STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235252	A. Building B. Wing	06/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lourdes Rehabilitation and Healthcare Center	2300 Watkins Lake Rd Waterford, MI 48328

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 0685 Level of Harm - Actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	Assist a resident in gaining access to vision and hearing services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** This citation pertains to Complaint 3052364Based on observation, interview and record review, the facility failed to ensure vision services were provided for one (R801) of two residents reviewed for vision services resulting in emergency laser surgery to reduce eye pressure and lost vision in the left eye. Findings include:A complaint was filed with the State Agency [SA] that alleged in part, .[R801] complained of eye pain and asked about seeing an eye doctor, was told. that she is on the eye doctor list. she was diagnosed with glaucoma in 2015. [R801] again requested Tylenol for her eye pain and asked to see an eye doctor 6/15/25. is on the list for their next visit. continued to express eye pain and discomfort, so the family coordinated an off-site eye appointment. eye pressure was alarmingly high, so the optometrist referred her to an ophthalmologist. told time is of the essence to save her eye sight due to the high pressures 1/9/26. performed emergency same-day laser to both eyes . confirmed [R801] is now blind in her left eye.On 6/29/26 at 10:00 AM, R801 was observed lying in bed. R801 was asked if she had any issues with her eyes. R801 explained she had narrow angle glaucoma and had laser surgery in 2015, she was supposed to have seen her eye doctor when she had her stroke in 2024 and had not seen an eye doctor until January 2026 when her eye pressures were very high and she lost vision in her left eye. R801 was asked if she had ever had pain in her eyes while at the facility. R801 explained she sometimes would get headaches due to the pressure in her eyes.Review of the clinical record revealed R801 was admitted into the facility on 5/13/24 and readmitted [DATE] with diagnoses that included: stroke; chronic angle-closure glaucoma, left eye, severe stage; and chronic angle-closure glaucoma, right eye. According to the Minimum Data Set [MDS] assessment dated [DATE] R801 was cognitively intact.On 6/29/26 at 10:56 AM, Social Work [SW] ?C' was interviewed via phone and asked if the eye doctor had ever seen R801. SW ?C' explained R801 had told her she wanted to see the eye doctor because she needed new glasses, and due to unforeseen circumstances, it took a year for her Medicaid to be approved so she had not been seen due to not having Medicaid. When asked why R801 had not been seen by the eye doctor after her Medicaid was approved, SW ?C' had no explanation.Review of a History and Physical readmission exam dated 4/16/25 for R801 read in part, .Pain of both eyes Discussed with social worker, the patient is on the list to be seen by optometry.Review of Orders-Administration Progress Notes revealed R801 requested Tylenol for a headache on: 1/28/26 at 8:49 PM, 1/30/25 at 1:56 PM, 2/7/25 at 7:24 PM, 2/11/25 at 5:49 PM, 2/15/25 at 4:54 PM, 2/25/25 at 5:31 PM, 3/2/25 at 9:46 PM, 3/7/25 at 9:39 PM, 3/11/25 at 6:22 PM, 3/19/25 at 12:22 PM, 4/18/25 at 1:29 PM, 4/26/25 at 8:57 PM, 4/27/25 at 10:56 AM, 4/29/25 at 1:24 PM, 5/1/25 at 1:37 PM, 5/3/25 at 5:01 PM, 5/11/25 at 3:35 PM, 5/16/25 at 3:37 PM, 5/19/25 at 1:29 PM, 5/20/25 at 4:40 PM, 5/24/26 at 3:23 PM, 5/30/25 at 6:35 PM, 5/31/25 at 1:36 PM, 6/7/25 at 1:44 PM, 6/27/25 at 9:30 PM, 7/3/25 at 9:05 PM, 7/5/25 at 4:07 PM, 7/10/25 at 1:29 PM, 7/11/25 at 10:13 PM, 7/14/25 at 5:31 PM, 7/15/25 at 5:32 PM, 7/28/25 at 4:16 PM, 8/2/25 at 2:38 PM, 8/5/25 at 4:03 PM, 8/22/25 at 7:11 PM, 8/23/25 at 5:12 PM, 8/25/25 at 2:59 PM, 9/2/25 at 10:12 PM, 9/5/25 at 8:49 PM, 9/9/25 at 8:46 PM, 9/15/25 at 3:40 PM, 10/6/25 at 10:30 PM, 10/9/25 at 1:24 PM, 10/30/25 at 1:11 PM, 11/8/25 at 1:36 PM, 12/18/25 at 1:38 PM, 1/9/25 at 1:39 PM and 1/7/26 at 4:17 PM.Review of a Health Status Progress Note for R801 revealed (continued on next page)

