

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235543	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/01/2026
NAME OF PROVIDER OR SUPPLIER  Lincoln Haven Nursing & Rehabilitation Community		STREET ADDRESS, CITY, STATE, ZIP CODE  950 Barlow Road Lincoln, MI 48742	

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 0801</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, including a qualified dietician.</p> <p>Based on interview and record review the facility failed to provide a qualified dietician, other clinically qualified nutrition professional, and/or director of food and nutrition services who met the required qualifications in the timeframe allowed. Findings include:On 03/30/2026 at 11:15 AM the dietary manager (DM) F stated she does not have her Certified Professional Food Manager Certification and she is not a Registered Dietitian. DM F stated she has only been at this facility for a short time and has not had a chance to obtain the certifications. She stated the facility does have a Registered Dietitian (RD) for the facility.On 03/31/2026 at 09:45 AM in a phone interview with RD N, when asked if she worked full time at the facility as the Registered Dietitian, she stated she came into the facility bi-weekly, with two visits per month and also conducts remote assessments. She stated she is a consultant for the corporation. During this phone interview, the nursing home administrator NHA, entered the room and stated that RD N was full- time for this facility. When asked, the NHA stated Dietary Manager F had been employed 6 weeks.On 03/31/2026 at 10:10 AM a review of RD Ns invoice showed billed hours to the facility for the month of December 2025, January of 2026 and February of 2026 showed a total number of billed hours (excluding travel time) to be 26.75 for all three months combined. Separated out, this broke down to 6.25 hours billed on 12/30/2025, 10 hours billed on 1/28/2026, and 10.5 hours billed on 2/28/2026.On 03/31/2026 at 10:00 AM during an interview with the NHA she stated that she does all of the food ordering and pretty much runs the kitchen due to Dietary Manager F being so new.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235543	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/01/2026
NAME OF PROVIDER OR SUPPLIER  Lincoln Haven Nursing & Rehabilitation Community		STREET ADDRESS, CITY, STATE, ZIP CODE  950 Barlow Road Lincoln, MI 48742	
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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review the facility failed to maintain general repair of the premises. This resulted in an increased potential for contamination and a possible decrease in satisfaction of living affecting all residents in the facility. Findings Include:On 03/30/2026 at 11:05 AM observed the vegetable wash sink was indirectly connected to the floor drain, with the drain line extending down into and below the lip of the floor drain. During this observation, when asked what this sink is used for, Dietary Manager (DM) F stated that vegetables are washed in this sink.On 03/30/2026 at 12:21 PM observed the double doors for the closet in room [ROOM NUMBER] with the left closet door askew. The track that the door was to follow on top was damaged and no longer working, and the upper left portion of the left door was hanging away from the door frame about 5 inches.On 03/30/2026 at 2:17 PM observed the drain line coming from the third bin of the three-compartment sink extending down into and below the lip of the floor drain. DM F stated this three-compartment sink is where some utensils that do not go through the dish machine are washed, rinsed and sanitized.On 03/30/2026 at 2:20 PM observed the ice machine which is used for resident food prep and drinks had the drain lines extending down into and below the lip of the floor bowl drain, with no air gap present.According to the 2022 FDA Food Code section 5-402.11 Backflow Prevention. (A) Except as specified in (B), (C), and (D) of this section, a direct connection may not exist between the SEWAGE system and a drain originating from EQUIPMENT in which FOOD, portable EQUIPMENT, or UTENSILS are placed. P</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235543	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/01/2026
NAME OF PROVIDER OR SUPPLIER  Lincoln Haven Nursing & Rehabilitation Community		STREET ADDRESS, CITY, STATE, ZIP CODE  950 Barlow Road Lincoln, MI 48742	
