

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  12/11/2024
NAME OF PROVIDER OR SUPPLIER  Medilodge of Leelanau		STREET ADDRESS, CITY, STATE, ZIP CODE 124 W 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 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Allow residents to self-administer drugs if determined clinically appropriate.</p> <p>49310</p> <p>Based on observation, interview, and record review, the facility failed to ensure medications were properly secured, physician's orders for self-administration of medications were clarified, and residents were adequately assessed for self-administration of medications for two Residents (R14 and R46) of three residents reviewed for self-administration of medications.</p> <p>Findings include:</p> <p>Resident #14 (R14)</p> <p>On 12/9/24 at 1:03 p.m., a clear plastic medication cup containing two medication tablets was observed on the over bed table in R14's room. R14 confirmed the nurse brought the cup of medications to the room and placed them on the table before exiting the room.</p> <p>A bottle labeled acetaminophen 500 mg (milligrams) was observed on the nightstand in R14's room. R14 said the bottle contained her pain medication, and she kept the bottle of medication in her room on the nightstand. The bottle was approximately half filled with white, circular tablets. When R14 was asked if the nurses followed up with her to ask her if she took her medications, R14 said, No. I think they just know I take it.</p> <p>On 12/10/24 at 8:01 a.m., the bottle of Acetaminophen was again observed on the nightstand in R14's room.</p> <p>On 12/11/24 at 10:34 a.m., two clear plastic medication cups were observed on R14's bedside table next to an untouched meal tray. One cup contained eight medication tablets and the other contained a white powder.</p> <p>R14's medical record revealed a Self-Administration of Medication evaluation completed on 11/29/24. The evaluation documented R14 as self-administering all scheduled medications. The evaluation further documented R14 had a secured, locked location to store the medications.</p> <p>R14's medical record contained a physician's order that read staff to set up evening medications, resident is able to self administer [sic] in the evening for MED PASS [sic]. There was no physician's order for R14 to self-administer medications during any other part of the day.</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
---	-------	-----------

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  12/11/2024
NAME OF PROVIDER OR SUPPLIER  Medilodge of Leelanau		STREET ADDRESS, CITY, STATE, ZIP CODE  124 W 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 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The medical record of R14 had a physician's order that read resident may keep Tylenol [acetaminophen] at bedside in lock box for self-administration.</p> <p>A care plan for self-administration of medications was in R14's medical record. The care plan did not address the storage expectations for the acetaminophen. The care plan did not specify how the nurses were to administer medications ordered during day shift medication administration.</p> <p>The care plan interventions included only the following interventions:</p> <ul style="list-style-type: none"> <li>- Assist in securing medication after administration as needed</li> <li>- Document on MAR (Medication Administration Record)/TAR (Treatment Administration Record) resident administered medications after verification of administration with each ordered timeframe</li> <li>- Notify physician/NP (Nurse Practitioner)/PA (Physician Assistant) of any concerns related to self-administration of medication(s)</li> <li>- Periodically review with resident on proper storage of drug to prevent unauthorized access</li> <li>- Periodically review with resident on purpose and side-effects of medication(s) as needed</li> </ul> <p>The Director of Nursing (DON) was interviewed on 12/11/24 at 11:42 a.m. The DON said the acetaminophen should not have been on the nightstand in R14's room. The DON said R14 kept medication in a drawer in her room, and the drawer should be locked. The DON said residents who self-administer medications are required to have a physician's order to self-administer and the directive for self-administration should be documented in each physician's order for each medication order for which the resident self-administers.</p> <p>The DON reviewed the physician's orders and Medication Administration Record of R14 and confirmed each order did not contain the directive for self-administration. The DON did not provide a rationale when asked why there was a physician's order for self-administration for the evening medication pass, but not a self-administration order for day shift administration.</p> <p>The DON was asked where the nurses were documenting the self-administration of medications for the day shift. The DON confirmed the MAR did not contain documentation for self-administration on the day shift.</p> <p>34568</p> <p>Resident #46 (R46)</p> <p>On 12/9/24 at approximately 1:00 p.m., R46 was observed sitting in her recliner chair in her bedroom. R46 had her right hand holding her feeding tube (a device used to deliver nutrition, hydration and medications into the stomach) and was using her left hand to gather a syringe that was placed in a pink water cup. R46 stated that she administered her own water flushes through the tube.</p> <p>(continued on next page)</p>		

