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 04/15/2026
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)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. Based on observation, interview, and record review, the facility failed to properly transfer one resident (901) of one reviewed for transfers. Findings include:A review of documentation submitted to the State Agency (SA) revealed the following, [R901] requires 2-person transfer assist and is unable to maintain [their] weight on [their] own. On 3/23/2026, 2 aides, Certified Nursing Assistants (CNA) A and CNA B transferred [R901] from [their] wheelchair to [their] bed by pulling on [their] arms .On 4/15/26 at 8:44 AM, an interview was completed with R901 regarding a manual transfer that occurred on 3/23/26, with the two CNAs. R901 explained they were transferred from the bed to the wheelchair with a mechanical lift, and when it was time for them to be transferred from the wheelchair to the bed, the CNAs (CNA A and CNA B) said to them that the sling had slipped too far up for it to be used, and they would have to manually transfer them (back into bed). R901 explained there was a CNA on each side of them when they lifted them out of the wheelchair resulting in them attempting to stand them on their feet causing pain which they told the CNAs. R901 explained they spoke to the Director of Nursing (DON) regarding the transfer, and she confirmed the CNAs should not have transferred them in that way. A review of R901's medical record revealed they were admitted into the facility on 9/4/25 with diagnoses which included Cerebral Infarction, Lymphedema, and Polyarthritis. Further review revealed the resident was cognitively intact and required staff assistance with activities of daily living (ADLs).Further review of R901's physician orders revealed an active order dated 1/22/26: Transfers: (name of mechanical) lift w (with)/ 2 person assist.On 4/15/26 at 10:04 AM, an interview was completed with CNA A regarding the transfer of R901.They explained they were asked to assist the resident's assigned CNA (CNA B) with transferring the resident; however, the resident's mechanical lift sling had slipped too far up their back, and with the resident being a large resident, they were unable to reposition the sling and connect it to the lift. CNA A confirmed the decision was made to manually transfer the resident back to bed which they completed with CNA B.On 4/15/26 at 11:08 AM, CNA B was interviewed via phone about the transfer of R901. CNA B explained they were assigned to R901 on the date of the transfer. He reports he and another CNA (CNA A) transferred the resident from their bed to their wheelchair and once in the wheelchair, the resident had to be readjusted which resulted in the sling becoming out of position. When it was time for R901 to be transferred back into bed, they were unable to use the sling. CNA B explained they informed the resident of the manual transfer, and appeared to be ok with it, as they indicated it had been a while since they were able to place their feet on the floor. CNA B explained the resident was able to bear a bit of weight on their feet and were transferred into the bed. CNA B explained the resident did not complain about the transfer or indicate they were in any pain. On 4/15/26 at 12:52 PM, the DON was asked about the manual transfer of R901, and she explained the CNAs were supposed to follow the resident's plan of care. She further explained they should have gathered everyone together, and if they still were unable to transfer the resident per plan of care, they could have contacted 911. On 4/15/26 at 9:52 AM, a Transfer policy was requested from the facility, however, it was not received by the end of survey.

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