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 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are fully informed and understand their health status, care and treatments.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility failed to ensure resident's and/or their representatives were educated on the risks and benefits of prescribed psychotropic medications by obtaining informed consent prior to administration for two Residents (#7 and #21) of five residents reviewed. Findings include: Resident #7 (R7)</p> <p>Review of the Electronic Medical Record (EMR) revealed R7 was admitted to the facility on [DATE] and had diagnoses including bipolar disorder and generalized anxiety. Review of the March 2026 Medication Administration Record (MAR) revealed R7 was administered the following medications per physician order:</p> <p>Risperdal tablet (risperidone, an antipsychotic medication used to treat schizophrenia and bipolar disorder) 0.5 milligrams (mg), one tablet by mouth daily at bedtime. Date initiated: 11/11/2025.</p> <p>Review of R7's Psychoactive Medication Consent Form, gleaned from the EMR and dated 11/12/2024, revealed informed consent for the medication listed as Risperdal Consta IM [injectable form of antipsychotic medication], Q 2 Weeks [every two weeks]. It was noted the consent was signed by R7's responsible party on 11/12/2024.</p> <p>Review of physician orders revealed Risperdal Consta 12.5 mg/2 ml (milliliter); 1 ml; Intramuscular [IM]. For total dose of 6.25 mg IM. Once a day on [Sunday]. Every two weeks. The order was noted as discontinued on 11/11/2025.</p> <p>Further review of the EMR revealed no signed informed consent for R7's form and dosage change from Risperdal Consta 6.25 mg IM every two weeks to Risperdal 0.5 mg oral tablet daily, to include the risks and benefits of the change.</p> <p>During an interview on 4/01/2026 at 11:15 a.m., Social Services Designee, Staff H reported the process for obtaining informed consent applied to new medication orders and changes to existing medication orders. Staff H reported nursing was responsible for alerting her of changes to existing psychotropic medication orders to allow her to start the process for obtaining informed consent. Staff H reported she could not locate a signed consent for R7's change in form and dosage of Risperdal on 11/11/2025.</p> <p>Resident #21 (R21)</p> <p>Review of R21's electronic medical record (EMR), revealed an admission date to the facility on 7/3/26 with medical diagnoses of multiple sclerosis (a chronic autoimmune disease of the central nervous system where the immune system attacks the myelin sheath protecting nerve fibers, causing inflammation and scar tissue), and major depressive disorder, recurrent and in full remission.</p> <p>R21's progress note, dated 9/8/25, read in part, .Resident had a meeting with staff today and was wondering about going home, husband unable to care for her at this time and it was decided she will stay here longer and be re-evaluated next month. Resident was very tearful and will be evaluated for depression meds. Anticipate if depression addressed further intake may improve and weight will stabilize. (continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235543	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/01/2026
NAME OF PROVIDER OR SUPPLIER  Lincoln Haven Nursing & Rehabilitation Community		STREET ADDRESS, CITY, STATE, ZIP CODE  950 Barlow Road Lincoln, MI 48742	
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 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Physician orders unveiled R21 was prescribed an antidepressant on 11/15/25.</p> <p>On 3/31/26 at 3:45 PM, an interview was conducted with R21 who was asked if she recalled signing a consent for her antidepressant and replied, No. I am not even sure if I am still taking an antidepressant.</p> <p>Review of R21's progress note, dated 11/16/25, read in part Resident reported concerns about depression and feeling sad most of the time. She has requested for the provider to place her on another antidepressant.[doctors name] informed of conversation with resident and new orders placed in MAR (medication administration record): Effexor 75 mg capsule extended release QD (every day).Order placed in social workers box for further review.</p> <p>On 3/31/26 at 4:00 PM, an interview was conducted with the social services designee (SSD) H who was asked if R21 had a consent for her venlafaxine and replied, Let me look. She should have one in the EMR. The SSD H could not find a consent for R21's venlafaxine in the EMR and did not know why there was not one on file.</p> <p>Review of policy titled, Psychotropic Medication Use, dated 01/2025, read in part Policy: Residents are not given psychotropic medication unless the medication is necessary to treat a specific condition, as diagnosed and documented in the clinical record. Policy Explanation and Compliance Guidelines: 1. Psychotropic medications include, but are not limited to: antipsychotics, antidepressants, anti-anxiety, and hypnotics.3. Residents and/or representatives will be educated on the risks and benefits of psychotropic medication use, as well as alternative treatments/non-pharmacological interventions. 4. Residents who use psychotropic medications will receive gradual dose reductions, unless clinically contraindicated, in an effort to discontinue the medication if possible.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235543	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/01/2026
