference with (separately) to di wanting to show by kissing and Pl affection). Reside the kissing event offered." The investigation AS 'C', and Nurs incident. Review of a type dated 6/22/23 fro Nurse 'D') reveal Asst's informed r on the bench witt kissing and holdi other on the arm clothing). I imme activity asst's (as residents and bri residents were fu	urn back inside without sidents denied doing with kissing each other and hen interviewed by 6/22/23 at approx. 4:45pm re just talking and enjoying ipany when observed by tio kissingThorough illeged incident has been reviewing camera footage all parties, it was no type of abuse occurred residents who were kissing and holding hands while sation, neither reported being er and both were showing inpassion towards each ork to set up Care IDT and both Guardians iscuss situation of residents affection towards each other DA (public displays of ents GA's were notified of the and conferences will be in form documented AS 'B', e 'D' as witnesses to the d "Witness Statement" om Nurse 'D' (unsigned by ed, "On 6/22/23 Activity ne that (R802) was outside h (R801), they saw residents ing hands and touching each s and legs (on top of diately went outside with the sistants) to separate the ing them both inside. Both ally clothed (R802 did have both brief was intact and in					

STATEMENT OF DEF AND PLAN OF CORR		(X1) PROVIDER/SUPPLIER/CLI. IDENTIFICATION NUMBER:	A (X2 A. E	2) MULTIPL BUILDING	E CON	STRUCTION	(X3) DA COMPI	ATE SURVEY LETED
		824350	В.	WING			8/3/20	23
NAME OF PROVIDER	R OR SUPPLIE	R				STREET ADDRESS, CITY, STATE,	ZIP COI	DE
FOUR SEASONS NURSING CENTER OF WESTLAND						8365 NEWBURGH RD WESTLAND, MI 48185		
PRÉFIX (EA	ACH DEFICIEN ULL REGULAT	TEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY ORY OR LSC IDENTIFYING IFORMATION)		D EFIX AG	CORI	IDER'S PLAN OF CORRECTION (E RECTIVE ACTION SHOULD BE CRO FERENCED TO THE APPROPRIAT DEFICIENCY)	DSS-	(X5) COMPLETION DATE
prop	per position)	и -						
date unsi co-v state near and whe wind anoi they touc Rev date reve were wind noti they touc The and On a con wha 6/22 activ with resi R80 sear hold C' e e the e	ed 6/22/23 fro igned by AS ' vorker (name ement) were: r the window (R801) were in I got up and dow to the left ther bench wir were both ki ching each oth iew of a typer ed 6/22/23 fro aaled, "Myself e sitting in the dow after com ced (R802) an window in the ching each oth statements of R801 were 'n 8/3/23 at 12:0 ducted with A v/23, AS 'C' re vities room wil view of the o dents can sit 11 was seated ted in a whee ding hands at explained at s corner of the od up and folk	d "Witness Statement" m Activities Staff (AS 'C') C' revealed, "Myself and my of staff who gave the sitting in the activity room charting, I noticed (R802) not on the bench anymore d looked closer out the I saw (R801) sitting on th (R802) in his wheelchair, ssing each other and her with clothing on" d "Witness Statement" m AS 'B' unsigned by AS 'B' and my co-worker (AS 'C') e activity room near the upleting a group and we d (R801) sitting outside of e corner kissing and her" id not explain how R802 rouching each other". 7 PM, an interview was S 'C'. When queried about <i>v</i> ith R801 and R802 on sported she was in the nich has a large window utside patio where outside. AS 'C' reported I on a bench and R802 was Ichair next to the bench, times, and they kissed. AS ome point, R802 wheeled to patio out of view and R801 pwed to the corner. AS 'C' that when they could not , they (AS 'C' and a						

	IMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA LAN OF CORRECTION IDENTIFICATION NUMBER: 824350		À. BUILDING	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING			
AME OF PROVIDE		R ENTER OF WESTLAND			STREET ADDRESS, CITY, ST 8365 NEWBURGH RD WESTLAND, MI 48185	ATE, ZIP CC	DDE
PRÉFIX (E	ACH DEFICIEN	TEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FORY OR LSC IDENTIFYING IFORMATION)	ID PREFIX TAG	COR	I VIDER'S PLAN OF CORRECTION RECTIVE ACTION SHOULD BE FERENCED TO THE APPROF DEFICIENCY)	E CROSS-	(X5) COMPLETIC DATE