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  12/11/2024
NAME OF PROVIDER OR SUPPLIER  Medilodge of Leelanau		STREET ADDRESS, CITY, STATE, ZIP CODE  124 W 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 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 12/11/24 at 10:32 a.m., R46 was observed sitting in her recliner chair. On the table to the left of her chair was four plastic syringes and two cups of water. R46 stated that these were to be used by her for her next water flush.</p> <p>Review of R46's December 2024 MAR revealed the following orders:</p> <p>Enteral (through a tube) Feed Order one time a day Flush tube with (90) ML's (milliliters) H2O (water) before and after every feed (180 ml total) Start Date: 9/4/24</p> <p>The times to complete this order were at 7:00 a.m., 10:00 a.m., 1:00 p.m., 5:00 p.m., and 10:00 p.m.</p> <p>Enteral Feed Order every shift flush tube with 50 ML H2O before and after medication administration and feedings Start Date: 9/1/24</p> <p>.Check placement before administration of meds (medications)/tube feedings/water flushes every evening shift Start Date: 12/10/24</p> <p>In review of R46's MAR, there was no physician order for R46 to self-administer her own water flushes.</p> <p>Review of R46's Assessments revealed that R46 had not been assessed to safely provide her own water flushes.</p> <p>Review of R46's Care Plans read, in part, .Resident is at risk for fluid volume deficit related to g (gastrostomy or stomach tube)-tube, swallowing problem so is NPO (nothing by mouth) All fluids provided by staff vis [sic] PEG tube; Date Initiated: 9/10/24 .</p> <p>An interview was conducted with the DON on 12/11/24 at approximately 11:30 a.m. The DON stated that the facility did not want R46 to administer her own flushes, but they were having difficulty addressing this with R46. The DON stated that R46 had a history of retrieving syringes out of the trash can or taking used syringes from her roommate. The DON confirmed that R46 did not have a physician order or Self-Administration of Medication assessment for her water flushes. The DON also did not explain why staff had not taken measures to prevent access to the medication/flush syringe.</p> <p>The policy Medication - Resident Self-Administration of dated as revised 1/30/24 read, in part: .2. The resident's preference will be documented on the appropriate form and placed in the medical record. 3. When determining if self-administration is clinically appropriate for a resident, the interdisciplinary team should at a minimum consider the following .d. The resident's capability to follow directions .5. Upon notification of the use of bedside medication by the resident, the medication nurse records the self-administration on the MAR . 7. Bedside medication storage is permitted only when it does not present a risk to confused residents who wander into the other resident's rooms .Lockable drawers or cabinets are required only if locked storage is ineffective .13. The care plan must reflect resident self-administration and storage arrangements for such medications.</p>		

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  12/11/2024
NAME OF PROVIDER OR SUPPLIER  Medilodge of Leelanau		STREET ADDRESS, CITY, STATE, ZIP CODE  124 W 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 0625</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Notify the resident or the resident's representative in writing how long the nursing home will hold the resident's bed in cases of transfer to a hospital or therapeutic leave.</p> <p>45123</p> <p>Based on interview and record review, the facility failed to ensure written bed-hold information was provided to two Residents/Representatives (#22 &amp; #57) of three residents reviewed for written notice of bed hold.</p> <p>Findings include:</p> <p>Resident #22 (R22)</p> <p>Review of R22's electronic medical record (EMR), communication form and progress note, dated 9/15/24, read in part, .hypoxia [ an absence of enough oxygen in the tissues to sustain bodily functions]/oxygen needs .</p> <p>Review of the Clinical Census report revealed R22 was hospitalized from 9/15/24 through 9/25/24.</p> <p>Review of R22's EMR revealed there was no Bed Hold Authorization form completed.</p> <p>During an interview on 12/10/24 at 2:09 PM, the Nursing Home Administrator (NHA) was asked who was responsible for the bed hold authorization form and replied, Nursing is responsible for the SBAR (Situation, Background, Assessment, Recommendation), transfer form, and the bed hold authorization. Then the medical records staff is responsible to uploading the bed hold into the EMR.</p> <p>During an interview on 12/10/24 at 2:30 PM, Medical Records Staff C confirmed there was no bed hold notice provided at the time of transfer and none was scanned into the EMR for R22 on 9/15/24.</p> <p>Resident #57 (R57)</p> <p>Review of R57's EMR, progress note, dated 9/1/24, read in part, Resident is following another resident around holding a pillow above her head as if he is going to attack her .Resident is blocking the hallway, not letting staff or residents throw (sic). Resident slapped the RN (Registered Nurse) twice and tried to stab her with his fingernails. Resident is trying to hit staff with his sandals .RN is transferring resident to (Local Hospital) for further evaluation. EMS (Emergency Medical Services) has been called and resident has been transferred out.</p> <p>Review of the Clinical Census report revealed R57 was hospitalized from 9/1/24 through 9/9/24.</p> <p>Review of R57's EMR revealed there was no Bed Hold Authorization form completed.</p> <p>During an interview on 12/10/24 at 2:30 PM, Medical Records Staff C confirmed there was no bed hold notice provided at the time of transfer and none was scanned into the EMR for R57 on 9/1/24.</p> <p>(continued on next page)</p>		

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  12/11/2024
NAME OF PROVIDER OR SUPPLIER  Medilodge of Leelanau		STREET ADDRESS, CITY, STATE, ZIP CODE  124 W 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 0625</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An interview was conducted with the Director of Nursing (DON) on 12/11/24 at 12:30 PM. The DON stated nurses are responsible at the time of transfer to provide the resident and /or the representative with the bed hold policy as well as filling out the SBAR and transfer form. The DON also stated that the forms are to be scanned into the EMR.</p> <p>Review of the policy titled, Bed Hold Notice Upon Transfer, dated 2/1/22, read in part, Policy: At the time of transfer for hospitalization or therapeutic leave, the facility will provide to the resident and/or resident representative written notice which specifies the duration of the bed-hold policy and addresses information explaining the return of the resident to the next available bed .</p>		