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 0685 Level of Harm - Actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	a note dated 6/2/25 at 12:29 PM that read in part, MDS review: .Resident was able to read larger size print, and unable to read average size print in books, with glasses in place. Memo to SW for next vision f/u [follow-up].On 6/29/26 at 12:13 PM, the Business Office Manager [BOM] was interviewed and asked about R801's application for Medicaid. The BOM explained usually it takes 30-45 days for a Medicaid application to be approved, but R801's application took a year to be approved. The BOM was asked when R801 was approved for Medicaid. The BOM explained it was approved on 5/5/25.Review of an optometry consult for R801 dated 1/7/26 read in part, .High IOP [intraocular pressure] OD [right eye] 42 [normal range 10-21] OS 47 Dilated pupil OS w/ [with] reduced vision. Immediate referral needed to ophthalmologist for treatment of narrow angles causing dangerously high eye pressure.Review of an ophthalmology consult for R801 dated 1/9/26 read in part, .patient with angle closure glaucoma s/p [status post] YAG Peripheral Iridotomy [laser procedure to improve fluid drainage] today in office. IOP was 42 OD, 57 OS when checked. this morning. Pupils: Right Eye Shape Normal. Minimal Reaction, Left Eye pupil Fixed and Dilated.Review of an ophthalmology consult for R801 dated 3/2/26 read in part, .Chronic Angle Closure Both eyes unknown but likely severe stage. End stage left eye (no light perception).On 6/29/26 at 12:30 PM, the Director of Nursing [DON] was interviewed and asked if she had been aware of R801 having eye concerns. The DON explained she had not known about any eye issues until R801's family took her to the eye doctor and she needed surgery. The DON was asked when the eye doctor had come to the facility in 2025 and 2026. The DON explained she would get the dates.On 6/29/26 at 1:01 PM, information was provided that the eye doctor had visited the facility on 5/9/25, 9/26/25 and 3/12/26.On 6/29/26 at 3:32 PM, the Administrator was interviewed and asked if there was any reason R801 was not seen by the eye doctor on 5/9/25 and/or 9/26/25 at the facility after being approved for Medicaid. The Administrator explained he had not been at the facility during that time, so he had called SW ?C' who told him R801 was on the list to be seen, then he had called the eye doctor who told him R801 was not on the list until 3/12/26. The Administrator was asked about the discrepancy of if R801 was on the list to be seen or not. The Administrator had no explanation. When asked if R801 should have been seen by the eye doctor, the Administrator explained R801 should have been seen.Review of a facility policy titled, Hearing and Vision Services undated read in part, .The facility will utilize the comprehensive assessment process for identifying and assessing a resident's vision and hearing abilities in order to provide person-centered care. This process includes: a. Obtaining history from medical records, the family, and the resident regarding hearing and vision abilities; b. MDS and care area assessments; c. Ongoing monitoring of sensory problems. The Social worker/social service designee is responsible for assisting residents, and their families, in locating and utilizing any available resources [e.g. Medicare or Medicaid program payment, local health organizations offering items and services which are available free to the community), for the provision of the vision and hearing services the resident needs.