goii R80 fror wha resi rep anc Adr On was ava sur On con Wh 6/2 rep roo wer sep abc resi app vag AD anc turr	ng on. AS 'C' D2's lap and R n R801's geni at they were c dent denied c orted she wro provided it to ninistrator. 8/3/23 at 12:3 attempted w ilable for inter /ey. 8/3/23 at 1:04 ducted with A en queried at 2/23 between orted she was m with Nurse e going out th arate R801 a ut why they v dents, AD 'A' eared like (R ina and (R80 'A' reported s had the staff ted into the A 8/3/23 at 1:25 ducted with A that hap p 5/22/23, Nurs activities roor vities aides si there!!". Nurs	butside to see what was observed R801's leg up on 1802 moved his hand away ital area when we asked loing. AS 'C' reported neither doing anything. AS 'C' the a handwritten statement to her manager to give to the 36 PM, a phone interview ith AS 'B'. AS 'B' was not rview prior to the end of the 4 PM, an interview was activities Director (AD 'A'). bout what happened on R801 and R802, AD 'A' is walking into the activities 'D' and the activities staff he door to the patio to try to nd R802. When queried vere trying to separate the reported they said "It 802) was touching (R801's) 1's) leg was propped up". the notified the Administrator write statements that were dministrator. 5 PM, an interview was Jurse 'D'. When queried end with R801 and R802 e 'D' reported she came to m to buy a snack and the aid, "(R802) and (R801) are ie 'D' reported she did not y what they said, but					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:			A (X2) MULTI A. BUILDING	PLE CON	STRUCTION	(X3) D/ COMP	ATE SURVEY
		824350				8/3/20	23
NAME OF PRO	VIDER OR SUPPLIE	R			STREET ADDRESS, CITY, STATE	ZIP CO	DE
FOUR SEASONS NURSING CENTER OF WESTLAND					8365 NEWBURGH RD WESTLAND, MI 48185		
(X4) ID PREFIX TAG	(EACH DEFICIEN FULL REGULAT	TEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY ORY OR LSC IDENTIFYING IFORMATION)	ID PREFIX TAG	COR	VIDER'S PLAN OF CORRECTION (E RECTIVE ACTION SHOULD BE CR FERENCED TO THE APPROPRIAT DEFICIENCY)	OSS-	(X5) COMPLETION DATE
		s were unbuckled." Nurse 'D' te a handwritten statement ninistrator.					
	provided two han Nurse 'D' and AS part of the invest	5 PM, the Administrator ad written statements from 5 'C' and explained they were igation. When queried, the ported there were no other ements from staff.					
	statement dated revealed the follo checks on patien was actually see him in the main d party this afterno another patient. A later I went into th water when one of that resident was another unit disp behavior. I went of	dwritten and signed 6/22/23 from Nurse 'D' wing: "I was doing visual t every hour per order but I ing him more oftenI saw lining room attending the on when I went to tend to Approximately 15 minutes he activity room to buy a of the activity aides told me outside with a resident from laying inappropriate sexual outsideThey were not her but resident had his					
	statement dated revealed the follo coworkers (AS 'B down charting at looked out side a (R801) and (R80 back after maybe longer see any p leg in the air. Me then went outside happening gettin nurse then help r them from the co	dwritten and signed 6/22/23 from AS 'C' wing: "As me and my 1) and (AS 'G') were sitting the end of the day we ind could see 2 residents 2) outside. We then looked a 2 minutes and could no art of (R801) other than her and my coworker (AS 'G') e to see further what was g a nurse on the way. The ne and coworker separate rner they were in because t we could see (R801) sitting					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		824350	B. WING			_ 8/3/2	8/3/2023	
AME OF PRO	VIDER OR SUPPLIE	ER	STREET ADDRESS, CITY,			STATE, ZIP CODE		
OUR SEAS	ONS NURSING C	ENTER OF WESTLAND		8365 NEWBURGH RD WESTLAND, MI 48185				
(X4) ID PREFIX TAG	(EACH DEFICIEN FULL REGULA	ATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY TORY OR LSC IDENTIFYING NFORMATION)	ID PREFIX TAG	COR	IDER'S PLAN OF CORRECT RECTIVE ACTION SHOULD F FERENCED TO THE APPRC DEFICIENCY)	BE CROSS-	(X5) COMPLETIO DATE	
	down with her le her inappropriate	g up and (R802) touching ely".						
	patio on 6/22/23 Administrator. R view of the came AS 'C', and Nurs outside. The res viewed once the patio. There was no st facility's investig typed statement reflect the actua	6 PM, video footage of the was reviewed with the 802 and R801 moved out of era at some point and AS 'G', se 'D' are observed to come idents were unable to be y moved to the corner of the atement included in the ation from AS 'G' and the s included originally did not I hand written statements C' and Nurse 'D'.						
