

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235036	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/29/2024
NAME OF PROVIDER OR SUPPLIER Medilodge of Rochester Hills, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 1480 Walton Blvd Rochester Hills, MI 48309	

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 0568</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Properly hold, secure, and manage each resident's personal money which is deposited with the nursing home.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47283</p> <p>This citation pertains to intake # MI00143422</p> <p>Based on interview and record review, the facility failed to establish and maintain a system that assures complete and separate accounting for Resident's Trust Funds from the facility's operating account, according to the generally accepted accounting principles, of each resident's personal funds entrusted to the facility on the resident's behalf; and failed to provide timely financial statements for one (R701) of three Residents reviewed for Resident's Trust Fund resulting in resident/resident's representative being uninformed about their personal funds and potential for misuse of resident funds. Findings include:</p> <p>R701</p> <p>A complaint received by the State Agency in March-2024, read in part, Since Dec of 2023 I have asked every week almost and keep getting excuse after excuse. 1st it was she only has \$15 with \$60 pending for December. OK I ask for a printout so I can audit my (relationship omitted) account. Was told I'd have by next week. 2 weeks later I still got nothing and the business Mgr. (manager) was fired. January, No business Manager (Mgr.) still. I find a Regional Mgr. there one day, I ask her for assistance with the matter. She tells me it's not her job . and (Name Omitted) (office Mgr.) will be taking it over. I go to (Name omitted) and she tells me she doesn't do it and regional will have to show her Where is it and why won't they show it to me. I still have 3 months of receipts.</p> <p>A record review revealed that R701 was a long-term resident of the facility, originally admitted to the facility on [DATE]. Based on a Minimum Data Set (MDS) assessment dated [DATE], R701 had a Brief Interview for Mental Status (BIMS) score of 14/15, indicative of intact cognition. However, R701 had active diagnoses that included dementia, psychotic disorder, and cancer. R701 did not have the capacity to make decisions and had a family member appointed as their guardian that was effective from 7/12/2023.</p> <p>A request was made to the facility Administrator via e-mail on 5/29/24 at 12:04 PM to provide any grievances and follow-up for R701. The Administrator reported back that they did not have grievance forms for R701.</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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<p>F 0568</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A request was made to the facility's Business office Manager (BOM) in training for R701's Trust fund Account statement from July-2023 to current date. Review of a facility provided Trust Fund account statement for R701 titled Resident Statement Landscape reflected that the facility received the monthly Social Security Income checks. The Trust Fund Statement did not reflect that the facility credited the monthly patient allowance timely into R701's Trust Fund account from 9/1/23 to 4/22/24. A (lump sum) credit of \$524.14 was made to R701's Trust Fund account on 4/23/24, prior to the Guardian's request to close the account.</p> <p>An interview with R701's Guardian on 5/29/24 at approximately 11:15 AM (and information received via voicemail) revealed that the facility was receiving the social security payments for R701 after admission to the facility. They facility was not crediting the monthly allowances approved by Medicaid to R701's Trust Fund account every month. They had ongoing issues with her Trust Fund since November of last year until the end of April this year when they had closed the Trust fund Account. The Guardian had also confirmed that when they had submitted the fund requests for R701's needs, the facility had notified that R701's account was overdrawn and they did not have any funds, when in fact R701 had funds available. The Guardian had also confirmed that they did not get any trust fund account statements from the facility since they were at the facility (approximately over 1 year). They had requested the trust fund statement to find out why R701 did not have any funds in their account, when they were notified by the facility staff that R701's account was overdrawn. The Guardian reported that the request for account statements were made to the facility leadership and they did not receive any statements.</p> <p>An interview was completed with the BOM in training (BOM F) on 5/29/24, at approximately 11 AM. BOM F reported that they were newer to the role and they were in training and they were getting support/training from the Regional BOM (Staff Member G). BOM F called Regional BOM G on their cell phone. An interview was completed with Regional BOM G. Regional BOM G was queried about their Trust Fund process. They reported that the facility had maintained Trust Fund accounts for residents/resident representative's per request/consent. The facility was mailing out quarterly account statements along with their monthly billing statements every quarter, on the 1st week of the month. They also reported that last Trust Fund statement was mailed in April (for January through March).</p> <p>A follow up interview with the Regional BOM G was completed later that day at approximately 11:25 AM via BOM F's cell phone. Regional BOM F was queried if they had received any concerns about the R701's Trust Fund account. They reported that they had spoken with the family member/guardian for R701 sometime in March. When queried about R701's Trust Fund statement and why it did not reflect the monthly patient allowance credits from September 2023 to April 2024, Regional BOM F reported that the payment came in one check and the facility had to move the credit from their operating account to the Trust Fund account. The credits were reflected on the R701's billing statement and no further explanation or documentation was provided prior to exit. It must be noted that the billing statement was a statement generated for a resident from the facility's operating account. They had also confirmed that the facility was receiving R701's Social Security checks until April 2024.</p> <p>(continued on next page)</p>		

