

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: 235116	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/24/2026
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)		
F 0908 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Keep all essential equipment working safely. Based on observation interviews and record review, the facility failed to maintain the kitchen exhaust system, potentially decreasing the system's ability to capture grease, smoke and particulate matter. Findings include: On 06/22/2026 at 8:58AM, observed the ventilation hood over the cookline in the main kitchen had three empty spaces that did not have a filter or spacer, and exposing the interior of the ductwork. During the observation, the Dietary [NAME] (DC) L was asked where the filters were and DC L answered they were stored on the cookline, next to cooking equipment, because they had fallen out of the tracks, of the hood, that the filters fit in. On 06/22/2026 at 10:45AM, during the interview with the Maintenance Director (MD) B it was stated the filters had fallen out of the tracks for the hood more than once. MD B indicated that filters did not seem to stay in the hood because the pins used to secure them were not the correct size and would not secure the filters into the hood. MD B said he has been in contact with the contractors who clean and service the hood system over the cookline, regarding the filter issue. According to the 2022 FDA Food Code Section 4-202.18 Ventilation Hood Systems, Filters. Filters or other grease extracting EQUIPMENT shall be designed to be readily removable for cleaning and replacement if not designed to be cleaned in place. According to the 2022 FDA Food Code Section 4-301.14 Ventilation Hood Systems, Adequacy. Ventilation hood systems and devices shall be sufficient in number and capacity to prevent grease or condensation from collecting on walls and ceilings.		

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 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and interview, the facility failed to maintain a clean and homelike environment for 4 bathrooms of 4 bathrooms observed for cleanliness. Findings include: During an observation on 6/22/26 at 9:18 AM, the bathroom that joined rooms [ROOM NUMBERS] had a dusty metal shelf below the mirror and above the sink, a sticky floor, dim lighting, and the walls and the heating register was dirty. The air return duct had caked on dust as well. During an observation on 6/22/26 at 10:07 AM, room [ROOM NUMBER] had a dusty and dirty metal shelf below the mirror and above the sink was dusty with some residual dirty spots. The walls were dirty and the air vent fan had caked on dust. During an observation on 6/22/26 at 10:09 AM, the bathroom that joined rooms [ROOM NUMBERS] had dim lighting, the walls were dirty, and the air vent had caked on dust. During an observation on 6/22/26 at 10:12 AM, the bathroom that joined rooms [ROOM NUMBERS] had dim lighting, large area of dried spackle on the walls, and the air vent had caked on dust. During an observation and an interview, the Maintenance Director (MD) B observed the bathrooms with the concerns and agreed with the observations. MD B reported they will clean the rooms and the lighting should be better.		

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to maintain complete medical records for 1 of 17 sampled residents (R61). Findings include: A review of R61's admission Record, dated [DATE], revealed R61 was a [AGE] year-old resident that was admitted to the facility on [DATE]. In addition, R61's admission Record revealed they had multiple diagnoses that include early onset Alzheimer's Disease, anxiety, paranoid personality disorder, antisocial personality disorder, dementia with agitation and behaviors, and cerebral infarction (stroke). A review of R61's Minimum Data Set (MDS) (a tool used for assessing a resident's care needs), dated [DATE], revealed a Brief Interview for Mental Status (BIMS) (a scale used to determine a resident's cognitive status) score of 10 which revealed R61 was cognitively intact. A review of R61's Letters of Guardianship, dated [DATE], revealed R61's Letters of Guardianship expired on [DATE]. A review of R61's electronic medical record, dated [DATE] to [DATE], failed to reveal current Letters of Guardianship. A review of R61's electronic medical record also failed to reveal if the facility had contacted the court to obtain current Letters of Guardianship and/or obtain a court date to address guardianship. During an interview on [DATE] at 9:00 AM, Social Services Representative (SSR) A stated she would see if R61 had current Letters of Guardianship and/or if there was a court date to have guardianship re-addressed. She stated she would follow up with me when she found more information. During a second interview on [DATE] at 10:05 AM, SSR A stated she could not find R61's current Letters of Guardianship in his medical record. She stated she knew she received them from the court at some point and sent them to the medical records person to file. SSR A further stated sometime between when she sent them to be filed and now, they became lost. She stated she did not realize that they were not scanned into R61's medical record until I mentioned something to her that morning and she looked and could not find them. SSR A stated she had to contact the court to get another copy after I had spoken to her. Timely documentation of the following types of information should be made and maintained in a patient's EHR to support the ability of the health care team to ensure informed decisions and high-quality care in the continuity of patient care. Patient documentation frequently is used by professionals who are not directly involved with the patient's care. If patient documentation is not timely, accurate, accessible, complete, legible, readable, and standardized, it will interfere with the ability of those who were not involved in and are not familiar with the patient's care to use the documentation. (ANA's (American Nursing Association) Principles for Nursing Documentation- Guidance for Registered Nurses, 2010, www.nursingworld.org, retrieved on [DATE]).		