	conducted with t the facility's Abu queried about he whether a reside give consent to a Administrator re BIMS, talked wit psychiatrist, and representatives. whether there w conducted by the capacity to cons Administrator re have one. When R801 and R802 consent to sexua reported they we representatives holding and kiss why the observe R801 and R802 to the State Age	7 PM, an interview was he Administrator, who was se Coordinator. When ow the facility determined ent had the cognitive ability to sexual contact, the ported they looked at their h the physician and talked to the residents' legal When queried about as a formal assessment e facility to determine ent to sexual contact, the ported the facility did not queried about whether were cognitively able to al activity, the Administrator ere not able to and their legal had consented to hand ing. When queried about d sexual contact between on 6/22/23 was not reported ncy, the Administrator not think anything actually						

STATEMENT O	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDING	PLE CON			ATE SURVEY LETED
		824350	B. WING _			8/3/20	23
NAME OF PRO	VIDER OR SUPPLIE	R			STREET ADDRESS, CITY, STATE	, ZIP CO	DE
FOUR SEASC	ONS NURSING CE	ENTER OF WESTLAND			8365 NEWBURGH RD WESTLAND, MI 48185		
(X4) ID PREFIX TAG	(EACH DEFICIEN FULL REGULAT	TEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY ORY OR LSC IDENTIFYING IFORMATION)	ID PREFIX TAG	COR	IDER'S PLAN OF CORRECTION (E RECTIVE ACTION SHOULD BE CR FERENCED TO THE APPROPRIAT DEFICIENCY)	OSS-	(X5) COMPLETION DATE
		he conducted the stated, "I understand that it n reported".					
	R801 was admitt with a diagnosis Review of a Minin assessment date had moderately i behaviors, and w independently.	s clinical record revealed ed into the facility on 5/5/21 of Alzheimer's Disease. mum Data Set (MDS) d 5/12/23 revealed R801 mpaired cognition, no as able to walk					
	on 7/18/23 revea competent at this Resident Rights	t on 6/30/23 and a physician led, "(R801) is not time to understand or make health care a secondary to diagnosis of entia".					
	Review of R801's the following:	s progress notes revealed					
	that documented contacted daugh public display of between (R801) before (kiss). Daa protocol and wha especially with (F concerns. Social (R801) and other	progress note dated 4/26/23 , "Social worker had ter of (R801) to speak of the affection that occurred and male resident the night ughter questioned on it steps are being taken (801) having some memory worker indicated that resident would be closely ke sure that things do not					
	documented, "So daughter in reg affection between	progress note dated 5/19/23 cial worker had contacted ards to public display of n (R801) and male resident. mitted that male resident					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLI, IDENTIFICATION NUMBER:	A (X2) MULTI A. BUILDIN	PLE CON G	ISTRUCTION		ATE SURVEY LETED
	824350				8/3/20	23
NAME OF PROVIDER OR SUPPLIE	R			STREET ADDRESS, CITY, STATE	, ZIP CO	DE
FOUR SEASONS NURSING CI	ENTER OF WESTLAND			8365 NEWBURGH RD WESTLAND, MI 48185		
PRÉFIX (EACH DEFICIEN TAG FULL REGULA	TEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FORY OR LSC IDENTIFYING NFORMATION)	ID PREFIX TAG	COR	IDER'S PLAN OF CORRECTION (E RECTIVE ACTION SHOULD BE CR FERENCED TO THE APPROPRIA DEFICIENCY)	OSS-	(X5) COMPLETION DATE
separation of the was content with that she believes be frustrated and due to not being resident. Social will monitor (R80 be seen by psych next handful of d A "Social Work" documented, "Ca today with IDT (if family (daughters conversation inc) relationship with display of affection Both of the daug parties are equal and the mental s when separated. that they are cont and potential risk hope things will n (R801) and male administrator that checks the next the appropriaten for above conver managers, DON administrator and Review of R802' R802 was admitt 7/29/22 with a di of a MDS assess R802 had moder was independen using a wheelcha	progress note dated 6/27/23 are conference took place interdisciplinary) team and s-by phone). Part of the luded the topic of the male resident and the public on that has taken place. hters realize that both ily seeking each other out adness that comes into play Daughters both verbalized tent with the hand holding of kissing however they not go further between resident. It was reported by t they will be on visual several days to make sure of ess between them. Present sation include unit (Director of Nursing), d this social worker."					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLI/ IDENTIFICATION NUMBER:	A (X2) MULTI A. BUILDIN	PLE CON G	STRUCTION	(X3) DATE SURVEY COMPLETED	