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  12/11/2024
NAME OF PROVIDER OR SUPPLIER  Medilodge of Leelanau		STREET ADDRESS, CITY, STATE, ZIP CODE  124 W 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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>45123</p> <p>This deficiency pertains to MI00147043</p> <p>Based on interview and record review, the facility failed to provide necessary showers during preferred times for two Residents (#6 and #22) of eighteen residents reviewed for ADL's (Activities of Daily Living). Findings include:</p> <p>Resident #6 (R6)</p> <p>Review of R6's Minimum Data Set (MDS) assessment, dated 9/2/24, revealed a diagnosis that included diabetes mellitus. R6 scored 15 out of 15 on the Brief Interview for Mental Status (BIMS) assessment, reflective of intact cognition.</p> <p>During an interview on 12/10/24 at 9:10 AM R6 was asked about staffing. R6 replied, There are not enough aides. I am only to have a female caregiver and there was a time about a week ago there were no female aides working, just the nurse was a female. I feel degraded.</p> <p>On 12/10/24 at 2:45 PM, during a follow-up interview R6 was asked about showers and replied, There is something wrong with the boiler. The water is cold and when that happens the staff must go reset it. I have to wait to take a shower. I prefer showers first thing in the morning, but if the boiler is not working properly then I have to wait. I have to wait for staff to reset it and for it to heat back up. I may refuse a shower if I have to wait so long and then I just don't feel like doing it in the afternoon. The boiler has not been working properly for about a month. I am not very happy about the boiler not working properly.</p> <p>Review of R6's task list for shower/bathe self (Prefers: shower Wednesday and Saturday AM), dated 11/16/24 through 12/11/24, revealed the following:</p> <ul style="list-style-type: none"> <li>a.) On 11/16/24 - resident refused at 1:59 PM;</li> <li>b.) On 11/20/24 - completed at 1:59 PM (late);</li> <li>c.) On 11/23/24 - completed at 1:16 PM (late);</li> <li>d.) On 11/27/24 - completed at 9:00 AM;</li> <li>e.) On 11/30/24 - completed at 1:59 PM (late);</li> <li>f.) On 12/4/24 - completed at 3:18 PM (late);</li> <li>g.) On 12/7/24 - completed at 12:36 PM and (late);</li> <li>h.) On 12/11/24 - completed at 8:22 AM.</li> </ul> <p>Resident #22 (R22)</p> <p>(continued on next page)</p>		

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  12/11/2024
NAME OF PROVIDER OR SUPPLIER  Medilodge of Leelanau		STREET ADDRESS, CITY, STATE, ZIP CODE  124 W 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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of R22's MDS assessment, dated 11/19/24, revealed a diagnosis that included type 2 diabetes mellitus. R22 scored 15 out of 15 on the BIMS assessment, reflective of intact cognition.</p> <p>During an interview on 12/10/24 at 7:58 AM, R22, who was asked about showers replied, There are times when the staff is short or too busy to provide a bed bath which I prefer twice a week. At times I only get one bath a week then two and vice versa. There are times that I have to beg for a bed bath. Last Saturday I had to beg for a bed bath.</p> <p>Review of R22's task list for shower/bathe on Wednesday/Saturday PM's, dated 11/16/24 through 12/4/24, revealed R22 did not receive a shower/bathe between 11/20/24 through 11/26/24 and 12/4/24 and 12/10/24.</p> <p>On 12/11/24 at 3:30 PM, an interview was conducted with Maintenance Assistant F who was asked if the boiler was working properly. Maintenance Assistant F replied, No, we have to reset it. It normally happens on the weekends. The Nursing Home Administrator (NHA) has educated some of the Certified Nurse Aides (CNA) on how to reset it if it happens on the weekends when we are not here. We have a work order in for it. We have already had someone out to look at it, but it is still not fixed. When the one goes out the back-up one is not triggered to go on and it should. Residents are having to wait for the water to heat back up. It has been like this for about a month.</p> <p>49397</p> <p>Resident #41 (R41)</p> <p>During an interview on 12/9/24 at 3:11 PM, R41 stated there were weeks the facility staff are offering only one shower a week, which made her feel unclean. R41 stated their showers were to be on Tuesdays and Fridays.</p> <p>R41's care plan indicated Resident has an ADL self-care performance deficit related to left sided hemiplegia (one sided paralysis) with neglect, chronic pain, anxiety depression. BATHING: 1 person assist. BED MOBILITY: 1 person assist PERSONAL HYGIENE: 1 person assist.</p> <p>A review of Electronic Medical Record (EMR) indicated R41's shower schedule was Tuesdays and Fridays, with preference for late afternoons between 7:00 PM and 9:00 PM. Shower logs indicated R41 had one shower during the weeks of 9/16/24, 9/23/24, 10/7/24, 10/14/24, 10/21/24, and 12/3/24. R41 did not have any shower during the week of 11/11/24, a refusal by R41 was noted on 11/12/24 at 9:59 PM which was outside of R41's preferred time, without documentation of another shower being offered.</p> <p>Review of policy titled, Activities of Daily Living, dated 12/28/23, read in part, Policy: The facility takes measures to minimize the loss of residents' functional abilities, including activities of daily living (ADL's). Activities of Daily Living include the ability to: 1. Bathe, dress, and groom .Policy Explanation and Compliance Guidelines .3. A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene .</p>		

