STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235445	A. Building B. Wing	09/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Fairlane Senior Care and Rehab Center	15750 Joy Detroit, MI 48228

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, interview and record review, the facility failed to properly dispose of garbage, medical supplies, yard refuse debris, for one opened dumpster top, affecting all residents, staff and visitors, resulting in the potential for the harborage of pests and insects.Findings include:On 9/2/25 at 07:35am, two dumpster containers were observed near the building with separate top lids. The dumpster on the right-side was observed with its lid opened, exposing multiple boxes, loose paper, and tree branches. In between the dumpster and the compressor was a wheelbarrow filled with tree branches, pieces of cardboard, leaves, and loose papers. Behind the compressor was a fence with leaves, paper, Styrofoam cups, plastic water bottles, medical gloves, yellow face mask and broken tree branches. In front of the dumpster and compressor were yellow medical face masks, examination gloves, multiple cigarette butts, pieces of paper and pieces of cardboard, and small tree branches. There were also flies swarming around the dumpsters. No staff were observed near the dumpster area.On 9/2/25 at 07:48am, an interview was conducted with the Director of Maintenance in the dumpster area. The Director of Maintenance asked who was responsible for making sure the dumpster area was clean and free from debris. The Director of Maintenance said, The staff that was assigned to clean the dumpster area was fired.Now I'm cleaning this area.On 9/5/2025 at 9:40am, the Nursing Home Administrator (NHA) was interviewed about the expectation of maintaining cleanliness of the dumpster and compressor area. The NHA said the expectation is that the dumpster and compressor area would be kept clean.The NHA said the facility did not have a policy for dumpster/compressor cleanliness. The NHA provided a Director of Maintenance job description that revealed the following: The Director of Maintenance is responsible for managing and assisting with the completion of day-to-day activities involving maintenance of the facility, equipment and machinery.grounds keeping, and the overall facility appearance.

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 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Reasonably accommodate the needs and preferences of each resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to ensure a specialty call light was within reach of one resident (R59) out of ten residents reviewed for call light, resulting in unmet care needs. On 9/2/2025 at 10:39 a.m., R59 was observed lying in bed with a specialty call light (can be used by the resident only with the shoulders and the back of the head) pinned to the bed covers on the right side of the bed. During an interview, R59 reported trying to get staff attention for about half an hour since no staff had been in the room to have oral care provided and to be assisted with getting up out of bed. During the interview and observation, R59 confirmed the call light was unable to be used by hands, only with the shoulder and the back of the head. R59 stated, I have difficulties using a regular call light because my arms don't move to get it.On 9/2/2025 at 10:42 a.m. Licensed Practical Nurse (LPN) C (R59's assigned nurse) said during an interview that R59 can't use the call light by hands and was unable to verbalize what part of the body R59 could use the call light with. LPN C' left the room and entered again and stated, Oh, it's a motion call light, he can move his head around and the call light will go off. LPN C' pinned R59 call light on the right side of the resident's pillow under R59's head. LPN C verified R59 was unable to turn the call light on from the position the call light was pinned previously. R59 demonstrated using the back of the head to turn the call light on and then verbalized wanting assisting with ADL care to LPN C.According to the electronic medical records, R59 was initially admitted into the facility on 1/31/2013 and re admitted [DATE] with diagnoses of multiple sclerosis, seizure, pressure ulcer of sacral region stage four, arthritis, osteomyelitis of vertebra, sacral and sacrococcygeal region, major depressive disorder, adjustment disorder with mixed anxiety, and hypertension. R59's quarterly Minimum Data Set (MDS) with a reference date of 7/10/2025, indicated R59 had intact cognition with a BIMS (brief interview for mental status) score of 13/15, required extensive assistance of two-person with bed mobility, totally dependent on two-person for transfers, extensive assistance of one person with Activities of Daily Living (ADLs), and was incontinent of bowel and bladder. Review of the ADLS care plan dated 7/10/2025 documented, I have an actual ADL deficit related to multiple sclerosis, hypertension, Neuropathy, generalized muscle weakness, impaired mobility, muscle wasting & atrophy, bilateral contractures to upper extremities, deep vein thrombosis, anxiety . Interventions as following:- Allow/Encourage me (R59) to participate in my own ADLs of choice.On 9/4/2025 at approximately 12:15 p.m., the Director of Nursing (DON) was interviewed and was informed of R59 ?s specialty call lights was not within reach to aid in assistance with ADLs care. The DON said that all managers have pagers to answer call lights, and the call lights should always be in reach of the residents. The DON stated, The purpose of having the call light is to get assistance with ADLs and for safety. According to the facility's 5/1/2017 Call Light policy: Call lights will receive consistent and adequate response to best meet the individual needs of each resident. Procedure: Call lights will be placed within reach of the resident.