	824350	B. WING _			8/3/20	23
NAME OF PROVIDER OR SUPPL	ER			STREET ADDRESS, CITY, STATE	E, ZIP CO	DE
FOUR SEASONS NURSING (ENTER OF WESTLAND			8365 NEWBURGH RD WESTLAND, MI 48185		
PRÉFIX (EACH DEFICIE	ATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY ATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	CORF	IDER'S PLAN OF CORRECTION (RECTIVE ACTION SHOULD BE CF FERENCED TO THE APPROPRIA DEFICIENCY)	ROSS-	(X5) COMPLETION DATE
revealed, "(R80 time to underst health care dec diagnosis of De Review of R802 the following: A "Social Work documented, "S spouse of (R80 display of affec (R802) and ferr (kiss). Spouse this time of the of (R802). Soci (R802) and oth monitored to m escalate." A "Social Work documented, "C today with IDT by phone. Part the topic of the resident and th that has taken she is ultimatel and kissing tha and the female content with an holding and kis was provided th female resident and the mental when separate administrator th checks the nex the appropriate for above converted	st and physician on 6/30/23 2) is not competent at this and Resident Rights or make isions. This is secondary to mentia". 2's progress notes revealed 2' note dated 4/26/23 Social worker had contacted 2) to speak of the public ion that occurred between ale resident the night before did not seem concerned at situation due to the dementia al worker indicated that er resident would be closely ake sure that things do not 2' progress note dated 6/27/23 Care conference took place team and spouse of (R802), of the conversation included relationship with female e public display of affection blace. Spouse admitted that y content with hand holding this time. Education hat both (R802) and the equally seek each other out sadness that comes into play d. It was reported by at they will be on visual they will be on visual they will be on visual they will be on visual they will be on visual					

TATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
	824350	B. WING		8/3/20	23	
IAME OF PROVIDER OR SUPPLI	ER		STREET ADDRESS, CIT	Y, STATE, ZIP CO	DE	
OUR SEASONS NURSING C	ENTER OF WESTLAND		8365 NEWBURGH RI WESTLAND, MI 4818			
PRÉFIX (EACH DEFICIE TAG FULL REGULA	ATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY TORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SHOUL REFERENCED TO THE APF DEFICIENCY)	LD BE CROSS-	(X5) COMPLETION DATE	
social worker."	<u> </u>					
SS= D§483.12(c) In reabuse, neglect, the facility must evidence that a thoroughly investigation is represent further exploitation, or investigation is Report the result administrator or representative a accordance with State Survey Age of the incident, verified appropriater. This REQUIREL evidenced by:This citation per MI00137967Based on interver facility failed to investigate an a between two (R residents review cognitively able to the State Age development of future occurrent the two residentReview of a fac updated on 5/24 following: "Se	vent/Correct Alleged Violation esponse to allegations of exploitation, or mistreatment, : §483.12(c)(2) Have II alleged violations are stigated. §483.12(c)(3) potential abuse, neglect, mistreatment while the in progress. §483.12(c)(4) Its of all investigations to the his or her designated and to other officials in the State law, including to the gency, within 5 working days and if the alleged violation is iate corrective action must be MENT is not met as rtains to Intake Number: iew and record review, the thoroughly and accurately illegation of sexual activity 801 and R802) of two wed for abuse who were not to consent to sexual activity, ency, resulting in the lack of new interventions to prevent ces of sexual activity between ts. Findings include: ility policy titled, "Abuse", 4/23, revealed, in part, the xual AbuseNon-consensual of any type with a resident	F0610	Element #1 Residents #801 and #802 cond in facility and show no ill-effect incident. Resident #801 and #8 and reviewed and updated to r interventions regarding sexual permitted, what should be mor what interventions staff should it. Residents #801 and #802 has placed on q hour checks. Facil reviewed past investigation file Element #2 Residents currently residing in have the potential to be affected deficient practice. Facility has in 30 days of concerns and invest ensure proper investigation wat thoroughly and accurately. Element #3 Facility policy on Abuse was re- deemed appropriate. Facility Administrator was educe and ensuring the center condu- thorough, and objective investi- allegation of abuse by Regiona Director. Element #4 Administrator and/or designee audits on any allegations/invest week x 4 weeks, 3x week x 4 v monthly thereafter until substar compliance is achieved and m ensure the center conducts a t thorough, and objective investi- allegation of abuse. Deficiencia immediately corrected. Results be provided to QAPI committee further recommendations. The Administrator is responsib compliance.	