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  12/11/2024
NAME OF PROVIDER OR SUPPLIER  Medilodge of Leelanau		STREET ADDRESS, CITY, STATE, ZIP CODE  124 W 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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>34568</p> <p>Based on observation, interview, and record review the facility failed to implement interventions to prevent falls with further injury for one Resident (#3) of three residents reviewed for falls. This deficient practice resulted in the risk for further falls with injury. Findings include:</p> <p>Resident #3 (R3)</p> <p>Review of R3's Progress Notes revealed the following entry:</p> <p>8/22/24: At 0220 this nurse heard a noise and resident yell out Help. This nurse entered room and noted resident lying on her left side in bathroom doorway with left arm underneath her. Has a basketball size amount of blood from left side of head. Resident states pain in left hip and left arm. Pressure dressing applied to left head laceration. Vitals taken. BP (blood pressure) very high 206/107, other vitals stable. No change from baseline in orientation. PERRLA (Pupils, Equal, Round, Reactive (to), Light, Accommodation). Neuro (neurological) checks WNL's (Within Normal Limit) for this resident. No internal/external rotation of legs. Hips symmetrical. Resident able to move arms and legs without difficulty. 911 called and resident sent to [Hospital Name]. Voicemail left with daughter. Hospice nurse notified.</p> <p>8/22/24 07:00; ER (emergency room ) provider called and states odontoid (tooth shaped portions extending from the sides of the 2nd cervical vertebra) neck fx (fracture). Has to wear collar to neck at all times except for bathing. Also states resident is not a surgical candidate and is on hospice. admin notified. Daughter also notified.</p> <p>On 12/11/24 at 10:30 a.m. R3 was observed sitting in her recliner wheelchair while her daughter was visiting. R3 was observed wearing regular socks with no grips on the bottom of her feet. An interview was conducted with R3 and her daughter who stated that she had purchased her socks with grips on the bottom of the feet as she does not like the ones provided at the facility. R3's daughter stated that she visits almost daily and has noticed that R3 has not been wearing the socks she has purchased, and they cannot be found in her dresser drawer. R3's daughter expressed concern that R3 could potentially fall and injure herself again.</p> <p>Review of R3's Care Plan read, in part, Resident has an ADL (Activities of Daily Living) performance deficit related to .neck fracture; Revision Date: 8/29/24 .Interventions: Ambulation: Supervision .Transfers: Independent .Resident uses a walker for ambulation/transfer .</p> <p>Resident is at risk for falls/injury related to .history of falls; Revision Date: 12/9/24 .Interventions: Gripper Socks .</p> <p>An interview was conducted with the Director of Nursing (DON) on 12/11/24 at 11:31 a.m. The DON confirmed R3's Care Plans should have been changed to something else as R3 does not like to wear gripper socks.</p> <p>(continued on next page)</p>		

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  12/11/2024
NAME OF PROVIDER OR SUPPLIER  Medilodge of Leelanau		STREET ADDRESS, CITY, STATE, ZIP CODE  124 W 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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the facility's Fall Prevention Program revised 10/26/23 read, in part, each resident will be assessed for the risks of falling and will receive care and services in accordance with the level of risk to minimize the likelihood of falls .Each resident's risk factors and environmental hazards will be evaluated when developing the resident's comprehensive plan of care. A) Interventions will be monitored for effectiveness. B) The plan of care will be revised as needed.</p> <p>Review of the facility's Accidents and Supervision policy revised 12/27/23 read, in part, Each resident will be assessed for accident risk and will receive care and services in accordance with their individualized care plan. Each resident will receive adequate supervision and assistive devices to prevent accidents. This includes .Implementing interventions to reduce hazard(s) and risk(s) .</p>		

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  12/11/2024
NAME OF PROVIDER OR SUPPLIER  Medilodge of Leelanau		STREET ADDRESS, CITY, STATE, ZIP CODE  124 W 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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 45123</p> <p>Based on observation, interview, and record review, the facility failed to provide appropriate catheter care and maintenance for one Resident (#22) of one resident reviewed for catheter care.</p> <p>Findings include:</p> <p>Resident #22 (R22)</p> <p>Review of the Clinical Census report revealed R22 was admitted to the facility on [DATE].</p> <p>Review of R22's Minimum Data Set (MDS) assessment, dated 11/19/24, revealed a diagnosis that included type 2 diabetes mellitus. R22 scored 15 out of 15 on the Brief Interview for Mental Status (BIMS) assessment, reflective of intact cognition.</p> <p>During an observation on 12/10/24 at 7:58 AM, an indwelling urinary catheter collection bag was observed hanging from the bottom of R22's bed. R22 was asked how long she had the urinary catheter and replied, Ever since I was at the hospital and then came here for rehab.</p> <p>Review of R22's discharge hospital instructions, dated 7/11/24, read in part, .The patient [R22] has a foley catheter for retention related to GBS [Guillain-Barre syndrome]. Would recommend voiding trail once more sensation is present. Last exchanged 7/2 would recommend monthly exchanges .</p> <p>Review of R22's physician order, dated 7/11/24, revealed the following, Change indwelling Foley catheter. (SPECIFY size: __16_fr [french]; balloon: __10_cc [cubic centimeter]) r/t (related to): _____ PRN (as needed) as clinically indicated: s/s (signs and symptoms) of obstruction (leakage, increased sediment, etc.), infection, or if closed system was compromised. Per recommended montly (sic) catheter change (Acute Care Hospital). Change catheter drainage bag as needed - as needed. No monthly urinary catheter exchange was ordered by the facility physician or nursing.</p> <p>Review of R22's Treatment Administration Record (TAR), dated 7/11/24 through 12/10/24 revealed R22's urinary catheter was not changed monthly in August 2024, September 2024, and October 2024.</p> <p>Review of the progress notes for R22 revealed a urinary catheter was documented as being changed at the facility was on 11/4/24 with no additional information. Procedure tolerance, equipment used, urinary return following insertion, amount used to inflate the balloon used to secure the catheter were all absent from the note.</p> <p>Review of R22's care plan, dated 7/12/24, read in part, .Focus: Resident has a need for indwelling urinary catheter .Goal: Resident will have reduced catheter-related complications .Interventions .Change catheter and drainage system as clinically indicated per order(s) .</p> <p>(continued on next page)</p>		

