STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235400	A. Building B. Wing	08/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wellspring Lutheran Services	1390 Maple Drive Fairview, MI 48621

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 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. Based on observation and interview, the facility failed to maintain plumbing and wastewater lines in good repair. This deficient practice increases the likelihood of contamination of the water supply with potential to affect any or all the residents in the facility. Findings include:On 8/26/2025 at 1:39 PM, observed the ice machine on the resident unit to have the wastewater drain line extending down into the bowl of the outgoing sewer drain line. In an interview with the Maintenance Manager C, he stated he had originally had an air gap present on this ice machine, but the gap was allowing the floor drain to overflow and allowing wastewater to splash from the discharge waste line onto the bottom of the cabinet. He stated he added the extension onto the bowl drain to catch the waste and prevent splashing from occurring. On 8/26/2025 at 2:45 PM, while on a tour of the exterior grounds of the building with the Maintenance Manager C, the conduit line on the well casing was observed to be broken and no longer attached to the well cap on top of the well casing, leaving the well exposed to potential contamination.

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