STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235547	A. Building B. Wing	08/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lakepointe Senior Care and Rehabilitation Center	37700 Harper Avenue Clinton Township, MI 48036

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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to revise the care plan for one resident (R05) of one resident reviewed for care plans. Findings include:R5On 8/25/25 at 9:30 AM, R5 was observed laying in their bed with their leg hanging over the bed. When asked about care, R5 shook their head and stated, it's okay. A review of the Electronic Medical Record (EMR) revealed R5 was originally admitted on [DATE] with pertinent diagnosis of Dementia, Delusion Disorders, and adjustment disorder. Further review revealed a Brief Interview for Mental Status score which indicated intact cognition and required maximum assistance with all activities of daily living.A review of R5's EMR revealed Behavior Notes on 8/1/25, 8/3/25, 8/9/25, 8/11/25, 8/15/25, 8/21/25 and 8/23/25, indicating R5 exhibited behaviors of trying to disconnect, pull out or unscrewing their tube feeding (tube inserted into the stomach for food and fluids).Review of R5's EMR care plan dated 7/16/25 and revised 8/7/25, with a focus of Mood / Behaviors did not show any interventions for the behavior of disconnecting the tube feeding.On 8/27/25 at 1:35 PM, the Director of Nursing (DON) was queried about R5 behaviors and lack of interventions and said R5's behaviors were redirected after each incident of disconnecting the tube feeding. The DON indicated their expectations regarding care plans were care plans should be updated and/or revised due to specific changes and as needed per care plan policy.A review of the policy titled, Care Planning - Interdisciplinary Team documented, the facility's care planning/ interdisciplinary team is responsible for the development of an individualized comprehensive care plan for each resident.

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
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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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. Based on observation, interview, and record review, the facility failed to provide adequate facial hair grooming for one (R65) of five residents reviewed for activities of daily living (ADL) care. Findings include: On 08/25/25 at 10:21 AM, R65 was observed lying in bed and appeared to be sleeping. It was observed that a notable amount of facial hair was present on their chin and jawline. Review of the facility record for R65 revealed an initial admission date of 09/13/21 with diagnoses including Chronic Pain Syndrome, Muscle Weakness, and Chronic Obstructive Pulmonary Disease. Review of R65's care plan dated 06/09/25 revealed the ADL Focus area that included the intervention Hygiene/Grooming: 1 PA (person assist) Please remove any facial hair growth. The ADL care plan Goals statements included I will be neat, clean, and well-groomed daily through next review. The Kardex (nursing assistant care instructions) associated with R65's care plan included the instruction Ask if I would like to be shaved. On 08/26/2025 at 2:05 PM, R65 was interviewed in their room and asked how they feel about the facial hair present on their chin and jawline. They stated that they don't care for it and they prefer to have it kept clean shaven. The facial hair remained present as observed the previous day. The length and thickness of the hair appeared to be roughly four to five days of growth. On 08/27/2025 at 11:27 AM, R65 was interviewed in their room and asked if they recalled how often they were shaved and they stated Not often enough, usually on my shower day, I think. I really don't like when it's not clean. It bothers me enough that I thought about getting it removed permanently but I knew someone who tried that, and it didn't work. I wish they would do it at least every other day. R65 was asked if they ever refuse an offer to have their facial hair shaved and they stated No, I don't think I have. On 08/27/2025 at 1:53 PM, the facility Director of Nursing (DON) reported their expectation is that staff should offer to shave the resident per their care plan or when they notice facial hair growing in. Review of the facility policy Activities of Daily Living dated 07/01/08 included the Purpose statements .1. To assist resident in achieving maximum functional ability with dignity and self-esteem .2. To provide assistance to residents as necessary.