NAME OF PROVIDER OR SUPPLIER  Lincoln Haven Nursing & Rehabilitation Community		STREET ADDRESS, CITY, STATE, ZIP CODE  950 Barlow Road Lincoln, MI 48742	
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 0628</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies.</p> <p>Based on interview and record review, the facility failed to provide requisite bed hold information for three Residents (R3, R6, and R17) of four residents reviewed for hospitalizations. Findings include: Resident #3 (R3) R3 was transferred from the facility to the Emergency Department (ED) on 12/16/25. The electronic medical record (EMR) of R3 did not contain documentation pertaining to bed hold information provided to R3 and/or the resident representative of R3 as a result of the transfer to the ED on 12/16/25. R3's bed hold paperwork was blank and not filled out. Resident #6 (R6) R6 was transferred from the facility to the ED on 1/8/26, 3/19/26, and 3/27/26. The EMR of R3 did not contain documentation pertaining to bed hold information provided to R6 and/or the resident representative of R6 when R6 was transferred to the ED. R6's bed hold paperwork was blank and not filled out. Resident #17 (R17) The EMR of R17 documented transfers from the facility to the ED on 12/10/25 and 3/7/25. The EMR did not contain documentation of bed hold information provided to R17 and/or the resident representative of R17. R17's bed hold paperwork was blank and not filled out. On 3/30/26 at 4:00 PM, an interview was conducted with the Social Services Designee (SSD) H who was asked about the transfers and bed holds for R3, R6, and R17. SSD H provided a binder with the facility transfers and bed hold information. The SSD H confirmed that R3, R6, and R17 lacked a bed hold was provided during the time of transfers and none were scanned into the EMR. Review of policy titled, Bed Hold, dated 01/2022, read in part Policy: Our facility allows residents to hold or reserve a bed while absent from the facility due to hospitalization or therapeutic leave. This policy applies to all residents regardless of payment source and will be provided to the resident or the resident's representative at the time of admission and again with any emergency transfers from the community. Procedures: 1. The facility Social Worker or designee will provide a copy of the bed hold policy to the resident and/or the resident representative at the time of admission and again prior to a transfer due to hospitalization or therapeutic leave. The signed copies will be maintained in the resident's financial or personal file. 2. The facility shall provide the bed hold policy Acknowledgement to the resident or the resident representative with any resident initiated therapeutic leave or transfer to alternative healthcare community including a hospital admission. The acknowledgement will provide information to the resident and/or resident representative that explains the duration, the reserved bed payment policy and also facility permitting return of the resident to the next available bed. 7. A copy of the resident's bed-hold or release record will be filed in the resident's medical record.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235543	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/01/2026
NAME OF PROVIDER OR SUPPLIER  Lincoln Haven Nursing & Rehabilitation Community		STREET ADDRESS, CITY, STATE, ZIP CODE  950 Barlow Road Lincoln, MI 48742	
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 0636</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assess the resident completely in a timely manner when first admitted, and then periodically, at least every 12 months.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility failed to ensure the accuracy of assessments for one Resident (#29) of two residents reviewed for Hospice services. Findings include:Resident #29 (R29) Review of the electronic medical record (EMR) revealed R29 was admitted to the facility on [DATE] and had diagnoses including congestive heart failure, atrial fibrillation, acute respiratory failure with hypoxia and hypertension. During an interview on 3/31/2026 at 9:30 a.m., R29's Legal Guardian (LG) R reported R29 was currently receiving Hospice services at the facility. Further review of the EMR revealed a Facility Notification of Admission, form signed and dated by the Hospice provider on 10/29/2025. Resident profile information gleaned from the EMR listed R29's primary payer as the Hospice provider. Review of the Hospice IDG Comprehensive Assessment and Plan of Care Update Report(s), dated 10/31/2025 and 3/20/2026 revealed R29 was admitted to Hospice on 10/29/2025 with a current benefit period through 4/26/2026. Review of R29's Minimum Data Set (MDS) assessments, dated 10/29/2025, 11/12/2025 and 1/27/2026, revealed the assessment data listed in Section O Other services. K1. Hospice Care, was not marked and line