

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235541	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/06/2024
NAME OF PROVIDER OR SUPPLIER The Lodge at Taylor		STREET ADDRESS, CITY, STATE, ZIP CODE 22950 Northline Rd Taylor, MI 48180	

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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39958</p> <p>This citation pertains to intake number MI00144256.</p> <p>Based on interview and record review, the facility failed to immediately report an allegation of sexual abuse for two residents (R601 and R603) of three residents reviewed for abuse, resulting in unreported allegations of abuse and the potential for further allegations of abuse to go unreported.</p> <p>Findings include:</p> <p>R601</p> <p>Review of an Admission Record revealed, R601 originally admitted to the facility on [DATE] and readmitted on [DATE] with pertinent diagnosis which included anxiety, bipolar disorder, and paranoid schizophrenia.</p> <p>Review of a Minimum Data Set (MDS) assessment dated [DATE] revealed R601 had no cognitive impairment with a Brief interview for Mental Status (BIMS) score of 15 out of 15.</p> <p>Review of a progress note with a date of 4/18/24 at 9:34 a.m. revealed, Writer notified that it was an reported incident from 4/17/24. Incident reported was resident was in another resident room last night around 9pm and other resident was touching her under shirt (R603) .</p> <p>R603</p> <p>Review of an Admission Record revealed, R603 originally admitted to the facility on [DATE] and readmitted on [DATE] with pertinent diagnosis which included legal blindness, depressed mood, and adjustment disorder with mixed anxiety.</p> <p>Review of a MDS assessment dated [DATE] revealed R603 had no cognitive impairment with a BIMS score of 15 out of 15.</p> <p>The incident was reported to the SA on 4/22/24 by the Nursing Home Administrator (NHA).</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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 6/6/24 at 1:48 p.m. the NHA reported the incident between R601 and R603 was not reported to the SA on the day it happened because she did not feel it was not an allegation of abuse.</p> <p>In an interview on 6/6/24 at 2:41 p.m., the NHA reported allegations of abuse should be reported within two hours of notification.</p> <p>Review of an Abuse, Neglect and Exploitation policy revised 1/10/24 documented, . Reporting/Response . a. immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury or b. Not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury .</p>		