

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 09/09/2025
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)		
F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>This citation pertains to intake 2602236. Based on observation, interview and record review the facility failed to ensure safe maintenance of shower gurneys, as four out five were observed to be missing safety pins required to secure the side rails. Findings include: On 9/9/25 at 12:14 PM, the shower room in Hall C was observed to contain a shower gurney missing all required safety pins to secure the side railings. On 9/9/25 at 12:16 PM, the shower room in Hall B was observed to have two shower gurneys missing all pins to secure the side rails. On 9/9/25 at 12:20 PM, the shower room on Hall E was observed to contain a shower gurney missing two of the four required safety pins to secure side rails. Record review of maintenance logs revealed no evidence that shower gurneys were routinely assessed for safety. In addition, there were no documented requests to replace the missing safety pins. Lastly, review of Certified Nursing Assistant Competency form indicated no education related to the use of the shower gurneys. On 9/9/25 at 1:00 PM, an interview was conducted with the Nursing Home Administrator, who reported that all shower gurneys should be safely maintained and that staff are expected to report equipment in need of repair in a timely manner to prevent accidents. Furthermore, nursing staff should be in serviced on using the shower gurneys. Record review of policy Physical Environment: Electrical Equipment revised 1/1/22 documented, The facility will maintain all mechanical, electrical, and patient care equipment in safe operating condition.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 235541
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