ts from alleged 802's care plans reflect activity, what is nitored, and Use to prevent ave been lity has a. the facility ed by alleged reviewed past stigation to as completed eviewed and cated on Abuse icts a timely, igation of any al Clinical will conduct stigations 5x weeks, then ntial aintained to imely, igation of any es will be s of audits will e for review and	8/23/2023	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING	PLE CON G			ATE SURVEY LETED
	824350	B. WING _			8/3/20	23
NAME OF PROVIDER OR SUPPLIE	R			STREET ADDRESS, CITY, STATI	, ZIP CO	DE
FOUR SEASONS NURSING CI	ENTER OF WESTLAND			8365 NEWBURGH RD WESTLAND, MI 48185		
PRÉFIX (EACH DEFICIEN TAG FULL REGULA	TEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FORY OR LSC IDENTIFYING NFORMATION)	ID PREFIX TAG	COR	IDER'S PLAN OF CORRECTION (RECTIVE ACTION SHOULD BE CI FERENCED TO THE APPROPRIA DEFICIENCY)	ROSS-	(X5) COMPLETION DATE
especially breast investigating abu environment that such allegations. conducts a timel investigation of a investigation pro the purpose of th to be investigate violation has occ cause. Identifyin involved persons victim, alleged pre- witnessesProv documentation o the incident/alleg unsubstantiated DON (Director of willEnsure invo of care is review appropriate, con- investigation" Review of a com Agency revealed found outside on engaging in sexu further alleged th consent to the se On 8/3/23 at 11: and any investig facility for R802 I current day were Administrator. Review of an inv facility revealed th "On 6/22/23 at a Activity Director	iding complete and thorough f the investigationWhether jation is substantiated or the Administrator and/or f Nursing) or designee olved patient/resident's plan ed and revised, as sistent with the results of the plaint submitted to the State I an allegation that R801 was the patio with R802 ual activity. The complaint hat R801 was not able to					

	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CON G	ISTRUCTION		(X3) DATE SURVEY COMPLETED	
		824350	B. WING			8/3/2023		
AME OF PRO	VIDER OR SUPPLIE	R			STREET ADDRESS, CITY, ST	ATE, ZIP CO	DDE	
OUR SEASO	ONS NURSING CI	ENTER OF WESTLAND		8365 NEWBURGH RD WESTLAND, MI 48185				
(X4) ID PREFIX TAG	(EACH DEFICIEN FULL REGULA	TEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY TORY OR LSC IDENTIFYING NFORMATION)	ID PREFIX TAG	COR	IDER'S PLAN OF CORRECTIO RECTIVE ACTION SHOULD BE FERENCED TO THE APPROF DEFICIENCY)	E CROSS-	(X5) COMPLETIC DATE	
	'C') were looking and they observe outside the wind each other (on to immediately wer while (AD 'A') go well. Resident bb became upset w come inside by (residents did retuincident. Both re anything wrong w holding hands w administrator on and said they we each other's con staff being on painvestigation of a completed. After and interviewing determined that between the two at their own will a having a convers forced by the oth affection and cor otherSocial Wo Conference with (separately) to d wanting to show by kissing and P affection). Resid the kissing event offered."	Activity staff (AS 'B' and AS out window into patio area ed (R802) and (R801) sitting ow kissing and touching op of clothing). They it outside with residents t (Nurse 'D') to go to patio as oth denied touching and hen they were asked to Nurse 'D'), however both urn back inside without sidents denied doing with kissing each other and hen interviewed by 6/22/23 at approx. 4:45pm ere just talking and enjoying npany when observed by tito kissingThorough alleged incident has been reviewing camera footage all parties, it was no type of abuse occurred residents who were kissing and holding hands while sation, neither reported being massion towards each ork to set up Care IDT and both Guardians iscuss situation of residents affection towards each other DA (public displays of ents GA's were notified of t and conferences will be the form documented AS 'B', e 'D' as witnesses to the ed "Witness Statement" on Nurse 'D' (unsigned by						

	TEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA DPLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 824350		Á. BUILDING	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING			(X3) DATE SURVEY COMPLETED 8/3/2023	