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  12/11/2024
NAME OF PROVIDER OR SUPPLIER  Medilodge of Leelanau		STREET ADDRESS, CITY, STATE, ZIP CODE  124 W 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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 12/11/24 at 10:15 AM, an interview was conducted with Senior Director of Nursing (DON) D who agreed that if R22's discharge recommendations were to change the Foley monthly and assess for return of sensation for a voiding trial, then this should have been completed monthly by nursing and documented.</p> <p>On 12/11/24 at 10:30 AM, an interview was conducted with the DON who also agreed that if nursing was not addressing R22's sensation to void, then the physician should be monitoring. Recommendations should have been followed unless indicated differently by the facility physician. Documentation was requested to support not changing catheter monthly and monitoring of sensation returning for urgency to void for R22 at this time.</p> <p>On 12/11/24 at 1:45 PM, physician progress notes, dated 8/12/24 and 8/14/24, revealed the lack of any voiding trial and implemented urinary catheter change. Physician progress notes, read in part, .Urinary retention .Maintain Foley catheter with routine care, last changed 7/2. Discussed with patient and husband that routine care dictates change of Foley every 30 days .</p> <p>On 12/11/24 at 11:35 AM, an interview was conducted with the Senior DON D who was asked about a policy for inserting a Foley catheter and stated all she could find was a suprapubic (insertion site just above pubic area) catheter insertion. The Senior DON D was then asked what her expectation was and stated that the size, technique, resident tolerance of procedure, balloon size, and if urine was returned should all be documented in the medical record.</p> <p>Review of policy titled, Suprapubic Catheter Change Procedure, dated 1/1/22, read in part, .Documentation of the procedure shall include: a. The type of catheter inserted, including French size and balloon size. b. Amount of fluid used for inflation. c. Ease of insertion or any problems, such as resistance, bleeding, or pain. d. Amount and description of the urine return. e. Resident's response to the procedure.</p>		

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  12/11/2024
NAME OF PROVIDER OR SUPPLIER  Medilodge of Leelanau		STREET ADDRESS, CITY, STATE, ZIP CODE  124 W 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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 49397</p> <p>This deficiency pertains to Intake MI00147043</p> <p>Based on observation, interview, and record review, the facility failed to maintain sufficient staff for four (Resident #8, #37, #41, and #63) of seventeen residents reviewed for staffing.</p> <p>Findings include:</p> <p>Resident #37 (R37)</p> <p>An interview was conducted on 12/9/24 at 12:13 PM with R37, who stated the quality of care has gone down since last year. R37 stated they constantly witnessed one nurse taking care of half the building. One nurse for both Orchard and Wharf, and one nurse for Cabin and Cedar. R37 stated the facility never really has four nurses at the same time and stated that it seemed there were a lot of call ins from the Certified Nursing Aides (CNAs) and it screws everything up. R37 then stated there were times Residents could not have lunch in the dining room because the facility did not have the help to assist the residents.</p> <p>Resident #41 (R41)</p> <p>While conducting an interview on 12/9/24 at 3:11 PM, R41 stated there were long waits for call lights to be answered and they were only getting one shower a week. R41 stated, during a conversation with the Nursing Home Administrator (NHA), R41 was told residents should expect a wait time of 15 minutes or less for call light responses. R41 felt current wait times were unsafe and informed the NHA, the described 15-minute wait time was often exceeded.</p> <p>On 12/9/24 the following observations were made:</p> <p>3:25 PM upon exiting room [ROOM NUMBER], call lights for rooms [ROOM NUMBERS] were on. The unidentified CNA assigned to the hallway was located in the shower room with another resident and no other staff were in the hallway.</p> <p>3:34 PM the resident of 214 (Resident #11) R11 started calling out for someone to help.</p> <p>3:35 PM the unidentified CNA came out of shower room with another resident they had just showered who was being propelled in a wheelchair.</p> <p>3:38 PM the unidentified CNA entered room [ROOM NUMBER] and found R11 on floor. The unidentified CNA asked a passing unidentified kitchen staff if they knew how to call code white, and the unidentified kitchen staff indicated he was unable to. The unidentified CNA then went to nurse's desk to page overhead for help.</p> <p>(continued on next page)</p>

