STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235541	A. Building B. Wing	08/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Lodge at Taylor	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)
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 that a call button was within reach for one resident (R102) reviewed for call light access. Findings include:During an observation on 8/21/25 at 8:46 AM, R102 was observed awake and lying in bed. R102 was receiving breakfast meal assistance from a staff member. R102's call button was observed on the floor at the head of the bed. During an interview on 8/21/25 at 8:51 AM, Non-Certified Nurse Aide E said she had been in R102's room assisting him with the breakfast meal. During an observation and interview on 8/21/25 at 8:56 AM, Licensed Practical Nurse (LPN) B noted R102's call light on the floor and said that the resident could not reach it. LPN B indicated that R102 had the capacity to use the call button. A review of the clinical record for R102 documented an admission date of 7/24/25 with diagnoses that included atrial fibrillation, morbid obesity, and hemiplegia/hemiparesis following cerebral infarction affecting right dominant side. A Minimum Data Set assessment dated [DATE] documented severe cognitive impairment and no impairment of the upper extremities. A review of R102's care plans documented in part the following:- Resident has an ADL (activity of daily living) self-care performance deficit related to Congestive Heart Failure (CHF), generalized weakness, obesity, impaired mobility. Initiated: 7/24/25. Interventions included: Encourage resident to use call light when assistance is needed. Initiated 7/24/25 - Resident is at risk for falls/injury related to bladder incontinence, bowel incontinence, generalized weakness, needs assistance with ADLs, obesity, psychoactive medication use. Initiated 7/25/25. Interventions included: Encourage resident to use call light. Initiates 7/25/25. On 8/21/25 at 1:46 PM, the Director of Nursing (DON) said resident's call lights should be within reach. A review of the facility policy titled, Call Light: Accessibility and Timely Response, dated 12/28/23, revealed in part the following:- The purpose of this policy is to assure the facility is adequately equipped with a call light at each residents' bedside, toilet, and bathing facility to allow residents to call for assistance.- Residents are educated on how to call for help by using the resident call system. On 8/21/25 at 2:45 PM during the exit conference the Nursing Home Administrator and DON were asked if there was any additional documentation or information that the facility would like to provide prior to the end of the survey and they reported there was none.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235541	A. Building B. Wing	08/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Lodge at Taylor	22950 Northline Rd Taylor, MI 48180

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to demonstrate professional standards of practice by not securing a physician's order and properly documenting wound care for one resident (R102) out of three residents reviewed for wound care. Findings include: During an observation on 8/21/25 at 8:24 AM, R102 was observed awake and lying in bed. A wound patch was observed on R102's right arm dated 8/16/25. During an observation and interview on 8/21/25 at 8:56 AM, Licensed Practical Nurse (LPN) B noted the patch on R102's right arm and stated, (R102) should have an order for the patch. LPN B reviewed R102's electronic health record (EHR) and confirmed there was no physician's order to apply a wound patch to R102's right arm or nursing note regarding the wound patch dated 8/16/25. A review of R102's EHR documented an admission date of 7/24/25 with diagnoses that included atrial fibrillation, morbid obesity, and hemiplegia/hemiparesis following cerebral infarction affecting right dominant side. A Minimum Data Set assessment dated [DATE] documented severe cognitive impairment. R102's care plans were reviewed, and the following care plan focus areas were revised on 8/21/25:- Resident is at risk for impaired skin integrity related to incontinent of bladder, incontinent of bowel, obesity, impaired mobility, history of cellulitis, has history of picking at skin.- Resident has impaired skin integrity as evidenced by: Abrasion to right elbow, arterial wound to right lateral malleolus, cellulitis to RUE (right upper extremity) (resolved); Abrasion to sternum (resolved) present upon admission. During an interview on 8/21/25 at 1:46 PM, the Director of Nursing (DON) said R102 had a scab on his right arm and the nurse put a dressing on it. The DON stated, There should have been a physician's order for that. The DON said the physician should have been made aware of what was going on with the resident and to also direct the nurse to implement the proper wound treatment. The DON acknowledged there was no note written regarding the wound and treatment provided. The DON added that whatever treatments are done for the residents should be documented. A review of the facility policy titled, Pressure Ulcer/Skin Breakdown - Clinical Protocol, dated 3/20/24, documented in part the following: The physician will authorize pertinent orders related to wound treatments, including pressure reduction surfaces, wound cleansing and debridement approaches, dressings (occlusive, absorptive, etc.), and application of topical agents. On 8/21/25 at 2:45 PM during the exit conference the Nursing Home Administrator and DON were asked if there was any additional documentation or information that the facility would like to provide prior to the end of the survey and they reported there was none.