STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	614020	A. BUILDING _____ B. WING _____	4/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKE WOODS NURSING & REHABILITATION CENTER	1684 VULCAN ST MUSKEGON, MI 49442

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
E0000 SS=	Initial Comments On April 29, 2025, an Emergency Preparedness Survey was conducted by the Michigan Department of Licensing and Regulatory Affairs, Bureau of Survey and Certification. At the survey Lakewoods Nursing And Rehabilitation Center was found to be in substantial compliance with the requirements for participation in Medicare/Medicaid at 42 CFR 483.73, Emergency Preparedness.	E0000		
K0000 SS=	INITIAL COMMENTS On April 29, 2025, a Life Safety Recertification Survey was conducted by the Michigan Department of Licensing and Regulatory Affairs, Bureau of Survey and Certification. At the survey, Lakewoods Nursing And rehabilitation Center was found not in substantial compliance with the requirements for participation in Medicare/Medicaid at 42 CFR 482.90(a), Life Safety from Fire and the applicable provisions of the 2012 Edition of the National Fire Protection Agency (NFPA) 101, Life Safety Code and the 2012 Edition of NFPA 99, Health Care Facilities Code. The facility is a single story building of type II (111) construction, built in 1965. The building is fully sprinklered and has supervised smoke detection in the corridors at the smoke barrier doors. The facility has 90 certified beds. At the time of the survey the census was 83.	K0000		
K0222	Egress Doors Egress Doors Doors in a	K0222	Element #1	5/26/2025

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 05/14/2025

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.

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SS= E	required means of egress shall not be equipped with a latch or a lock that requires the use of a tool or key from the egress side unless using one of the following special locking arrangements: CLINICAL NEEDS OR SECURITY THREAT LOCKING Where special locking arrangements for the clinical security needs of the patient are used, only one locking device shall be permitted on each door and provisions shall be made for the rapid removal of occupants by: remote control of locks; keying of all locks or keys carried by staff at all times; or other such reliable means available to the staff at all times. 18.2.2.2.5.1, 18.2.2.2.6, 19.2.2.2.5.1, 19.2.2.2.6 SPECIAL NEEDS LOCKING ARRANGEMENTS Where special locking arrangements for the safety needs of the patient are used, all of the Clinical or Security Locking requirements are being met. In addition, the locks must be electrical locks that fail safely so as to release upon loss of power to the device; the building is protected by a supervised automatic sprinkler system and the locked space is protected by a complete smoke detection system (or is constantly monitored at an attended location within the locked space); and both the sprinkler and detection systems are arranged to unlock the doors upon activation. 18.2.2.2.5.2, 19.2.2.2.5.2, TIA 12-4 DELAYED-EGRESS LOCKING ARRANGEMENTS Approved, listed delayed-egress locking systems installed in accordance with 7.2.1.6.1 shall be permitted on door assemblies serving low and ordinary hazard contents in buildings protected throughout by an approved, supervised automatic fire detection system or an approved, supervised automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4 ACCESS-CONTROLLED EGRESS LOCKING		Signage was added to the emergency egress door that indicates 15 second egress. Element #2 Signage was added to the emergency egress door that indicates 15 second egress. A facility wide audit was conducted to validate all egress doors have appropriate signage. Element #3 The EVS facility manager will monitor egress doors twice weekly to assure signage remains. The EVS Manager will report findings of missing signage immediately to the Administrator. And will report recommendations and audit findings to the Quality Assurance Performance Improvement Committee Monthly times one, and periodically thereafter. The Administrator will assume responsibility for attained compliance.	

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	ARRANGEMENTS Access-Controlled Egress Door assemblies installed in accordance with 7.2.1.6.2 shall be permitted. 18.2.2.2.4, 19.2.2.2.4 ELEVATOR LOBBY EXIT ACCESS LOCKING ARRANGEMENTS Elevator lobby exit access door locking in accordance with 7.2.1.6.3 shall be permitted on door assemblies in buildings protected throughout by an approved, supervised automatic fire detection system and an approved, supervised automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4 This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to ensure doors in a required means of egress are not equipped with a latch or lock that requires the use of a tool or key from the egress side unless meeting the special locking arrangements for clinical needs in accordance with 19.2.2.2.5.1 and 19.2.2.2.6. This deficient practice could potentially affect 35 occupants in the event emergency exiting is required from the area and the door is not identified as an delayed egress door. Findings Include: On April 29, 2025 at approximately 10:10 am observation revealed the delayed egress double doors located at the south end was without the 15 second delayed egress sign. This finding was confirmed by interview with the facility Maintenance Director at the time observation. As required by 7.2.1.6.1.1 (4)			
K0321 SS= E	Hazardous Areas - Enclosure Hazardous Areas - Enclosure Hazardous areas are protected by a fire barrier having 1-hour fire resistance rating (with 3/4 hour fire rated	K0321	Element #1 The power chair battery charger for room 10 was removed from the resident room and relocated to a non-resident care area for	5/26/2025