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  12/11/2024
NAME OF PROVIDER OR SUPPLIER  Medilodge of Leelanau		STREET ADDRESS, CITY, STATE, ZIP CODE  124 W 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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>3:40 PM, facility staff responded to overhead page and arrived at room [ROOM NUMBER] to address the fall. Three staff determined they were not needed, left the room and walked past two other call lights without answering them.</p> <p>3:41 PM an unidentified CNA entered room [ROOM NUMBER] to answer call light, 16 minutes after initial observation of call light being on.</p> <p>4:02 PM while passing room [ROOM NUMBER], R11 was observed on the floor again, the call light was not on, and no staff were in hallway.</p> <p>On 12/11/24 at 10:30 AM during the resident council, all in attendance raised concerns about staffing, expressing there were long wait times for call lights to be answered. Resident #63 (R63) stated there is not enough staff in the dining room to provide proper assistance with eating, to feed R11, who was R63's blind spouse. R63 stated, when he tries to assist with feeding R11, the facility staff yell at R63, stating it is the facility staff's job. R63 then stated, if the facility could not assist R11, it was R63's job to do so as R11's spouse. R63 stated, R11 would only get cold food or barely eat if it was not for R63's help. Resident #8 (R8) stated, due to the lack of staff in the dining room, R8 observed other residents who would eat food off other resident's plates, and those residents that needed assistance waited a long time to eat. R37 stated, when staff are in the dining room to assist with meals, that means there are no staff on the floor to assist residents who were not in the dining room with their needs, such as eating or answer their call lights. All residents who attended the meeting agreed this made them feel unsafe.</p> <p>During an interview on 12/11/24 at 1:18 PM, Licensed Practical Nurse (LPN) B stated there were not enough CNAs and nursing staff to care for the level of acuity of the residents in the facility. LPN B stated, between 6:00 AM and 8:30 AM there are just six staff members to care for all the residents. LPN B stated, during the 6-8:30 AM time, it was expected of staff that all residents would be gotten up, dressed, and to breakfast during that time, as well as medications passed. LPN B stated, if facility staff voiced concerns about staffing, the facility's corporate management would tell them they had bad attitudes. LPN B stated they felt the current NHA and (Director of Nursing) DON were not being allowed to staff according to the needs and acuity of the residents.</p> <p>Review of the facility's policy Call Lights: Accessibility and Timely Response, dated 12/28/23 read in part .</p> <p>6. Ensure the call system alerts staff members directly or goes to a centralized staff work area.</p> <p>7. Any staff member who sees or hears an activated call light is responsible for responding. If the staff member cannot provide what the resident desires, the appropriate personnel should be notified. The facility staff did not follow this policy when they walked by two call lights without answering them.</p>		

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  12/11/2024
NAME OF PROVIDER OR SUPPLIER  Medilodge of Leelanau		STREET ADDRESS, CITY, STATE, ZIP CODE  124 W 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 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures.</p> <p>49310</p> <p>Based on interview and record review, the facility failed to ensure Medication Regimen Reviews (MRRs) were addressed by the physician and maintained in the clinical record for one Resident (#9) of five residents reviewed for MRRs. Findings include:</p> <p>Resident #9 (R9)</p> <p>The pharmacist's documentation in R9's medical record revealed the monthly MRRs of 8/30/24 and 11/26/24 resulted in recommendations written to the physician. Neither the pharmacist's written recommendations nor the physician's written responses to the recommendations were in R9's medical record.</p> <p>On 12/10/24 at 1:43 p.m., The Director of Nursing (DON) was asked for the pharmacist's written recommendations and the physician's written responses to the recommendations for 8/30/24 and 11/26/24 for R9. The DON said, I don't know where those are. We looked for them, but couldn't find them. The DON said the physician's written responses to the recommendations were not in the resident's record because she (the DON) had previously been unaware she needed to obtain the written recommendations and provide them to the physician.</p> <p>The policy Addressing Medication Regimen Review Irregularities dated as implemented on 10/30/20 and revised on 12/28/23 read, in part: .4. The pharmacist must report any irregularities to the attending physician, the facility's medical director and director of nursing, and the reports must be acted upon .d. The attending physician must document in the resident medical record that the identified irregularity has been reviewed and what, if any, action has been taken to address it. If there is to be no change in the medication, the attending physician should document his or her rationale in the resident's medical record .</p>		

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  12/11/2024
NAME OF PROVIDER OR SUPPLIER  Medilodge of Leelanau		STREET ADDRESS, CITY, STATE, ZIP CODE  124 W 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 0809</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure meals and snacks are served at times in accordance with resident's needs, preferences, and requests. Suitable and nourishing alternative meals and snacks must be provided for residents who want to eat at non-traditional times or outside of scheduled meal times.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 45123</p> <p>Based on interview and record review, the facility failed to offer snacks in the evening for three Residents (#6, #22, and #31) of eighteen residents reviewed for evening snacks. Findings include:</p> <p>Resident #6 (R6)</p> <p>During an interview on 12/10/24 at 2:45 PM, R6 was asked if a bedtime snack was provided at bedtime. R6 stated, I did not get offered a bedtime snack last night on 12/9/24. Dietary staff wheel out the snack cart and place it in front of the nurse's station. The Certified Nurse (CNA) just leaves it sit there in front of the nurse's station and never pass out or offer snacks each night. It happens quite frequently that snacks are not passed out. Sometimes it is a free-for-all where some residents can get to the snacks and others can't. Then it becomes an infection control issue when you don't know where other resident hands have been. I would like a snack at night because I am diabetic and need a snack. The facility needs to have different snacks. I would prefer some grapes, and we never get them. The facility just basically gives us what they want, and we are not asked what we prefer. The choices we get are not very healthy. We get only two choices. We can only get one tiny snack, and it is not enough, especially not for me.</p> <p>Review of R6's Minimum Data Set (MDS) assessment, dated 9/2/24, revealed a diagnosis that included diabetes mellitus. R6 scored 15 out of 15 on the Brief Interview for Mental Status (BIMS) assessment, reflective of intact cognition.</p> <p>Review of R6's task list for nutrition - HS [at bedtime] snack: routine, dated 11/12/24 through 12/10/24, revealed the following, no bedtime snack offered on 11/14/24, 11/22/24, 12/1/24, 12/5/24, and 12/6/24.</p> <p>Resident #22 (R22)</p> <p>During an interview on 12/10/24 at 3:05 PM, R22 was asked if a bedtime snack was provided. R22 stated, Snacks were not offered last night on 12/9/24. I would have liked a fig [NAME], but no one came by and offered a snack. I do not care for most of the things that are offered. I wished they would have a little more variety such as Oreo's, ice cream, or a banana. The apples that they bring by for snacks are yucky and look bad. I prefer fresh apples and not ones in a pre-made plastic package.</p> <p>Review of R22's MDS assessment, dated 11/19/24, revealed a diagnosis that included type 2 diabetes mellitus. R22 scored 15 out of 15 on the BIMS assessment, reflective of intact cognition.</p> <p>Review of R22's task list for nutrition - HS snack: routine, dated 11/12/24 through 12/10/24, revealed the following, no bedtime snack offered on 11/14/24, 11/20/24, 11/22/24, 12/1/24, 12/5/24, and 12/6/24.</p> <p>Resident #31 (R31)</p> <p>(continued on next page)</p>		

