

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235719	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/21/2025
NAME OF PROVIDER OR SUPPLIER  Lakeside Manor Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 13990 Lakeside Circle Sterling Heights, MI 48313	
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 22960</p> <p>Based on observation, interview, and record review, the facility failed to maintain comfortable room temperatures, for two resident rooms (#118 and #206), resulting in resident complaints of cold rooms. Findings include:</p> <p>On 1/21/25 at 8:50 AM, the air temperature of room [ROOM NUMBER] was measured to be 66 degrees Fahrenheit. The resident in room [ROOM NUMBER] bed 1 was observed in bed with the blanket pulled up over his head.</p> <p>On 1/21/25 at 8:55 AM, the air temperature of room [ROOM NUMBER] was measured to be 65 degrees Fahrenheit. The resident in room [ROOM NUMBER] bed 1 was queried about the room temperature and stated, It's cold! The resident room directly next to room [ROOM NUMBER] (room [ROOM NUMBER]) was observed to be vacant. The room temperature of room [ROOM NUMBER] was measured to be 48 degrees Fahrenheit.</p> <p>During an interview on 1/21/25 at 11:30 AM, Maintenance Supervisor C was queried regarding a comfortable ambient air temperature in resident rooms, and what temperature would the facility consider too low. Maintenance Supervisor C stated anything under 60, but then stated maybe it was anything under 70. Maintenance Supervisor C then concluded that he was not exactly sure.</p> <p>On 1/21/25 at 12:30 PM, the Administrator was queried about the cold temperatures in rooms [ROOM NUMBERS]. The Administrator stated she was unaware of any issues with room [ROOM NUMBER], but stated that room [ROOM NUMBER] was in an area where there were other vacant rooms with broken heating units, and stated they would be moving the residents in room [ROOM NUMBER] to a different room.</p> <p>Review of the facility policy Safe and Homelike Environment dated 11/1/22 noted: 7. The facility will maintain comfortable and safe temperature levels. a. The facility should strive to keep the temperature in common resident areas between 71 and 81 degrees Fahrenheit.</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
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