

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235226	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/12/2024
NAME OF PROVIDER OR SUPPLIER  Medilodge of Grand Blanc		STREET ADDRESS, CITY, STATE, ZIP CODE  11941 Belsay Rd Grand Blanc, MI 48439	

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 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide safe, appropriate pain management for a resident who requires such services.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47283</b></p> <p>This Citation pertains to Intake Number MI00146121.</p> <p>Based on observation, interview, and record review, the facility failed to ensure that pain assessment was completed consistently and medication was administered as ordered over an extended period for one resident (Resident #901) of two residents (with acute displaced fracture of right ankle) reviewed for pain management. This deficient practice has the potential for reduced efficacy of the pain management regimen with prolonged pain.</p> <p>Findings include:</p> <p>Resident #901 (R901):</p> <p>R901 was admitted the facility on 5/14/24 for short-term skilled nursing and rehabilitation services after hospitalization . R901 was hospitalized for cellulitis of lower extremities and heart failure. Based on the Minimum Data Set (MDS) assessment dated [DATE], R901 had Brief Interview for Mental Status (BIMS) score of 15/15, indicative of intact cognition. R901 was living at home with their spouse and had a fall at home prior to the admission and hospital.</p> <p>A complaint received by the State Agency revealed that R901 did consistently receive their pain medication as ordered by their physician wthey they had asked the facility staff.</p> <p>An interview with complainant completed on 8/6/24 at approximately 4:50 PM. During the interview complainant a brief interview was completed with R901. During the interview the complainant reported that R901 had a fall at home prior to hospitalization and had hurt their right ankle. They had other medical concerns and R901 thought they had sprained their ankle and it was not addressed during their hospitalization . Complainant reported that R901's pain on was getting worse after their admission to the facility and facility had ordered x-rays that showed right ankle fracture. Complainant also added the staff had reported that they did not have the pain medication when they had asked on more than one occasion.</p> <p>Review of R901's Electronic Medical Record (EMR) revealed a therapy progress note dated 5/16/24. The note revealed that R901 was able to ambulate short distances with a two wheeled walker, with staff assistance.</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: 235226
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<p>F 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A nursing progress note dated 5/18/24 at 22:56 (10:56 PM) read in part, Resident had a complaint of pain to his left lower leg, ankle area stating he fell at home prior to coming to the facility and felt pain then but he says while in the hospital he thought the pain would go away so he didn't say anything. The pain has gotten worse and he isn't able to bear much weight on it. On call notified and gave instructions to order an x-ray.</p> <p>Further review revealed a tele health practitioner note dated 5/18/24 at 00:00 (12 Mid-night) read in part, Complaint of left leg pain, has cellulitis, however states fell at home and leg was not x-rayed. Order X-ray of left leg, rounding provider to follow up on Monday.</p> <p>Review of x-ray results dated 5/20/24 read in part, There are age indeterminate fractures of the distal tibia and fibula. There is mild displacement of the of the distal fragments. The fracture line extends to the tibiotalar joint.</p> <p>A nursing progress note dated 5/20/24, and practitioner progress note dated 5/21/24 revealed that R901 had complaints of right ankle pain and they were waiting for an orthopedic appointment.</p> <p>R901 was sent out to the emergency roiaognom on [DATE] and they had received a cast on the right ankle. The x-ray report from the emergency room read Acute right ankle tri-malleolar fractures.</p> <p>Review of R901's orders revealed that R901 was ordered to receive the following pain medications PRN (as needed):</p> <ol style="list-style-type: none"> <li>1. Acetaminophen Oral Tablet 325 MG - Give 2 tablet by mouth every 4 hours as needed for mild pain ordered on 05/14/2024.</li> <li>2. Hydrocodone-Acetaminophen Tablet 5-325 MG-Give 1 tablet by mouth every 6 hours as needed for moderate pain-ordered on 05/14/2024 and discontinued on 05/20/2024.</li> <li>3. Effective 5/20/24 - Hydrocodone- Acetaminophen Tablet 5-325 MG-Give 1 tablet by mouth every 4 hours PRN for moderate pain.</li> </ol> <p>Further review of EMR revealed that later (mid-June) during R901's stay after their specialist appointment, on 6/11/24 the order for pain medication was changed. The order was changed and every 4 hours to address their right ankle pain. R901 had an order for non-weight bearing on their right leg and they were using an ankle brace waiting for their specialist appointment. R901 was also receiving physical and occupational therapy during this time frame.</p> <p>Review of R901's pain assessment and pain Medication Administration Record (MAR) in May revealed the inconsistencies. Review of pain medication administration record revealed that Review of pain assessment on 5/21 reveled a pain assessment at 5:25 AM and there was no assessment throughout the day while R901 was out of bed, active, and receiving therapy.</p> <p>Further review of MAR and pain assessment revealed the following:</p> <p>5/22/24 - Received 2 doses throughout the day. Pain assessment during the AM shift after the first dose completed at 11:29 revealed that medication was not effective. R901 received their next dose at 22:19 (10:19 PM - approximately 11 hours later) and pain level was 5/10.</p> <p>(continued on next page)</p>		