	Vider or Supplie DNS NURSING CI	R ENTER OF WESTLAND			STREET ADDRESS, CITY, S 8365 NEWBURGH RD WESTLAND, MI 48185	DDE		
(X4) ID PREFIX TAG	(EACH DEFICIEN FULL REGULA	TEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FORY OR LSC IDENTIFYING NFORMATION)	ID PREFIX TAG	COR	L VIDER'S PLAN OF CORRECTI RECTIVE ACTION SHOULD B FERENCED TO THE APPROI DEFICIENCY)	E CROSS-	(X5) COMPLETIO DATE	
	Asst's informed i on the bench wit kissing and hold other on the arm clothing). I imme activity asst's (as residents and bri residents were fu his zipper down proper position). Review of a type dated 6/22/23 fro unsigned by AS co-worker (name statement) were near the window and (R801) were when I got up an window to the lei another bench w they were both k touching each ot Review of a type dated 6/22/23 fro revealed, "Mysel were sitting in th window after cor noticed (R802) a the window in the touching each ot The statements of "touching each ot On 8/3/23 at 12:: conducted with A what happened 6/22/23, AS 'C' r	d "Witness Statement" om Activities Staff (AS 'C') 'C' revealed, "Myself and my e of staff who gave the sitting in the activity room charting, I noticed (R802) e not on the bench anymore d looked closer out the ft I saw (R801) sitting on ith (R802) in his wheelchair, issing each other and her with clothing on" d "Witness Statement" om AS 'B' unsigned by AS 'B' f and my co-worker (AS 'C') e activity room near the npleting a group and we nd (R801) sitting outside of e corner kissing and her"						

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STATEMENT O	F DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLI/ IDENTIFICATION NUMBER:	A (X2) MULTII A. BUILDING	PLE CON G	STRUCTION	(X3) DATE SURVEY COMPLETED	
		824350	B. WING _			8/3/20	23
NAME OF PRO	VIDER OR SUPPLIE	R			STREET ADDRESS, CITY, STAT	E, ZIP CO	DE
FOUR SEASC	ONS NURSING CE	ENTER OF WESTLAND			8365 NEWBURGH RD WESTLAND, MI 48185		
(X4) ID PREFIX TAG	(EACH DEFICIEN FULL REGULAT	TEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FORY OR LSC IDENTIFYING NFORMATION)	ID PREFIX TAG	COR	IDER'S PLAN OF CORRECTION RECTIVE ACTION SHOULD BE C FERENCED TO THE APPROPRI DEFICIENCY)	ROSS-	(X5) COMPLETION DATE
	residents can sit R801 was seated seated in a whee holding hands at 'C' explained at si the corner of the stood up and foll further explained see the residents coworker) went of going on. AS 'C' R802's lap and F from R801's geni what they were of resident denied of reported she wro and provided it to Administrator. On 8/3/23 at 12:3 was attempted w available for inter survey. On 8/3/23 at 1:04 conducted with A When queried at 6/22/23 between reported she was room with Nurse were going out th separate R801 a about why they w residents, AD 'A' appeared like (R vagina and (R800 AD 'A' reported sa	butside patio where outside. AS 'C' reported d on a bench and R802 was alchair next to the bench, times, and they kissed. AS some point, R802 wheeled to patio out of view and R801 owed to the corner. AS 'C' I that when they could not s, they (AS 'C' and a butside to see what was observed R801's leg up on R802 moved his hand away ital area when we asked doing. AS 'C' reported neither doing anything. AS 'C' the a handwritten statement to her manager to give to the B6 PM, a phone interview with AS 'B'. AS 'B' was not rview prior to the end of the 4 PM, an interview was activities Director (AD 'A'). bout what happened on R801 and R802, AD 'A' is walking into the activities 'D' and the activities staff he door to the patio to try to nd R802. When queried vere trying to separate the reported they said "It 802) was touching (R801's) 1's) leg was propped up". the notified the Administrator ' write statements that were dministrator. 5 PM, an interview was					

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CON G		(X3) DATE SURVEY COMPLETED		
		824350	B. WING				8/3/2023	
AME OF PRO	VIDER OR SUPPLIE	ER			STREET ADDRESS, CITY, S	STATE, ZIP CC	DE	
OUR SEAS	ONS NURSING C	ENTER OF WESTLAND		8365 NEWBURGH RD WESTLAND, MI 48185				
(X4) ID PREFIX TAG	(EACH DEFICIEN FULL REGULA	ATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY TORY OR LSC IDENTIFYING NFORMATION)	ID PREFIX TAG	COR	IDER'S PLAN OF CORRECT RECTIVE ACTION SHOULD I FERENCED TO THE APPRO DEFICIENCY)	BE CROSS-	(X5) COMPLETIC DATE	