Z1. None of the Above. was checked, indicating R29 was not receiving Hospice care while residing in the facility. Review of the CMS 802 (facility matrix) provided by the Nursing Home Administrator (NHA) on 3/30/2026, revealed R29 not marked on the matrix as receiving Hospice care. On 4/01/2026 at 8:59 a.m., the facility MDS Coordinator, Registered Nurse (RN) I reviewed R29's MDS assessments, dated 10/29/2025, 11/12/2025 and 1/27/2026, and confirmed the resident was not coded for receiving Hospice services on the assessments. RN I reported she was unsure why the MDS did not include an accurate assessment as she was aware of R29 being admitted to Hospice services following a hospitalization in October of 2025. RN I reported there was ongoing discussion with LG R and R29 regarding Hospice admission and that once the decision for Hospice initiation was made, she may have forgot to go back in, and change the assessment to reflect Hospice services prior to submitting the 10/29/2026 and therefore all subsequent assessments did not reflect the provision of Hospice care. Review of the facility policy titled, Resident Assessment Comprehensive Assessments, updated 11/28/2017, revealed the following: To ensure that the Resident Assessment Instrument (RAI) is used, in accordance with specified format and timeframes, in conducting comprehensive assessments as part of an ongoing process through which the facility identified each resident's preferences and goals of care, functional and health status, strengths and needs, as well as offering guidance for further assessment once problems have been identified. This facility must conduct initially and periodically a comprehensive, accurate . assessment of each resident's functional capacity . The MDS/CAA assessment includes at least the following . O. Special treatments and procedures .</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235543	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/01/2026
NAME OF PROVIDER OR SUPPLIER  Lincoln Haven Nursing & Rehabilitation Community		STREET ADDRESS, CITY, STATE, ZIP CODE  950 Barlow Road Lincoln, MI 48742	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility failed to ensure follow-up care was documented for elevated blood glucose levels, and; Communicate with physician as ordered, for one Resident (R3) of one resident reviewed for insulin therapy. Findings include: Resident #3 (R3) According to R3's electronic medical record (EMR), R3 was admitted to the facility on [DATE] with medical diagnoses of diabetes mellitus, weakness, depression, and anxiety. Review of R3's physician order, dated 1/1/26, revealed an order for insulin lispro solution with a sliding scale of: If blood sugar is 150 to 200 give 2 units, if blood sugar is 201 to 250 give 4 units, if blood sugar is 251 to 300 give 6 units, if blood sugar is 301 to 350 give 8 units and if blood sugar is 351 to 400 give 10 units. Assess blood glucose levels three times a day prior to lunch, dinner, and bedtime. If blood glucose is greater than 400 call medical doctor. Review of R3's physician order, dated 4/17/25 until 1/1/26, revealed an order for insulin lispro solution with a sliding scale of: If blood sugar is 150 to 200 give 2 units, if blood sugar is 201 to 250 give 4 units, if blood sugar is 251 to 300 give 6 units, if blood sugar is 301 to 350 give 8 units and if blood sugar is 351 to 400 give 10 units. Assess blood glucose levels two times a day at 11:00 AM and 8:00 PM. If blood glucose is greater than 400 call medical doctor. Review of R3's blood glucose levels, dated 10/1/25 through 4/1/26 revealed 40 results over 400 milligram per deciliter (mg/dL). The physician was documented as notified only six of the 40 times R3's blood sugar was greater than 400. No follow-up blood glucose rechecks were documented to ensure the blood glucose was trending down or still elevated documented in the EMR. On 4/1/26 at 11:10 AM, an interview was conducted with R3 who was asked if he recalled any follow-up blood glucose checks after receiving extra insulin related to an elevated blood glucose over 400 and replied, I honestly can not recall. My memory comes and goes. On 4/1/26 at 11:50 AM, the Nursing Home Administrator (NHA) was interviewed and asked what her expectation was for nursing if a resident's blood glucose result was greater than 400 and replied, I would expect the nurse to contact the physician and do a follow-up blood glucose and document it in the EMR. Review of facility policy titled, Diabetic Management Program, dated 01/2025, read in part Policy: This policy is designed to provide standardized guidance for diabetic management and ensure appropriate treatment is initiated for hyperglycemia and hypoglycemia episodes. It is important to note that some residents may require a different plan of care and that a physician's order takes precedence over the guidance contained within this policy in such instances. Procedure: Call physician immediately if blood glucose is &gt;300, or as determined by a physician's order. recheck blood glucose per Physician order. Document blood sugar results, treatment and resident response to treatment in the medical record.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235543	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/01/2026
