

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235022	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/27/2025
NAME OF PROVIDER OR SUPPLIER Medilodge of Clare		STREET ADDRESS, CITY, STATE, ZIP CODE 600 SE 4th St Clare, MI 48617	

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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45410</p> <p>Based on observation, interview, and record review, the facility failed to ensure incontinence care was provided according to professional standards of practice for 1 resident (R104) of 5 residents reviewed for incontinence care.</p> <p>Findings include:</p> <p>Review of an Admission Record revealed R104 admitted to the facility on [DATE] with pertinent diagnoses which included altered mental status, urinary tract infection, and muscle weakness.</p> <p>Review of a Minimum Data Set (MDS) (a tool used for assessing a resident's care needs) assessment for R104, with a reference date of 2/17/2025 revealed a Brief Interview for Mental Status (BIMS) (a scale used to determine a resident's cognitive status) score of 13, out of a total possible score of 15, which indicated R104 was cognitively intact. Further review of same MDS assessment revealed R104 required assistance with toileting and was incontinent of urine.</p> <p>Review of a current incontinence Care Plan intervention for R104, initiated 2/11/2025, directed staff to apply barrier cream after incontinence care.</p> <p>In an observation on 3/26/2025 at 10:25 AM in R104's room, Certified Nursing Assistant (CNA) G cleaned feces from R104's buttocks and anus and then cleaned R104's vaginal area without changing gloves or performing hand hygiene in between. CNA G did not apply barrier cream to R104 after incontinence care was complete.</p> <p>In an interview on 3/26/2025 at 10:47 AM, CNA G reported she was not aware that she should perform hand hygiene and switch gloves in between going from cleaning feces to cleaning the vaginal area. CNA G reported she was not taught this during her CNA certification or at the facility. CNA G reported she forgot to apply barrier cream to R104 after incontinence care.</p> <p>In an interview on 3/26/2025 at 10:55 AM, Unit Manager I reported staff were expected to change gloves and perform hand hygiene when going from a dirty area to a clean area during incontinence care.</p> <p>(continued on next page)</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of facility policy/procedure Hand Hygiene, revised 12/13/2023, revealed .All staff will perform proper hand hygiene procedures to prevent the spread of infection to other personnel, residents, and visitors . The use of gloves does not replace hand hygiene . Further review of the Hand Hygiene Table revealed staff were instructed to perform hand hygiene when, during resident care, moving from a contaminated body site to a clean body site.		