

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  09/10/2025
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)
F 0600  Level of Harm - Actual harm  Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.  (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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<p>F 0600</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> This citation pertains to Complaint #1337621. Based on observation, interview, and record review, the facility failed to protect the resident's right to be free from neglect for one (R801) of three residents reviewed for accidents and supervision, resulting in the resident being hospitalized for alcoholic ketosis due to alcohol ingestion and lactic acidosis due to walking in 94 degree Fahrenheit (F) temperatures after staff allowed him to go on a leave of absence (LOA) with an unknown individual without consent from the legal guardian and did not identify he had not returned for approximately 30 hours. Findings include: A review of a complaint submitted to the State Agency revealed an allegation that noted the following, .two days ago a male resident left the facility and no one knew where he was at for 1.5 days .Someone signed him out but they can't read who it was. The police were contacted. The resident was found at (hospital name) and is still there at this time .On 9/9/25 to 9/10/25, an unannounced onsite investigation was conducted. A review of R801's clinical record revealed R801 was admitted into the facility on [DATE] and readmitted on [DATE] with diagnoses that included: hemiplegia and hemiparesis following a stroke, alcohol dependence with withdrawal (as of 6/30/25), type 2 diabetes mellitus, and schizoaffective disorder bipolar type. It was indicated on R801's face sheet that he had a legal guardian. A review of R801's Minimum Data Set (MDS) assessment dated [DATE] revealed R801 had intact cognition. A review of a Letters of Guardianship form revealed R801 was appointed a legal guardian with an expiration date of 11/10/25. The letter noted, Having filed an acceptance of appointment, you have the care, custody, and control of that individual .as to the following powers and responsibilities only: MEDICAL, PHYSICAL &amp; PLACEMENT .A review of a Physician's Statement Attesting to Decision making Capacity revealed two physicians signed the form on 10/25/24 and 11/4/24 and indicated Resident does not have the capacity to make informed medical decisions and had a legal guardian. A review of R801's hospital records revealed the following: A review of an Emergency Documentation note revealed R801 was admitted to the emergency room (ER) on 6/23/25 at 1:57 PM (21.5 hours after R801 was signed out of the facility by an unknown person saying he was going to a restaurant). The following was documented in the note, .presents to (hospital) Emergency Department (ED) via EMS (Emergency Medical Services) due to chest pain, pain all over his body, heat exposure (It was a high of 94 degrees F on 6/23/25). EMS reports they were called for chest pain and when they got to the scene the patient seemed to have been drinking and was complaining of pain all over his body. Patient does have a significant cardiac history with CABG (coronary artery bypass surgery) and MI (myocardial infarction - heart attack) .Patient reassessed numerous time throughout his ED stay. he continued to complain of chest pain and pain all over his body .troponin only mildly elevated, likely type II MI due to acidosis and dehydration. Patient was given Versed push for alcohol withdrawal and copious IV (intravenous) fluids .Lab derangements likely due to dehydration and alcohol use disorder .Due to significant lactic acidosis and need for CIWA (Clinical Institute Withdrawal Assessment of Alcohol Scale) protocol patient will be admitted to the stepdown unit for further evaluation and treatment .A History and Physical Report dated 6/23/25 that read, .presents with chest pain, generalized pain, heat exposure .He endorses prolonged heat exposure while being outside and walking as well as feeling dehydrated from multiple episodes of vomiting. Patient is concerned for alcohol withdrawal symptoms as well .admitted to stepdown unit for alcoholic ketosis (A condition that can occur when a person consumes alcohol and does not consume enough food or water to compensate for the alcohol intake and lactic acidosis/a buildup of lactic acid in your bloodstream when your body produces too much lactic acid and/or cannot metabolize the lactic acid it produces) .2/2 (secondary to) starvation and heat exposure .A review of a Consultation Note from the hospital dated 6/24/25 at 2:16 AM revealed, .complaining of chest pain, pain all over his body, heat exposure. He is having difficulty answering questions. Endorses having multiple episodes of emesis (vomiting) today after being outside and walking. He indicates he had 3 beers today. He is requesting medication for alcohol withdrawal .On 9/9/25 at 12:01 PM, an interview was conducted with Unit Clerk 'A'. When queried about the procedures when a resident went on a LOA, Unit Clerk 'A' reported there was a log book that the resident signed out in. If the residents sign themselves out, a contact number was requested. If someone else signed the resident out and they were not recognized, they ask who they are and request a contact number. When queried about the process when a resident had a legal guardian, Unit Clerk 'A' reported residents with legal guardians were permitted to leave with the guardian or others approved by the guardian. Unit Clerk 'A' reported any restrictions on who a resident was</p>		