NAME OF PROVIDER OR SUPPLIER  Lincoln Haven Nursing & Rehabilitation Community		STREET ADDRESS, CITY, STATE, ZIP CODE  950 Barlow Road Lincoln, MI 48742	
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 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p>Resident #21 (R21)Review of R21's electronic medical record (EMR), revealed an admission date to the facility on 7/3/26 with medical diagnoses of multiple sclerosis (a chronic autoimmune disease of the central nervous system where the immune system attacks the myelin sheath protecting nerve fibers, causing inflammation and scar tissue), and major depressive disorder, recurrent and in full remission.On 3/30/26 at 12:35 PM, an interview was conducted with R21 in her room. R21 was noted to have a high back wheelchair sitting next to a table and R21 was resting in her bed. R21 was asked the last time she was up in her wheelchair and replied, It has been a few days. R21 was asked why she has not been up today and replied, I can only tolerate a couple hours in that wheelchair, it is not my normal wheelchair. R21 was asked where her normal wheelchair was and replied, It was here, but now it is back home. The facility will not let me have it here. I have a power wheelchair. I was able to use it at a different facility, but this one will not allow it. R21 stated, I was not aware when I admitted to the facility that I was not going to be able to use and keep my power wheelchair during my stay.Review of R21's care plan, dated 7/17/25, read in part .Problem: [resident name] has Alteration in ADLs [activities of daily living] self-care deficit r/t [related to] advance MS [multiple sclerosis].weakness. Goal.Resident's preferences will be honored to the extent possible. Approach: Allow resident time to perform and complete ADLs as able.Involve resident in care and decision making as much as possible. Offer choices when able.Status of bed mobility: assist x 1 prn [as needed].On 3/31/26 at 2:20 PM, an interview was conducted with Certified Occupational Therapy Assistant (COTA) O, who was asked regarding R21's power wheelchair and replied, It would be life changing for her to have her power wheelchair.Occupational therapy progress note, dated 7/21/25 for R21 read in part .Pt [patient] utilizes PWC [power wheelchair] in home environ, spending all day and even sleeping in it. Pt has bari-BSC [bariatric bedside chair] which she is able to complete PWC&lt;-&gt;BSC w/o [without] utilizing SB [slide board].DON [Director of Nursing] to continue to attempt to allowance of PWC into this facility. Pt and SO [significant other] very upset, highly frustrated.Review of R21's progress note, dated 7/23/25 at 10:30 AM, read in part .PT [physical therapy]/OT (occupational therapy) continuing to work with [resident's name]. Requires total assistance with ADLs/transfers. Approved to bring in custom power chair for therapy evaluation of transfers/utilization.Care conference was completed on July 21st, with s/o (significant other) present for meeting. Plan is for s/o to bring in powerchair at earliest convenience, continue with therapy as tolerated.Review of R21's wheelchair assessment, dated 7/24/25, revealed R21 was safe to use power wheelchair and was able to navigate the power wheelchair joystick for positioning and driving. Assessment recommendations were to resume PWC for home use upon return home with caregiver.R21's progress note, dated 9/8/25, read in part, .Resident had a meeting with staff today and was wondering about going home, husband unable to care for her at this time and it was decided she will stay here longer and be re-evaluated next month. Resident was very tearful and will be evaluated for depression meds.Anticipate if depression addressed further intake may improve and weight will stabilize.On 3/31/26 at 3:16 PM, an interview was conducted with R21 in her room. R21 was lying in her bed resting and was asked if she could have her power wheelchair how would she feel and replied, It would change my whole attitude. It lifts my feet. I can change positions in it. I can lean back or sit up and move around. I really wish I could have my power wheelchair here. It would help me out. I would love to be able to keep it here in my room and utilize it like I did at home. My power wheelchair is my life. I would not be so contracted if I had my own power wheelchair.During an interview on 4/1/26 at 8:30 AM, with the Business Office Manager (BOM) G who was asked about the admission process and which policies were covered during the process and replied, I just do the basics like resident rights, transfer, bed hold, accounts, and other stuff like that. BOM G was asked if she covered the policy for power wheelchairs and replied, No, I do not cover that policy.Review of (continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235543	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/01/2026
