

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235523	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/12/2025
NAME OF PROVIDER OR SUPPLIER Oakland Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 22401 Foster Winter Dr Southfield, MI 48075	

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 0732</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Post nurse staffing information every day.</p> <p>32568</p> <p>This citation pertains to Intake Number(s): MI00149235.</p> <p>Based on interview and record review, the facility failed to post nurse staffing information daily and with the required information, which had the potential to affect all 19 residents who resided in the facility. Findings include:</p> <p>A review of a complaint submitted to the State Agency revealed an allegation that the facility was short of nursing staff.</p> <p>On 2/12/25 at 8:15 AM, an observation of the Daily Nursing Staff Posting displayed at the nursing station revealed the current posting displayed was from two days prior on 2/10/25. The form did not include any data for the night shift (7:00 PM-7:30 AM).</p> <p>Further review of the Daily Nursing Staff Postings for December 2024 through February 2025 revealed the following:</p> <p>There was no data included for the night shift on the following dates:</p> <p>12/2/24, 12/5/24, 12/6/24, 12/12/24, 12/13/24, 12/16/24, 12/19/24, 12/24/24, 12/27/24, 12/29/24, 12/30/24, 1/2/25, 1/13/25, 1/23/25, 1/24/25, 1/26/25, 1/27/25, 1/30/25, 1/31/25, 2/6/25, 2/7/25, 2/9/25.</p> <p>There was no Daily Nursing Staff Posting for the following dates:</p> <p>12/1/24, 12/3/24, 12/4/24, 12/7/24, 12/8/24, 12/9/24, 12/10/24, 12/11/24, 12/14/24, 12/17/24, 12/18/24, 12/20/24, 12/21/24, 12/22/24, 12/23/24, 12/25/24, 12/26/24, 12/28/24, 12/31/24, 1/1/25, 1/4/25, 1/5/25, 1/6/25, 1/7/25, 1/8/25, 1/10/25, 1/11/25, 1/14/25, 1/15/25, 1/19/25, 1/20/25, 1/21/25, 1/22/25, 1/25/25, 1/28/25, 1/29/25, 2/1/25, 2/2/25, 2/3/25, 2/4/25, 2/5/25, 2/8/25</p> <p>On 2/12/25 at 9:19 AM, the Administrator acknowledged the missing data for the night shift and the missing posting on the above mentioned dates and reported the staff needed to be inserviced.</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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