

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235209	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/21/2026
NAME OF PROVIDER OR SUPPLIER Medilodge of Leelanau		STREET ADDRESS, CITY, STATE, ZIP CODE 124 West 4th Street Suttons Bay, MI 49682	

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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** This citation pertains to intake number 2711126Based on interview and record review, the facility failed to protect the resident's right to be free from sexual abuse by a resident. This deficient practice resulted in Resident 1 (R1) inappropriately touching Resident 2 (R2) causing R2 to feel mental trauma based on the reasonable person concept.Findings include:Review of the facility's Investigation Summary/Action Taken report dated 1/7/26 read, in part, During routine cares on the AM (morning) of 12/30/25 resident, [name], reported to CNA (Certified Nurse Aide) A, that he observed a male resident, (R1), fondling a female resident, (R2), several weeks ago.he witnessed two instances, about four weeks ago that were two days apart. The first instance he witnessed (R1) squeeze (R2's) breast over her clothes at the puzzle table then rub her thigh.the second instance that occurred approximately two days later, (R1) squeeze (R2's) breast over the clothes then lift her shirt and bounce her breast in the hallway next to the therapy gym.(R1) admitted to lifting (R2's) shirt and touching her breasts. A personal protection order was issued on behalf of R2 on 12/30/25 citing that R1 had a reasonable apprehension of sexual assault because the respondent has sexually assaulted the petitioner or threatened the petitioner with sexual assault.Review of R1's Electronic Medical Record (EMR) revealed admission to the facility on [DATE] with diagnosis including hydronephrosis (swelling of the kidney). R1 was cognitively intact and responsible for his own medical and financial decisions.Review of R2's EMR revealed admission to the facility on 1/24/24 with diagnosis including cerebral palsy and developmental disorders of speech and language. R2 was non communicative and had a legal guardian/conservator for her medical and financial decisions.Review of an interview statement by R1, conducted with the Nursing Home Administrator (NHA) and Director of Nursing (DON) read, in part, 12/30/25.When (R1) was asked to describe the incident, he responded, 'Well sometimes your hand rubs against her (R2). He reported that this touching happened over her clothes, except one instance when he pulled up her (R2) top. When asked to describe this incident, he replies, 'It was very quick, take a look, let her go.'R2 denied touching any other resident.Review of the facility's Abuse, Neglect and Exploitation policy reviewed 1/10/24 read, in part, It is the policy of this facility to provide protections for the health, welfare, and rights of each resident by developing and implementing written policies and procedures that prohibit ad prevent abuse, neglect, exploitation, and misappropriation of resident property.During the onsite survey, past noncompliance (PNC) was cited after the facility implemented actions to correct the noncompliance which included:Notification to police and R2 guardian on 12/30/25Notification to Nurse Practitioner B on 12/30/25, conducted a visit to R2 citing she physically and psychologically appears to be well with no changes. I do not have any immediate concerns medically that require any changes at this timePsychosocial follow-ups were initiated on R2 and increased observations1:1 supervision on R1 until removal from facility on 12/31/25Interview and Education with all staff to ensure no other instances of abuse have been noticed and what to do if</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: Facility ID: 235209	If continuation sheet Page 1 of 2

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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>you suspect abuse. No significant findings were identified. Residents with BIMS (Brief Interview of Mental Status) score of greater than 12 interviewed to identify if they have witnessed or had been victim to inappropriate touching or any other safety concerns. No significant findings were identified. Education to residents on who and when to report abuse. Residents with BIMS score of less than 12 were assessed for pain and skin with no significant findings. R1 was served an order of protection and was not legally permitted to remain on the property. Was given order summary, prescription medications on hand, dressing change supplies, and list of upcoming appointments. R1 was educated on dressing change procedure prior to exiting the facility on 12/31/25. Abuse Policy and Procedure reviewed by NHA and deemed appropriate. QAPI (Quality Assessment and Process Improvement) completed on 1/20/26 and found no significant findings. The facility was able to demonstrate monitoring of the corrective action and maintained compliance.</p>		