NAME OF PROVIDER OR SUPPLIER  Lincoln Haven Nursing & Rehabilitation Community		STREET ADDRESS, CITY, STATE, ZIP CODE  950 Barlow Road Lincoln, MI 48742	
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 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R21's admission agreement, dated 7/3/25, lacked any discussion of the facility policy regarding electrical appliances including power wheelchairs, electric razors, laptops, and curling irons. On 4/1/26 at 10:35 AM, an interview was conducted with Occupational Therapist (OT) P who was asked if R21 had her power wheelchair what that would do for her contracture in her left leg and replied, Her contracture has gotten worse in her left leg and was not there when she first admitted to the facility. She has not been getting out of bed related to pain. Her muscle tone has decreased in her left leg. I was told her power wheelchair was not allowed. She was evaluated for safety of use of her power wheelchair, and she passed and can work the controls better than I can that's for sure. During an interview on 4/1/26 at 1:40 PM, the Nursing Home Administrator (NHA) was asked why R21 was not allowed to have her power wheelchair and replied, She was not safe to use it in the facility. The NHA agreed R21 should be re-evaluated for safety of use for her power wheelchair and acknowledged R21 would benefit from using her own custom power wheelchair in her room at the facility. Review of policy titled, Electrical Appliances Resident Rooms, dated 01/2024, read in part Policy: It is the policy of this facility that only authorized electrical appliances be permitted in resident rooms to create a friendly and comfortable homelike environment consistent with consideration for space, safety, and fire code requirements. Procedure.2. Motorized equipment such as wheel chairs are not permitted in house for safety of facility residents in small environment. Staff will consult facility administrator in further interventions if needed. Facility administrator has final decision if limited use if required. Review of policy titled, Activities of Daily Living (ADLs)/Maintain Abilities, dated 01/2025, read in part INTENT: It is the policy of the facility to specify the responsibility to create and sustain an environment that humanizes and individualizes each resident's quality of life by ensuring all staff, across all shifts and departments, understand the principles of quality of life, and honor and support these principles for each resident; and that the care and services provided are person centered, and honor and support each resident's preferences, choices, values and beliefs. PROCEDURE: 1. Based on the assessment of a resident and consistent with the resident's needs and choices, the facility will provide the necessary care and services to ensure that a resident's abilities in activities of daily living do not diminish unless circumstances of the individual's clinical condition demonstrate that such diminution was unavoidable. 2. The facility will ensure a resident is given the appropriate treatment and services to maintain or improve his or her ability to carry out the activities of daily living.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235543	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/01/2026
NAME OF PROVIDER OR SUPPLIER  Lincoln Haven Nursing & Rehabilitation Community		STREET ADDRESS, CITY, STATE, ZIP CODE  950 Barlow Road Lincoln, MI 48742	
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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review, the facility failed to monitor fluids and provide the diet as ordered for one Resident (R4) of two residents reviewed for fluid concerns. Findings include: Resident #4 (R4) The electronic medical record (EMR) revealed a most recent admission date of 8/27/2025 with diagnoses including myocardial infarction (heart attack) and chronic kidney disease. The EMR also included a physician order dated 2/5/2026 which read 1500 cc (cubic centimeters which is 1.5 liters) Fluid Restriction Diet: Regular NAS (No Added Salt) and a physician order dated 3/31/26 Lasix was increased to 40 mg daily on 3/31/26 (Lasix is a diuretic or water pill used to treat edema or fluid retention.) During an interview on 3/30/2026 at approximately 1:30 PM, R4 stated his legs swell up. He was sitting in his wheelchair with his feet resting on his bed and elevated chest high. On 3/31/2026 at 12:08 PM, R4 was observed in the dining room slurping chicken noodle soup from a bowl. Licensed Practical Nurse (LPN) A stated he gave R4 a glass of water (4 ounces) and a glass of grape juice (4 ounces). LPN A said, He drank the grape juice so fast I gave another 4 ounces