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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235065	A. Building B. Wing	09/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
South Lyon Senior Care and Rehab Center	700 Reynolds Sweet Parkway South Lyon, MI 48178

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 0684 Level of Harm - Actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0684 Level of Harm - Actual harm Residents Affected - Few	This citation pertains to Complaint #2610789.Based on interview and record review, the facility failed to adequately assess, monitor, and treat in a timely manner a resident's change in condition for one (R801) of one resident reviewed for change in condition, resulting in family calling 911 and the resident requiring treatment for hypoglycemia (low blood sugar) with a blood glucose level of 24 milligrams per deciliter (mg/dl). Findings include:A review of a complaint submitted to the State Agency revealed the complainant received a call from R801 on 9/8/25 at approximately 6:00 AM and the resident's speech was slurred, and the complainant could not understand him. The complainant contacted 911 because they were concerned R801 could be having a stroke. When the complainant provided the resident's name to the 911 operator, the operator told them R801 had been calling 911 since 3:00 AM for help and when an officer arrived at the facility, they were told by the staff R801 was fine. The complainant further noted that around 3:00 AM, they talked to a Certified Nursing Assistant (CNA) at the facility who asked them if R801 normally had difficulty speaking. The complainant told the CNA No and a nurse (Licensed Practical Nurse - LPN 'A') was put on the phone. The nurse told the complainant that R801 was fine and was just kicking his feet. The complainant told the nurse that was not the baseline for the resident, and something was wrong. It was further noted in the complaint that when the complainant got to the facility, EMS (emergency medical services) was loading R801 into the ambulance and he was taken to the hospital. The complainant alleged R801's blood sugar at the hospital was 24 (mg/dl) and he could not see, speak and barely move. According to the complainant, once R801 stabilized and was able to speak again, he said when he lost his vision and could not speak normally, he was afraid he was having a stroke, so he started calling out for help but was ignored by LPN 'A'. R801 was able to get a hold of his phone and called 911 and when the officer arrived, LPN 'A' told the officer nothing was wrong with the resident. The resident continued to call out for help and called 911 again and was told by LPN 'A' to stop calling 911 because he was bothering them. At that time, R801 called the complainant. The complainant alleged the facility was negligent in not addressing R801's change in condition when he was no longer at his baseline. A review of additional information provided by the complainant revealed they were notified that R801 had a bottle of acetaminophen and an electronic cigarette, and they thought he overdosed and was being monitored. An unannounced, onsite investigation was conducted on 9/11/25.A review of R801's hospital Discharge Summary revealed a diagnosis of hypoglycemia (According to the American Diabetes Association, https://diabetes. org/living-with-diabetes/hypoglycemia-low-blood-glucose, Low blood glucose is when blood sugar levels fall below 70 mg/dl).A review of R801's Emergency Documentation revealed R801 was brought to the emergency department (ED) on 9/8/25 at 6:38 AM. The following was documented, .Chief complaint: difficulty speaking .brought in by EMS for possible stroke. Last known well time was around midnight. Patient was noted to have difficulty speaking around 3 AM . Accu-Chek (blood glucose test) per EMS was 67 (mg/dl). Patient had slurred speech and right sided facial droop and weakness .Accu-Chek (in ED triage) was noted to be 27 therefore patient was given amp of D50 (50 milliliter container of Dextrose 50 percent solution) .patient's symptoms improved and patient is back to baseline. Serial Accu-Checks were performed in the ED his glucose did drop down to 44 therefore he was started on IV (intravenous) dextrose received another amp of D50 and the patient was fed .Final impression: Hypoglycemia A review of R801's clinical record revealed R801 was admitted into the facility on 9/2/25 and discharged to the hospital on 9/8/25 with diagnoses that included: major contusion of the left kidney, chronic obstructive pulmonary disease, and type 2 diabetes mellitus. A review of a Nx (Nursing) admission Assess (Assessment) form dated 9/2/25 revealed R801 was alert and oriented times four (to person, place, time, and situation), was on two liters of oxygen via nasal cannula, and required extensive assistance with bed mobility.A review of a Change in Condition Evaluation form dated 9/8/25 at 7:53 AM revealed R801 had Altered mental status change that started on the night of 9/8/25. The most recent blood pressure and temperature was from 9/7/25 at 11:04 AM and the blood glucose level was from 9/7/25 at 9:07 PM. It was documented on the evaluation that R801 had Increased confusion .abrupt significant change in cognitive function from usual .general weakness .mumbling of words/incoherent speech .physical aggression .kicking, disorientation and mumbling .acute decline in ADL (activities of daily living) abilities .unable to console, distract or reassure . It was documented the symptoms got better since the change in condition occurred when the nasal cannula was on nose. It was documented the primary care clinician was contacted on 9/8/25 at 5:46 AM and they said to keep an eye on him. A review