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  12/11/2024
NAME OF PROVIDER OR SUPPLIER  Medilodge of Leelanau		STREET ADDRESS, CITY, STATE, ZIP CODE  124 W 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 0809</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 12/9/24 at 12:06 PM, R31 was asked if a bedtime snack was provided. R31 stated, The cookie jar needs tongs. I have seen other residents' just reach in the cookie jar bare-handed. That is so disgusting. We are to get snacks each night between 7 and 8 in the evening. There are not a whole lot of choices with the snack cart. I would like to see healthier choices such as fresh fruit. The prepackaged apple slices are yucky and brown. I need apple sauce because I can't chew an apple slice. They do not update the snacks that are offered. They are the same old snacks, and we get only two choices and if we don't like them, we just don't get a snack. I have brought it up in Resident Council that more options to honor preferences would be nice. Or a larger variety of snacks so we have more choices, but nothing ever happens. We just get what they say we get. I'm not happy with the snack choices.</p> <p>Review of R31's MDS assessment, dated 9/22/24, revealed a diagnosis that included diabetes mellitus. R31 scored 15 out of 15 on the BIMS assessment, reflective of intact cognition.</p> <p>Review of R31's task list for nutrition - HS snack: routine, dated 11/12/24 through 12/10/24, revealed the following, no bedtime snack offered on 11/14/24, 11/22/24, 12/1/24, 12/5/24, and 12/6/24.</p> <p>Review of R31's care plan, dated 6/17/24, read in part, .Focus: Resident is at risk for altered nutritional status related to BMI [body mass index] &gt;70, CHF [congestive heart failure] T2DM [type 2 diabetes mellitus] . edentulous .Intervention .Other: (Specify) Offer HS snack .</p> <p>On 12/11/24 at 1:35 PM, an interview was conducted with Dietary Manager (DM) A and was asked who prepares the evening snack carts and what they looked like. DM A replied, They are plastic, and have three drawers to store snacks for residents. We have two, one for each side of the building. The dietary staff stocks them up with snacks depending on what day it is depends on what they are stocked with. DM A was asked how long ago the snack list was created and replied, I am not sure, but it has been that way for awhile now.</p> <p>Review of the undated snack list, revealed the following, Monday: Fig [NAME] or saltines, Tuesday: Potato chips or apple slices, Wednesday: Banana or graham crackers, Thursday: Assorted cookies or saltines, Friday: Apple slices or goldfish crackers, Saturday: Banana or assorted cookie, and Sunday: Oatmeal cream pie or graham crackers.</p> <p>Review of policy titled, Offering/Serving Bedtime Snacks, dated 8/29/24, read in part, Policy: It is the practice of this facility to offer and serve residents with a nourishing snack in accordance with their needs, preferences and requests at bedtime on a daily basis .Policy Explanation and Compliance Guidelines: 1. The nursing staff offers bedtime snacks to all residents in accordance with the resident's needs, preferences and requests on a daily basis. 2. All diabetic or special diet bedtime snacks are labeled and dated. Each label contains the resident's name and room number .</p>		

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  12/11/2024
NAME OF PROVIDER OR SUPPLIER  Medilodge of Leelanau		STREET ADDRESS, CITY, STATE, ZIP CODE  124 W 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 0838</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Conduct and document a facility-wide assessment to determine what resources are necessary to care for residents competently during both day-to-day operations and emergencies.</p> <p>49397</p> <p>Based on interview and record review, the facility failed to conduct and document an annual facility wide assessment resulting in the potential for inadequate resources to meet the needs and care for all 68 facility residents.</p> <p>On 12/9/24 during the entrance conference at 11:50 AM the Nursing Home Administrator (NHA) was asked for a copy of the Facility Assessment. The NHA provided a Facility Assessment Tool for 7/2023 through 6/2024. The NHA was asked if there were any updates to the facility assessment to meet the requirement of being reviewed and updated annually.</p> <p>During a follow-up interview on 12/10/24 at 3:20 PM, the NHA stated all files provided were the most current.</p> <p>Review of the Facility Assessment tool section titled Average Daily Census Analysis indicated the patient population had an average of 63 which did not reflect the current resident population.</p>		