of water as he was thirsty. The meal tray card for R4 read Regular, 1500cc Restr (Restriction). The tray card did not include No Added Salt as was indicated on the physician's order. The tray card read Beverages/Equipment Coffee with sugar, Grape Drink (8 Floz or fluid ounces), Lo Cal Fruit Punch (8 Floz). The EMR physician orders dated 1/18/2026 included, Obtain Daily weight r/t BLE (related to bilateral lower extremity or both legs) swelling &amp; weight gain. The Medication Administration Record (MAR) included the daily weights and was reviewed from 3/2/2026 to 3/31/2026. No weights were recorded on 3/11, 3/16, 3/17, 3/18, 3/19, 3/23, 3/24, 3/25, 3/26, 3/27 or 3/29/2026. The MAR also had an area for documentation of 1500 cc Fluid Restriction Diet: Regular NAS Other. Nurses had signed the MAR twice per day for this order but there was no indication of the amount of fluids R4 had consumed. During an interview on 4/1/2026 at 1:00 PM, Certified Nurse Aide (CNA) E was asked about the procedure for recording fluids for residents with a fluid restriction. CNA E said, We just chart in the computer what residents take each meal. Sometimes there is a plan for fluids on the wall of the room. We observed R4's room, but there was not a plan on how to divide the 1500 cc fluids ordered per day. CNA E said, He (R4) does not have a plan, maybe the nurses have one. The EMR was reviewed on 4/1/2026 for fluids recorded in the vitals section of the chart per CNA E. On 3/31/26 120 cc was the only fluid recorded for the day, although R4 was observed drinking 8 ounces of water, 4 ounces of grape juice and approximately 6 ounces of chicken noodle soup at lunch to total 540 cc for that meal alone. The EMR did not have any fluids recorded on 3/4, 3/5, 3/10, 3/11, 3/16, 3/17, 3/18, 3/19, 3/24, 3/25, or 3/27/2026. During an interview on 4/1/2026 at approximately 1:10 PM, LPN D stated he did not record fluids given with medications. LPN D stated, The CNAs just document what we give with meds into their last meal. They add it in. When LPN D was asked how much fluid the nurses give with medication he replied he does not arrive to the facility until 10 AM and has no idea what the first shift nurses did. LPN D said he gave R4 medication twice a day with 2-3 ounces each time. So, I give about 5 oz a day. When LPN D was asked who was responsible to total and assess the fluids given per day, he replied the computer automatically totals the day. During an interview on 4/1/2026 at 1:20 PM, the Nursing Home Administrator (NHA) stated there was a binder for fluid documentation containing the daily fluid worksheets. The NHA said dietary should give 355 cc each meal (1.47 cups per meal.) The page for 3/31/2026 was reviewed and at lunch there was a bold 355 cc written in for the allotment for lunch and 60 cc was recorded as consumed for lunch, although the EMR had 120cc recorded at lunch and R4 was observed to consume 540 cc. On 4/01/2026 at approximately 1:30 PM, Dietary Manager (DM) F was asked to print the breakfast, lunch and dinner meal tray cards for R4. They included fluids of: Breakfast: 4 oz juice, coffee with sugar (DM F stated a coffee cup is 8 oz.) Lunch: coffee (8 oz), grape drink (8 oz), lo cal fruit punch (8 oz) Dinner: coffee (8 oz), grape drink (8 oz), lo cal fruit punch (8 oz) The fluid total allotted on the meal tray card for R4 (continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235543	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/01/2026
NAME OF PROVIDER OR SUPPLIER  Lincoln Haven Nursing & Rehabilitation Community		STREET ADDRESS, CITY, STATE, ZIP CODE  950 Barlow Road Lincoln, MI 48742	

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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>equaled 60 ounces or 1800 cc per day. This amount did not include the fluids given with the medication pass. This dietary total alone exceeded the physician order of 1500 cc per day. The care plan for R4 was reviewed and although the physician orders were focused on a fluid restriction, a salt limitation, medication to eliminate edema, and monitoring of weight gain due to fluid overload, there was not a care plan for this focus. There was only a care plan with a focus of a risk of dehydration D/T (due to) use of diuretic medication. During an interview on 4/1/2026 at approximately 2:00 PM, the NHA could not present documentation on how fluid restrictions were totaled each day to determine if the physician order of 1500cc was being met or exceeded. The undated policy titled FLUID RESTRICTIONS/HYDRATION was reviewed and read in part, Policy: Physician orders for fluid restrictions will be followed. Dietary and nursing will determine the amount of fluids to be given with meals and between meals. Fluid amounts will be reflected on the residents (SIC) tray card and nursing EMR at [NAME] (SIC) pass. Fluid restriction breakdown will be also (SIC) appear of (SIC) each resident's POC (plan of care).</p>