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	doors) or an automatic fire extinguishing system in accordance with 8.7.1 or 19.3.5.9. When the approved automatic fire extinguishing system option is used, the areas shall be separated from other spaces by smoke resisting partitions and doors in accordance with 8.4. Doors shall be self-closing or automatic-closing and permitted to have nonrated or field-applied protective plates that do not exceed 48 inches from the bottom of the door. Describe the floor and zone locations of hazardous areas that are deficient in REMARKS. 19.3.2.1, 19.3.5.9 Area Automatic Sprinkler Separation N/A a. Boiler and Fuel-Fired Heater Rooms b. Laundries (larger than 100 square feet) c. Repair, Maintenance, and Paint Shops d. Soiled Linen Rooms (exceeding 64 gallons) e. Trash Collection Rooms (exceeding 64 gallons) f. Combustible Storage Rooms/Spaces (over 50 square feet) g. Laboratories (if classified as Severe Hazard - see K322) This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to provide hazardous areas protected by a fire barrier having 1-hour fire resistance rating (with 3/4 hour fire rated doors) or an automatic fire extinguishing system in accordance with 19.3.5.9. Doors shall be self-closing or automatic-closing. This deficient practice could potentially affect 2 occupants within the residents room in the event of a release of hazardous vapors as a result of wheelchair battery charging practices. Findings Include: On April 29, 2025 at approximately 11:31 AM, observation revealed a battery charger for a		overnight charging. Element #2 The power chair battery charger for room 10 was removed from the resident room and relocated to a non-resident care area for overnight charging. A facility wide audit was conducted to identify additional power wheelchairs that would require charging in the facility. All staff will be re-educated on the requirement for power chairs to be charged in non-resident care areas by 5/26/25 or prior to their next day worked in the case of the leave of absence or vacationing employee. Element #3 The EVS manager and/or designee will audit twice weekly to validate power chairs are being charged in the designated, non-resident care areas. The EVS facility manager will report recommendations and audit findings to the Quality Assurance Performance Improvement Committee Monthly times one, and periodically thereafter. The Administrator will assume responsibility for attained compliance.	

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	wheelchair in room #10 located at B hall. An interview with the facility Maintenance Director revealed the battery for the wheelchair is recharged during night hours within the residents room while the resident is present. This finding was confirmed by interview with the facility Maintenance Director at the time of observation. As required by 8.7.1.1			

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K0353 SS= F	Sprinkler System - Maintenance and Testing Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available. a) Date sprinkler system last checked _____ b) Who provided system test _____ c) Water system supply source _____ Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to provide sprinkler system maintenance and testing as required by NFPA 25. This deficient practice could potentially affect all occupants in the event of a fire due to the delayed activation of the sprinkler as a result of missing ceiling tiles not acting as a heat collector. Findings Include: On April 29, 2025 at approximately 10:59 AM, observation revealed a ceiling tile missing from the drop ceiling grid located at terrace hall above the door entering dining. This finding was confirmed by interview with the facility Maintenance Director at the time of observation. As required by NFPA 25 4.1.1 and 5.2.1	K0353	Element #1 The ceiling tile missing from the drop ceiling gride located on Terrace Hall above the door entering the dining room was replaced. Element #2 The ceiling tile missing from the drop ceiling gride located on Terrace Hall above the door entering the dining room was replaced. A facility wide audit was conducted to identify and replace any additional missing drop ceiling tiles. Element #3 The EVS manager and/or designee will audit twice weekly to validate there are no missing drop ceiling tiles. The EVS facility manager will report recommendations and audit findings to the Quality Assurance Performance Improvement Committee Monthly times one, and periodically thereafter. The Administrator will assume responsibility for attained compliance.	5/26/2025

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K0741 SS= D	Smoking Regulations Smoking Regulations Smoking regulations shall be adopted and shall include not less than the following provisions: (1) Smoking shall be prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or oxygen is used or stored and in any other hazardous location, and such area shall be posted with signs that read NO SMOKING or shall be posted with the international symbol for no smoking. (2) In health care occupancies where smoking is prohibited and signs are prominently placed at all major entrances, secondary signs with language that prohibits smoking shall not be required. (3) Smoking by patients classified as not responsible shall be prohibited. (4) The requirement of 18.7.4(3) shall not apply where the patient is under direct supervision. (5) Ashtrays of noncombustible material and safe design shall be provided in all areas where smoking is permitted. (6) Metal containers with self-closing cover devices into which ashtrays can be emptied shall be readily available to all areas where smoking is permitted. 18.7.4, 19.7.4 This REQUIREMENT is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure smoking regulations were adopted and meet all provisions as required by 19.7.4. This deficient practice could potentially affect 26 occupants in the event of a fire as a result of smoking on the campus grounds of the facility. Findings Include: On April 29, 2025 at approximately 12:45 PM, observation revealed two facility employees	K0741	Element #1 The facility smoking policy was reviewed and acknowledges the facility will not provide a designated outdoor smoking area on facility property. Staff are permitted to smoke in their vehicle. Element #2 All staff will be re-educated on the smoke free facility policy and procedures by 5/26/25 or prior to their next day worked in the case of the leave of absence or vacationing employee. Element #3 The EVS manager and/or designee will audit four to six times weekly to validate staff adherence to the smoke free facility policy and smoking only off premises or in their personal vehicles. The EVS facility manager will report recommendations and audit findings to the Quality Assurance Performance Improvement Committee Monthly times one, and periodically thereafter. The Administrator will assume responsibility for attained compliance.	5/26/2025

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	smoking outside on the campus grounds at a picnic table near the building located on the facility east side. A review of the facility smoking policy revealed employees are only allowed to smoke inside their vehicles. This finding was confirmed by interview with the facility Maintenance Director at the time of observation. As required by 19.7.4			