

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235589	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/19/2025
NAME OF PROVIDER OR SUPPLIER  The Lakeland Center		STREET ADDRESS, CITY, STATE, ZIP CODE  26900 Franklin Road Southfield, MI 48034	
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 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure that a working call system is available in each resident's bathroom and bathing area.</p> <p>This citation pertains to complaint: 2570541. Based on observations, interviews and record reviews the facility failed to ensure the resident call light system was fully operable and functioning for two of three residents observed. This deficient practice had the ability to affect multiple residents residing in the facility. Findings include: A review of a complaint submitted to the State Agency (SA) documented allegations of the facility's call light system to be broken. On 8/19/25 an onsite investigation into the reported allegation was conducted. On 8/19/25 at approximately 9:55 AM, an observation of R204's call bell function was conducted with Licensed Practical Nurse (LPN) A. LPN A pressed R204's call light several times and the call light indicator outside of the resident's door failed to light up. LPN A confirmed the call bell/light was not working. At approximately 10:00 AM, an observation was made of R205 sitting on the side of their bed. R205 was asked to press their call bell light to see if it was working properly. R205 was observed to have pressed the call bell several times. The call light indicator outside of their door did not light up. A second and third attempt was observed of R205 pressing their call bell button and again the indicator light did not light up. On 8/19/25 at 10:33 AM, Nurse Unit Manager (NUM) B was interviewed and asked about the facility's call light system. NUM B stated staff are alerted by the beeping at the nurse's station but if they aren't near the nurse's station they can tell by the lit lights outside of the resident's door. NUM B denied having been informed of any concerns or issues with the facility's call light system. On 8/19/25 at 11:16 AM, the Director of Nursing and NUM B were both interviewed together. The DON stated they were aware of an issue with the call light system in July but believed it was fixed on that same day and denied having been informed of any issues since that time. On 8/19/25 at 1:04 PM, the Administrator was interviewed regarding the facility call light system and stated they were previously unaware of concerns or issues with the call light system. The Administrator stated they instructed the maintenance department to do an audit of the whole facility to ensure all call bells are operating. No further explanation or documentation was provided by the end of the survey.</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: 235589
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