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  12/11/2024
NAME OF PROVIDER OR SUPPLIER  Medilodge of Leelanau		STREET ADDRESS, CITY, STATE, ZIP CODE 124 W 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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>45123</p> <p>Based on interview and record review, the facility failed to update infection control policies annually. This deficient practice has the potential to affect all 68 residents regarding infection control practices. Findings include:</p> <p>On 12/10/24 at 3:20 PM, a review of the infection control policies was completed. The following infection control policies were found not to be updated annually:</p> <ul style="list-style-type: none"> <li>a. COVID-19 (virus capable of severe respiratory illness) Vaccination policy last updated on 10/20/23;</li> <li>b. Influenza (flu) Vaccination policy last updated on 10/26/23;</li> <li>c. Pneumococcal (pneumonia) Vaccine (Series) last updated on 10/30/23;</li> <li>d. Water Management Program undated and no last updated date;</li> <li>e. Transmission-Based (Isolation) Precautions last updated on 5/22/23;</li> <li>f. Laundry last updated on 10/26/23 and;</li> <li>g. Handling Clean Linen last updated on 10/30/23.</li> </ul> <p>On 12/11/23 at 12:21 PM, an interview was conducted with License Practical Nurse (LPN)/Infection Preventionist (IP) B who was asked if she was aware infection control policies should be updated annually and replied, No I was not aware that the policies needed to be updated annually. There have been three different IP managers in the last year and there are other management and corporate people that are in it and behind the scenes.</p> <p>On 12/10/24 at 3:20 PM, an interview was conducted with the Nursing Home Administrator (NHA) who was asked if the provided infection control policies were the most recent up to date policies for infection control The NHA replied, Yes, those are the most updated policies we have.</p>		

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  12/11/2024
NAME OF PROVIDER OR SUPPLIER  Medilodge of Leelanau		STREET ADDRESS, CITY, STATE, ZIP CODE  124 W 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 0887</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Educate residents and staff on COVID-19 vaccination, offer the COVID-19 vaccine to eligible residents and staff after education, and properly document each resident and staff member's vaccination status.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 49310</p> <p>Based on interview and record review, the facility failed to administer a COVID-19 vaccination as requested by one Resident (R14) of five residents reviewed for immunizations. Findings include:</p> <p>Resident #14 (R14)</p> <p>R14 was interviewed on 12/9/24 at 3:03 p.m. R14 said she asked for a COVID-19 vaccination when she received the influenza vaccination in September 2024. R14 said, I never got the COVID shot. R14 said she contracted COVID-19 in the facility in November. R14 said she would still like to have the COVID-19 vaccination.</p> <p>A grievance resolution form Quality Assistance Form was submitted to the facility by R14's daughter on 11/12/24. The form documented R14's daughter was requesting an antiviral medication for R14 and was inquiring regarding the timing of the COVID-19 vaccine. The form documented a physician was notified and resident is eligible for booster, will order 3 mo [months] past COVID infection.</p> <p>The immunization history in R14's medical record revealed she received the Influenza Vaccination on 9/18/24. The COVID-19 vaccination status in the medical record was documented as pending immunization. The medical record documented R14 tested positive for COVID-19 on 11/11/24. The most recent COVID-19 vaccination was documented as being administered on 1/23/24.</p> <p>The Director of Nursing (DON) was interviewed on 12/11/24 at 8:32 a.m. The DON said she ordered the COVID-19 vaccine from the facility's contracted pharmacy but R14's dose was not included when the vaccines were delivered. The DON said she re-ordered the vaccine for R14, but it wasn't delivered in the second delivery either. The DON said she had to reorder the vaccine for R14 a third time but R14 contracted COVID-19 in the meantime. The DON said R14's physician ordered the vaccine to be administered in February, 90 days after the resident contracted COVID-19.</p> <p>On 12/11/24 at 11:42 a.m. The DON was asked regarding the process, what the facility does if there is concerns with pharmacy delivery. The DON said the facility utilized a local pharmacy as a back-up when they have concerns with ordered medications or concerns with delivery by their contracted pharmacy. The DON confirmed they had not attempted to secure a COVID-19 vaccine dose for R14 from the back-up pharmacy when it was not delivered from the contracted pharmacy. The DON confirmed she did not contact the health department to determine alternative source options to secure the vaccine R14 had requested since September 2024.</p> <p>The Centers for Disease Control (CDC) recommendations for COVID-19 vaccination</p> <p>(continued on next page)</p>		

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  12/11/2024
NAME OF PROVIDER OR SUPPLIER  Medilodge of Leelanau		STREET ADDRESS, CITY, STATE, ZIP CODE  124 W 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 0887</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>(<a href="https://www.cdc.gov/covid/vaccines/stay-up-to-date.html">https://www.cdc.gov/covid/vaccines/stay-up-to-date.html</a>) state, in part: .The COVID-19 vaccine helps protect you from severe illness, hospitalization , and death .Getting the 2024-2025 COVID-19 vaccine is especially important if you: .are [AGE] years and older . are living in a long-term care facility .People ages 65 and older are up to date when you have received: 2 doses of any 2024-2025 COVID-19 vaccine 6 months apart. While it is the recommended to get 2024-2025 COVID-19 vaccine doses 6 months apart, the minimum time is 2 months apart, which allows flexibility to get the second dose prior to typical COVID-19 surges .</p> <p>The facility policy COVID-19 Vaccination dated as revised 10/20/23 read, in part: .The facility may administer the vaccine directly or the vaccine may be administered indirectly through an arrangement with a pharmacy partner or local health department .</p>		