

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235481	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/29/2025
NAME OF PROVIDER OR SUPPLIER Lake Orion Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 585 East Flint Street Lake Orion, MI 48362	

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)
<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49083</p> <p>This citation pertains to Intake MI00148758.</p> <p>Based on observation, interview and record review, the facility failed to safely serve a hot beverage for one Resident (R908) of one reviewed for hot beverages, resulting in first-degree burns (superficial burn or wound that affects the first layer of the skin) on their abdomen and chest. Findings include:</p> <p>A review of a Facility Reported Incident (FRI) Intake MI00148758 revealed on 11/27/24 at 6:43 AM, The facility provided R908 a cup of hot coffee without proper containment to prevent spilling and R908 sustained a liquid burn to their chest and abdomen.</p> <p>Clinical record review revealed R908 was admitted to the facility on [DATE] with a history of heart disease, and TIA (Transient Ischemic Attack also known as a mini stroke caused by brief blockage of blood flow to the brain) with intracranial injury which resulted in R908 having functional decline with fine motor skills and weakness. R908's most recent BIMS (Brief Interview for Mental Status) scored 15/15 indicating R908 was cognitively intact.</p> <p>On 1/29/25 at 9:30 AM, during initial introduction and interview, R908 recalled the incident and acknowledged when handed a cup of coffee, it spilled on them (they were not able to grip the cup). R908 exposed and pointed to their upper abdomen commenting the area got red after the spill.</p> <p>Record review of the post incident medical assessment performed on 12/2/24 revealed R908 was diagnosed with first degree burns on the abdomen and chest requiring treatment with Silvadene cream (a prescription medication used in the treatment of burn wounds).</p> <p>On 1/29/25 at 2:30 PM, an interview with the Nursing Home Administrator acknowledged during their investigation, R908 was passed a cup of hot coffee by Dietary Aide A without it being covered as per their protocol and the hot liquid spilled onto R908.</p> <p>On 1/29/25 at 2:40 PM, an interview was conducted with Dietary Aide A and confirmed they poured a hot cup of coffee for R908, passed it to them without it being covered and when R908 went to grab the cup handle, R908 did not have a firm grip resulting in the coffee spilling onto them. Dietary A confirmed they did not cover the coffee and did not follow the hot beverage procedure policy.</p> <p>(continued on next page)</p>

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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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During the onsite survey, past noncompliance (PNC) was cited after the facility implemented actions to correct the noncompliance which included .(education to staff, immediate staff one to one of dietary staff, updated individual resident care plan, etc.). The facility was able to demonstrate monitoring of the corrective action and maintained compliance.</p>		