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<p>F 0568</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An interview was completed with the facility Administrator on 5/29/24, at approximately 12:15 PM and a follow up interview at approximately 3:40 PM. The Administrator was queried about any concerns their follow up with R701's Guardian. The Administrator reported that they had spoken with R701's Guardian on multiple occasions and followed up and did not feel that any follow ups had to have documented grievances. When queried about R701's Trust Fund and why the Guardian was not receiving any statements and why the statement did not reflect timely credit of monthly patient allowance on R701's Trust Fund account, the Administrator reported that they understood the concerns and the BOM no longer worked at the facility. Regional BOM F was assisting R701's Guardian. They also reported that they were not aware that R701's Guardian was not receiving the Trust Fund statements quarterly. The Administrator was queried how long it would take for the facility to credit the patient allowance to the resident's Trust Fund account if the facility were to receive the Social Security checks. The Administrator reported that these type of check requests were processed quickly, in a week and the credit would reflect on the Resident's Trust fund account if they had one.</p> <p>A facility provided document titled Resident Trust Fund (RTF) Policies and Procedures with a revision date of 1/1/22, read in part, In order to maintain an accurate accounting and safe handling of resident funds the following procedures should take place:</p> <ol style="list-style-type: none"> 1. Check signers must be aware of their responsibilities in reviewing check withdrawal receipts for completeness and accuracy. 2. Resident accounts are reviewed for sufficient funds prior to providing money for goods and services. 3. The administrator should play an active role in overseeing the RTF Program by receiving and reviewing the monthly bank statement . <p>Guidelines for Interest Bearing Accounts:</p> <ol style="list-style-type: none"> a. Funds in excess of \$100: <ol style="list-style-type: none"> i. Facility must deposit in an interest-bearing account (or accounts). ii. Separate from any of the facility's operating accounts. iii. All interest earned on resident's funds must be credited to resident's account. iv. In pooled accounts, there must be a separate accounting for each resident's share. b. Funds less than \$50: <ol style="list-style-type: none"> i. non-interest-bearing account, interest-bearing account, or petty cash fund . 		

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39592</p> <p>Based on observation, interview, and record review the facility failed to report an allegation of resident to resident physical abuse to the State Agency (SA) for one (R703) of three residents reviewed for abuse. Findings include:</p> <p>Review of a facility policy titled, Abuse, Neglect and Exploitation revised 1/10/24 read in part, .Physical Abuse includes, but is not limited to hitting, slapping, punching, biting and kicking . Alleged Violation is a situation or occurrence that is observed or reported by staff, resident, relative, visitor or others but has not yet been investigated . Reporting of alleged violations to the Administrator, state agency . within specified timeframes as required by state and federal regulations: a. Immediately, but not later than 2 hours after the allegation is made, if the events that caused the allegation involve abuse or result in serious bodily injury .</p> <p>On 5/29/24 at 10:47 AM, R703 was observed sitting on the side of their bed. R703 did not answer any questions asked however, R703 did reach out and grab at items the surveyor was wearing, then R703 stood up and walked to the other side of their room without responding to questions asked.</p> <p>Review of the clinical record revealed R703 was admitted into the facility on [DATE] with diagnoses that included: vascular dementia, anxiety disorder and heart disease. According to the Minimum Data Set (MDS) assessment dated [DATE], R703 had severely impaired cognition.</p> <p>Review of R703's vascular dementia care plan revised 9/27/23 read in part, .physically aggressive toward other residents, refuses medications, resistant to care, wandering into other resident's rooms .</p> <p>Review of R703's progress notes revealed:</p> <p>A Nursing Note dated 2/19/24 at 10:00 AM by Licensed Practical Nurse (LPN) D read in part, .CNA (Certified Nursing Assistant) advised that resident punched another resident unprovoked. CNA stated that other resident was standing in hallway by room when resident came walking towards her and punched her. CNA advised resident was redirected. Writer checked on other resident for any injuries. Small red circle under left side of eye .</p> <p>A Nursing Note dated 2/19/24 at 11:22 AM by the Social Work Director (SWD) read in part, Writer summoned to second floor, Patient hit another patient in the face .</p> <p>A Nursing Note dated 2/19/24 at 11:30 AM by LPN D read, Writer contacted Dr (doctor), DON (Director of Nursing) and POA (Power Of Attorney)/Guardian to report incident.</p> <p>On 5/29/24 at 2:24 PM, the Administrator, who served as the Abuse Coordinator, was asked if the incident where R703 punched another resident in the face on 2/19/24 had been reported to the SA. The Administrator explained she was unaware of the incident, but would look to see if there was any investigation that had been done.</p> <p>(continued on next page)</p>		

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F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 5/29/24 at 3:00 PM, the Administrator explained the incident had not been reported to the SA and she could find no evidence that an investigation had been conducted into the incident. When asked if the incident should have been reported to the SA, the Administrator agreed it should have been. The Administrator was asked why it had not been reported. The Administrator explained she had been out on sick leave at that time and the DON was the backup Abuse Coordinator, but that DON did not work at the facility anymore. The Administrator was asked if she knew who was the resident that was punched. The Administrator explained she did not know as LPN D and the SWD also did not work at the facility anymore.		