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|---|---|--|--|--|---|---|----------------------------|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                     |   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>704050</b> |  | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____                         |   | (X3) DATE SURVEY<br>COMPLETED<br><br><b>8/21/2023</b> |                            |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>LAURELS OF HUDSONVILLE (THE)</b> |   |  |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br><b>3650 VAN BUREN<br/>HUDSONVILLE, MI 49426</b> |   |   |                            |
| (X4) ID<br>PREFIX<br>TAG  | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY<br>FULL REGULATORY OR LSC IDENTIFYING<br>INFORMATION)   |  |  | ID<br>PREFIX<br>TAG  | PROVIDER'S PLAN OF CORRECTION (EACH<br>CORRECTIVE ACTION SHOULD BE CROSS-<br>REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) |   | (X5)<br>COMPLETION<br>DATE |
| K0000<br>SS=  | <b>INITIAL COMMENTS</b><br><br>On August 21, 2023, a Life Safety Revisit was conducted by the Michigan Department of Licensing and Regulatory Affairs, Bureau of Survey and Certification. At the survey, Laurels Of Hudsonville was found in substantial compliance with the requirements for participation in Medicare/Medicaid at 42 CFR, subpart 483.90(a), Life Safety from Fire, and the applicable provisions of the 2012 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code and the 2012 Edition of NFPA 99, Health Care Facilities Code. |  |  | K0000  |   |   |                            |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

09/01/2023

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.