

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235116	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/10/2026
NAME OF PROVIDER OR SUPPLIER Lake Woods Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1684 Vulcan Street Muskegon, MI 49442	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** This citation pertains to intake #2708299. Based on interview and record review, the facility failed to provide services according to professional standards of practice for 1 resident (R104) of 6 residents reviewed. Findings include: Review of an admission Record revealed R104 admitted to the facility on [DATE] with pertinent diagnoses which included orthopedic aftercare and dementia. In a telephone interview on 2/9/2026 at 3:29 PM, Family Member I reported the facility did not ensure R104 went to his orthopedic follow up appointment after he admitted to the facility. Review of R104's local hospital After Visit Summary, dated 12/3/2025, revealed he was scheduled to have a post-op visit with the orthopedic specialist on 12/12/2025 at 1:45 PM. Review of R104's Interdisciplinary Documentation dated 12/12/2025 at 9:19 PM revealed .His significant other called this writer tonight and was concerned he had missed his (orthopedic follow up appointment) scheduled for today 12/12/25 at 1345 with (orthopedic surgeon), she had a reminder sent to her phone per (significant other). (orthopedic office) will need to be contacted and (appointment) made for his post op (follow up) .Review of R104's Interdisciplinary Documentation dated 12/24/2025 at 5:06 PM revealed .Resident had (follow up) visit with Ortho. In an interview on 2/10/2026 at 10:04 AM, Medical Records Manager (MRM) E reported she was on leave when R104 was admitted to the facility on [DATE] and her job duties were being covered by another staff member. MRM E reported the local hospital After Visit Summary should have been reviewed by staff at the time of his admission and necessary follow up appointments should have been scheduled. MRM E reviewed her logs and reported she could see no documentation that R104's post-op follow up appointment was noted and scheduled at the time of his admission. In an interview on 2/10/2026 at 10:40 AM, the Director of Nursing (DON) reported she was uncertain why R104 missed his post-op follow up appointment scheduled for 12/12/2025. The DON reported she could not find documentation to explain how this was missed.</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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