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<p>F 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>5/23/24 and 5/24/24 - R901 received one dose at 18:28 (6:28 PM) and R901's pain level was 7/10. There was no evidence of any follow up throughout the rest of the day. R901 was assessed on 5/24/23 at 6:53 AM and their pain level was 8 and they received their next dose (approximately 12 hrs. after). There was no evidence of prior assessment during the day while R901 was awake and active or after the first dose was administered on 5/23/24. The prior assessment was completed 1:53 AM.</p> <p>On 5/27/24 - R901 received their first dose of pain medication 19:53 (7:53 PM). Review of pain assessment completed on 5/27/24 revealed that R901 had reported a pain level of 4/10 at 7:51 AM. There was no evidence on clinical record that R901 was offered any pain medication as ordered.</p> <p>On 5/30/24, R901 reported a pain level of 8/10 at 21:31 (9:31 PM) and had received a dose of pain medication. There were no follow up assessments until 5/31/24 at 16:32 (4:32 PM - approximately 18 hours after the previous assessment). There was no evidence that R901 was offered any pain medications during this time frame.</p> <p>An interview was completed with the Director of Nursing (DON) on 8/12/24 at approximately 2:30 PM. DON was queried about the facility protocol for pain assessment and documentation. DON reported that their staff were completing assessments every shift and they were completing the pertinent charting for pain. DON was queried about the inconsistencies with pain assessment and following the PRN medication orders for pain medication for R901 with acute right ankle fracture. DON was queried on the specific dates they had concerns. DON reported that they understood the concerns. DON reviewed the clinical records and reported that R901 was at appointment on 5/23/24 and the provider initially felt their pain was managed well and provided the copies of the clinical records. No additional explanation was provided prior to the survey exit.</p> <p>A facility provided document titled Pain Management dated 10/26/23 read in part, The facility will ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences.</p> <p>Policy Explanation and Compliance Guidelines:</p> <p>The facility utilizes a systematic approach for recognition, assessment, treatment and monitoring of pain.</p> <p>Recognition:</p> <p>1. In order to help a resident attain or maintain his/her highest practicable level of well-being and to prevent or manage pain, the facility should:</p> <p>a. Recognize when the resident is experiencing pain and identifies circumstances when the pain is anticipated.</p> <p>b. Evaluate the resident for pain upon admission, during ongoing scheduled assessments, and with change in condition or status (e.g., after a fall, with change in behavior or mental status).</p> <p>c. Manages or prevents pain, consistent with the comprehensive assessment and plan of care, current professional standards of practice, and the resident's goals and preferences.</p> <p>(continued on next page)</p>		

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