	about what happ on 6/22/23, Nurs the activities aides s out there!!". Nurs remember exact thought they we When Nurse 'D' were separated but R802's "pant reported she wr to give to the Ad On 8/3/23 at 1:3 provided two han Nurse 'D' and AS part of the inves Administrator re handwritten state Review of a han statement dated revealed the foll checks on patient later I went into f water when one that resident wa another unit disp behavior. I went touching each of pants unzipped. Review of a han statement dated revealed the foll coworkers (AS 'I	5 PM, the Administrator nd written statements from S 'C' and explained they were tigation. When queried, the borted there were no other ements from staff. dwritten and signed 6/22/23 from Nurse 'D' bowing: "I was doing visual the every hour per order but I bing him more oftenI saw dining room attending the boon when I went to tend to Approximately 15 minutes the activity room to buy a of the activity aides told me is outside with a resident from blaying inappropriate sexual outsideThey were not ther but resident had his						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A (X2) MULTII A. BUILDING	PLE CON G	STRUCTION		ATE SURVEY LETED
	824350	B. WING _			8/3/20	23
NAME OF PROVIDER OR SUPPLIE	R			STREET ADDRESS, CITY, STATE	, ZIP CO	DE
FOUR SEASONS NURSING CI	INTER OF WESTLAND			8365 NEWBURGH RD WESTLAND, MI 48185		
PRÉFIX (EACH DEFICIEN TAG FULL REGULAT	TEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FORY OR LSC IDENTIFYING NFORMATION)	ID PREFIX TAG	COR	IDER'S PLAN OF CORRECTION (E RECTIVE ACTION SHOULD BE CR FERENCED TO THE APPROPRIA DEFICIENCY)	OSS-	(X5) COMPLETION DATE
 (R801) and (R80) back after maybelonger see any pleg in the air. Methen went outsid happening gettin nurse then help in them from the color as we walked our down with her legher inappropriate. It should be note facility's investiga details regarding nature as written statements from facility's investiga statement from A the incident and statement. On 8/3/23 at 2:22 patio on 6/22/23 Administrator. R8 view of the came AS 'C', and Nurs outside. The resi viewed once the patio. On 8/3/23 at 2:22 conducted with the facility's Abus queried about ho whether a reside give consent to s Administrator reg BIMS, talked with psychiatrist, and 	and could see 2 residents (2) outside. We then looked (2) outside. We then looked (2) outside. We then looked (2) outside. We then looked (3) other than her (4) and my coworker (AS 'G') (5) e to see further what was (5) g a nurse on the way. The me and coworker separate orner they were in because t we could see (R801) sitting (3) g up and (R802) touching (4) that the summary of the ation did not include the the touching being sexual in in the original handwritten (AS 'C' and Nurse 'D'. The ation did not include any (S'G' who was a witness to who reported she wrote a (5) PM, video footage of the was reviewed with the (302 and R801 moved out of at a some point and AS 'G', (e 'D' are observed to come dents were unable to be (y) moved to the corner of the (7) PM, an interview was he Administrator, who was se Coordinator. When (w) the facility determined (n) thad the cognitive ability to borted they looked at their (n) the physician and talked to the residents' legal (1) When queried about					

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			ISTRUCTION		PATE SURVEY	
		824350	B. WING			8/3/20	8/3/2023	
NAME OF PRO	VIDER OR SUPPLIE	ĒR			STREET ADDRESS, CITY, S	STATE, ZIP CO	DDE	
OUR SEAS	ONS NURSING C	ENTER OF WESTLAND			8365 NEWBURGH RD WESTLAND, MI 48185			
(X4) ID PREFIX TAG	(EACH DEFICIEN FULL REGULA	ATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY TORY OR LSC IDENTIFYING NFORMATION)	ID PREFIX TAG	COR	/IDER'S PLAN OF CORRECT RECTIVE ACTION SHOULD FERENCED TO THE APPRO DEFICIENCY)	BE CROSS-	(X5) COMPLETIO DATE	
	conducted by the capacity to cons Administrator rep have one. When R801 and R802 consent to sexua reported they we representatives holding and kiss why the observe included in the w was not included documentation, offer a response When queried al R801 and R802' in regards to ma sexual activities, sure. The Admir appear to be up conference. Both make sure that i hand holding or whether R801 al representatives observed by AS Administrator rep anything actually investigation. It v allegations that v to the legal repres R802. When que planned interver to prevent sexua between two res consent to it and did not consent and kissing, the	bout the scope of authority 's legal representatives have king decisions about their , the Administrator was not nistrator reported they did not set during the care h representatives wanted to t did not go any further than kissing. When queried about						

AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF A. BUILDING		STRUCTION		(X3) DATE SURVEY COMPLETED 8/3/2023	
		824350	B. WING _			8/3/20		
AME OF PROV	VIDER OR SUPPLIE	R			STREET ADDRESS, CITY, S	STATE, ZIP CO	DDE	