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F 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	PASARR screening for Mental disorders or Intellectual Disabilities **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to ensure a Pre-admission Screening and Annual Resident Review (PASARR-determines whether or not an individual who has a diagnosis of Mental Illness or Intellectual/Developmental Disability [ID/DD] meets the criteria for a nursing home and they're needs are met) Level I (3877) was completed for two residents (R6 and R160) out of five residents reviewed for PASSARs. Findings include:R6A review of R6's Electronic Health Record (EHR) did not reveal the current 3877 form. There was not a Mental Illness/Intellectual/Developmental Disability/Related condition exemption Criteria Certification (DCH-3878) form. (The DCH-3878 is a State of Michigan Department of Health and Human Services (MDHHS) form used to claim exemption for level ll screening). R6 was admitted to facility on [DATE] with most recent readmission on [DATE] with pertinent diagnoses of Dementia, and Suicidal Ideations. Review of a Minimum Data Set (MDS) assessment, with a reference date of [DATE] revealed R6 had intact cognition with a Brief Interview for Mental Status (BIMS) score of 13/15.On [DATE] at 1:07 PM, Social Worker B was interviewed and said the annual 3877 was not completed for R6 and should have been completed on [DATE].R160A review of R160's Electronic Health Record (EHR) did not reveal the current 3877 form. The Mental Illness/Intellectual/Developmental Disability/Related condition exemption Criteria Certification (DCH-3878) form expired on [DATE]. (The DCH-3878 is a State of Michigan Department of Health and Human Services (MDHHS) form used to claim exemption for level ll screening). R160 was admitted to facility on [DATE] with pertinent diagnoses of Schizoaffective Disorder, Bipolar Type, and Altered Mental Status.Review of a Minimum Data Set (MDS) assessment, with a reference date of [DATE] revealed R6 had severely impaired cognition with a Brief Interview for Mental Status (BIMS) score of 3/15.On [DATE] at 1:07 PM, Social Worker B was interviewed and said the hospital exemption discharge expired on [DATE] and a new Passar should have been completed.On [DATE] at 1:10 PM, the Nursing Home Administrator (NHA) was interviewed and said PASARRs should be completed thoroughly and timely. On [DATE] at 3:00 PM The NHA was interviewed said the facility did not have a Passar policy since the facility follows OBRA (Omnibus Budget Reconciliation act of 1987).

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F 0912 Level of Harm - Potential for minimal harm Residents Affected - Some	Provide rooms that are at least 80 square feet per resident in multiple rooms and 100 square feet for single resident rooms. Based on observation, interview and record review, the facility failed to provide at least 80 square feet per Resident in multiple resident bedrooms and at least 100 square feet for single Resident bedrooms, affecting 58 Resident rooms. Findings include: Observations made of the resident rooms on 09/04/2025 at 11:30 AM and review of the Facility Bed Count Information sheet revealed the following: ROOM # SQ. FT # OF BEDS # of Residents 20 154 2 221 154 2 223 147 2 224 147 2 226 147 2 228 147 2 229 147 2 230 153 2 233 147 2 234 147 2 235 147 2 238 147 2 239 147 2 240 147 2 242 147 2 244 147 2 245 147 2 246 147 2 247 153 2 251 147 2 252 147 2 262 153 2 264 147 2 265 147 2 269 148 2 272 147 2 275 147 2 278 142 2 280 144 2 283 142 2 284 143 2 287 142 2 291 144 2 292 142 2 2102 142 2 2107 144 2 2112 141 2 2116 141 2 2117 141 2 231 153 2 136 147 2 141 147 2 143 147 2 149 153 2 150 147 2 161 153 2 167 148 2 168 148 2 1 70 147 2 171 147 2 173 147 2 176 147 2 177 147 2 1100 142 2 1104 142 2 1109 141 2 1115 141 2 174 158 2 0 On 09/05/2025 12:57 PM, he Nursing Home Administrator (NHA) was interviewed and said the facility has 58 rooms that do not meet square footage requirements. Eighteen rooms have two residents, and 39 rooms have one resident and one room was unoccupied. The NHA explained even though some rooms only had one resident or was not occupied all the rooms were intended to be two room occupancy. Documents reviewed revealed the rooms varied in sizes but did not meet the square footage requirements.