STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235295	A. Building B. Wing	01/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lakeview Extended Care and Rehabilitation	210 South First Street Harbor Beach, MI 48441

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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to provide appropriate treatment and services for an indwelling catheter for three residents (R3, R4, R19) of three residents reviewed for indwelling catheters, resulting in leaky catheter tubing, catheter tubing touching the floor and urine collection bags being uncovered. Findings include: Resident #19: R19 is [AGE] years old and admitted to the facility on [DATE]. R19 has a brief interview for mental status (BIMS) score of 14, indicating that he is cognitively intact. On 01/27/2026 at 10:21AM, during observation and interview with R19, the urine collection bag is observed not covered, urine was present and it was visible from the hallway. On 01/29/2026 at 8:36AM, during follow up observation and interview with R19, the urine collection bag is observed not covered, urine was present and visible upon entering the room. On 01/29/2026 at 8:41AM, an interview was conducted with the infection control (IC) nurse A. IC nurse A was asked if the urine collection bags be covered with dignity bags. IC nurse A stated, yes, they should be covered and off the floor. Resident #3: On 1/27/2026, at 10:51 AM, Resident #3 was resting in bed. The bed was in a low position. Their urinary catheter bag was covered by a blue dignity bag which was resting on the fall matt on the floor. On 1/27/2026, at 2:13 PM, Resident up in their wheelchair. Their urinary catheter tubing was wrapped tight around their right leg towards the outside and hooked under their wheelchair. On 1/28/2026, at 10:00 AM, a record review of Resident #3's electronic medical record revealed an admission on [DATE] with diagnoses that included Diabetes, Parkinson's disease, Heart Failure and the need for an indwelling urinary catheter. Resident #3 had severely impaired cognition. Resident #4: On 1/28/2026, at 9:37 AM, Resident #4 was up in their wheelchair propelling themselves in the hallway using their feet on the floor. Their urinary catheter bag was hanging under their wheelchair. The urinary catheter tubing was dragging on the floor as Resident #4 propelled though the hallway. On 1/28/2026, at 9:40 AM, an observation along with Nurse B was conducted of Resident #4's (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235295	A. Building B. Wing	01/29/2026

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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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	catheter tubing on the floor and Nurse B offered, yes, that should be tucked up. On 1/28/2026, at 10:30 AM, a record review of Resident #4's electronic medical record revealed a readmission on [DATE] with diagnoses that included supra pubic urinary catheter surgical placement, Cerebral Palsy and Depression. Resident #4 had intact cognition. On 1/28/2026, at 1:35 PM, During Infection Control task, Infection Control (IC) Nurse A was alerted Resident #4's catheter tubing was dragging on the floor while they propelled in the hallway. IC Nurse A offered, Resident #4 was currently on antibiotics for a Urinary Tract Infection. IC Nurse A was also alerted Resident #3's urinary drainage bag was resting on the fall matt on the floor.