FOUR SEASONS NURSING CENTER OF WESTLAND					8365 NEWBURGH RD WESTLAND, MI 48185			
(X4) ID PREFIX TAG	(EACH DEFICIEN FULL REGULA	ATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY TORY OR LSC IDENTIFYING NFORMATION)	ID PREFIX TAG	COR	IDER'S PLAN OF CORRECT RECTIVE ACTION SHOULD FERENCED TO THE APPRO DEFICIENCY)	BE CROSS-	(X5) COMPLETIC DATE	
Review of R801's clinical record revealed R801 was admitted into the facility on 5/5/21 with a diagnosis of Alzheimer's Disease. Review of a Minimum Data Set (MDS) assessment dated 5/12/23 revealed R801 had moderately impaired cognition, no behaviors, and was able to walk independently. Review of an "Incompetency Form" signed by a psychologist on 6/30/23 and a physician on 7/18/23 revealed, "(R801) is not competent at this time to understand Resident Rights or make health care decisions. This is secondary to diagnosis of Alzheimer's Dementia". Review of R801's progress notes revealed the following: A "Social Work" progress note dated 6/27/23 documented, "Care conference took place today with IDT (interdisciplinary) team and family (daughters-by phone). Part of the conversation included the topic of the								
	relationship with display of affecti Both of the daug parties are equa and the mental s when separated that they are cor and potential risk hope things will (R801) and male administrator tha checks the next the appropriaten for above conver	male resident and the public on that has taken place. Inhers realize that both Ily seeking each other out sadness that comes into play Daughters both verbalized itent with the hand holding of kissing however they not go further between e resident. It was reported by at they will be on visual several days to make sure of ess between them. Present rsation include unit (Director of Nursing),						

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLI IDENTIFICATION NUMBER:			A (X2) MULTI A. BUILDIN	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		824350	B. WING _			8/3/20	023	
NAME OF PRO	R			STREET ADDRESS, CITY, STAT	E, ZIP CO	ZIP CODE		
FOUR SEASC	ENTER OF WESTLAND			8365 NEWBURGH RD WESTLAND, MI 48185				
(X4) ID PREFIX TAG	(EACH DEFICIEN FULL REGULAT	ID PREFIX TAG	COR	IDER'S PLAN OF CORRECTION RECTIVE ACTION SHOULD BE C FERENCED TO THE APPROPRI DEFICIENCY)	ROSS-	(X5) COMPLETION DATE		
	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Review of R802's clinical record revealed R802 was admitted into the facility on 7/29/22 with a diagnosis of dementia. Review of a MDS assessment dated 5/5/23 revealed R802 had moderately impaired cognition and was independent for locomotion on the unit using a wheelchair. Review of an "Incompetency Form" signed by a psychologist and physician on 6/30/23 revealed, "(R802) is not competent at this time to understand Resident Rights or make health care decisions. This is secondary to diagnosis of Dementia". Review of R802's progress notes revealed the following: A "Social Work" progress note dated 6/27/23 documented, "Care conference took place today with IDT team and spouse of (R802), by phone. Part of the conversation included the topic of the relationship with female resident and the public display of affection that has taken place. Spouse admitted that she is ultimately content with hand holding and kissing that may occur between (R802) and the female resident. Spouse is not content with anything beyond the hand holding and kissing at this time. Education was provided that both (R802) and the female resident equally seek each other out and the mental sadness that comes into play when separated. It was reported by administrator that they will be on visual checks the next several days to make sure of the appropriateness between themPresent for above conversation include unit managers, DON, administrator and this social worker."							

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLI. IDENTIFICATION NUMBER: 824350	ON NUMBER: À. ÉUILDING		÷		(X3) DATE SURVEY COMPLETED 8/3/2023	
NAME OF PROVIDER OR SUPPLIER FOUR SEASONS NURSING CENTER OF WESTLAND					STREET ADDRESS, CITY, STATE, ZIP CODE 8365 NEWBURGH RD WESTLAND, MI 48185			DE
(X4) ID PREFIX TAG	(EACH DEFICIEN FULL REGULAT	MARY STATEMENT OF DEFICIENCIES DEFICIENCY MUST BE PRECEDED BY REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	COR	PROVIDER'S PLAN OF CORRECTION (E CORRECTIVE ACTION SHOULD BE CR REFERENCED TO THE APPROPRIAT DEFICIENCY)		(X5) COMPLETION DATE
Review of R801 and R802's care plans revealed no specific interventions regarding sexual activity, what was permitted, what should be monitored, and what interventions should be used to prevent it.								