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<p>F 0740</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident must receive and the facility must provide necessary behavioral health care and services.</p> <p>(continued on next page)</p>

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<p>F 0740</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> This citation pertains to Complaint #1337621. Based on interview and record review, the facility failed to ensure a resident with a substance abuse disorder was assessed and interventions put in place for one (R801) of one resident reviewed for behavioral health services, after it was discovered he went on a leave of absence (LOA), consumed alcohol, and was treated for alcoholic ketosis and withdrawal in the hospital. Findings include: A review of a complaint submitted to the State Agency revealed an allegation that noted the following, two days ago a male resident left the facility and no one knew where he was at for 1.5 days. The resident was found at (hospital name). On 9/9/25 to 9/10/25, an unannounced onsite investigation was conducted. A review of R801's clinical record revealed R801 was admitted into the facility on [DATE] and readmitted on [DATE] with diagnoses that included: alcohol dependence with withdrawal (as of 6/30/25). It was indicated on R801's face sheet that he had a legal guardian. A review of R801's Minimum Data Set (MDS) assessment dated [DATE] revealed R801 had intact cognition. A review of a Letters of Guardianship form revealed R801 was appointed a legal guardian with an expiration date of 11/10/25. The letter noted, Having filed an acceptance of appointment, you have the care, custody, and control of that individual. as to the following powers and responsibilities only: MEDICAL, PHYSICAL &amp; PLACEMENT. A review of a Physician's Statement Attesting to Decision making Capacity revealed two physicians signed the form on 10/25/24 and 11/4/24 and indicated Resident does not have the capacity to make informed medical decisions and had a legal guardian. A review of R801's hospital records revealed the following: A review of an Emergency Documentation note revealed R801 was admitted to the emergency room (ER) on 6/23/25 at 1:57 PM (21.5 hours after R801 was signed out of the facility by an unknown person saying he was going to a restaurant). The following was documented in the note, presents to (hospital) Emergency Department (ED) via EMS (Emergency Medical Services) due to chest pain, pain all over his body, heat exposure (It was a high of 94 degrees F on 6/23/25). EMS reports they were called for chest pain and when they got to the scene the patient seemed to have been drinking and was complaining of pain all over his body. Patient reassessed numerous times throughout his ED stay. Patient was given Versed push for alcohol withdrawal and copious IV (intravenous) fluids. Lab derangements likely due to dehydration and alcohol use disorder. Due to significant lactic acidosis and need for CIWA (Clinical Institute Withdrawal Assessment of Alcohol Scale) protocol patient will be admitted to the stepdown unit for further evaluation and treatment. A History and Physical Report dated 6/23/25 that read, presents with chest pain, generalized pain, heat exposure. He endorses prolonged heat exposure while being outside and walking as well as feeling dehydrated from multiple episodes of vomiting. Patient is concerned for alcohol withdrawal symptoms as well. admitted to stepdown unit for alcoholic ketosis (A condition that can occur when a person consumes alcohol and does not consume enough food or water to compensate for the alcohol intake and lactic acidosis (a buildup of lactic acid in your bloodstream when your body produces too much lactic acid and/or cannot metabolize the lactic acid it produces). 2/2 (secondary to) starvation and heat exposure. A review of a Consultation Note from the hospital dated 6/24/25 at 2:16 AM revealed, complaining of chest pain, pain all over his body, heat exposure. He is having difficulty answering questions. Endorses having multiple episodes of emesis (vomiting) today after being outside and walking. He indicates he had 3 beers today. He is requesting medication for alcohol withdrawal. A review of R801's Psychiatry Follow Up note dated 6/19/25, completed by the contracted behavioral health provider revealed, 5/8/25 History of ETOH (alcohol) abuse. Patient currently does not drink alcohol. A review of a Psychiatry Follow Up note dated 8/7/25 (after R801's hospitalization mentioned above) revealed, Patient was readmitted from (hospital name) on 6/30/25 with diagnosis of alcoholic ketosis. History of alcohol abuse. Patient currently does not drink alcohol. (It should be noted that it was documented in the hospital record that R801 had consumed alcohol which contributed to his admission into the hospital. A review of a History and Physical dated 7/2/25, written by Physician 'G' revealed, Patient was concern for alcohol withdrawal symptoms as well. When I asked the patient if he was drinking alcohol while is was on his trip outside he denied it in spite of the hospital record showed elevated alcohol level. Diagnosis and Assessment. Alcohol withdrawal syndrome with complication. Treated in the hospital. Lactic acidosis. Due to alcohol intoxication. Alcohol use disorder. Counseled the patient about alcohol use especially while taking narcotics and being diabetic. A review of R801's social services progress notes revealed no documented discussion regarding R801's alcohol abuse disorder. A review of R801's care</p>		