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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                                                                                   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>235226                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                    | (X3) DATE SURVEY COMPLETED<br><br>02/25/2026 |
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| <p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>                    | <p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview and record review, the facility failed to ensure that residents were treated in a dignified manner, call lights were within reach, and needs were met timely for five residents (#4, #42, #45, #53, #122) and a confidential group of residents. Findings include: Resident 4 (R4):</p> <p>On 2/22/26 at 1:16 PM, an observation was made of R4 lying in bed. The Resident was interviewed, answered questions and engaged in conversation. The Resident was asked about concerns with care received by the facility. The Resident expressed concerns with call light, when she put it on, sometimes it took a long time for staff to answer. When asked if she had times when the call light was not answered for 30 minutes or longer, the Resident stated, Oh hell yes, especially at nighttime. The Resident reported using the call light for assistance, getting ice or ice water, and for pain medication. The Resident reported that when she used the call light to get pain medication, she would have to wait for them to answer the call light which could be 30 minutes to an hour then have to wait longer to actually get the pain medication.</p> <p>A review of Resident 4 (R4) medical record revealed an admission into the facility on 6/12/25 with diagnoses that included chronic obstructive pulmonary disease, chronic pain, respiratory failure, history of falling and need for assistance with personal care. A review of the Minimum Data Set (MDS) assessment revealed a Brief Interview of Mental Status (BIMS) score of 15/15 that indicated intact cognition.</p> <p>Resident 45:</p> <p>On 2/24/26 at 11:51 AM, an observation was made of R45 lying in bed with the bed up in the high position. The Resident was interviewed, answered simple questions and engaged in limited conversation. An observation was made of the Resident's call light on the Geri chair and covered by items in the chair. The call light was positioned over the arm of the chair, and the items were on top of the call light apparatus and cord. The Resident's bed was up in a high position with the head of the bed elevated. The Resident could not see or reach the call light cord or call light apparatus. When asked about the call light not in reach, the Resident stated, It falls on the floor a lot, and that he throws things at the door to get someone's attention. Nurse N was alerted to the call light not in reach. When the Nurse entered the room with the Surveyor, the Resident started asking for his call light. The Nurse placed the call light in R45's reach, clipped it in place and lowered his bed down. When asked if the Resident should have the call light in reach, the Nurse stated, Oh, absolutely he should have had it in reach.</p> <p>A review of R45's MDS revealed a BIMS score of 7/15 that indicated moderately impaired cognition</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>                    | <p>and needed substantial/maximal assistance with personal hygiene, rolling from side to side and was dependent on helper for transfers, dressing and toileting hygiene.</p> <p>Resident 122 (R122):</p> <p>On 2/22/26 at 1:10 PM, an observation was made of R122 lying in bed. The Resident was interviewed, answered questions and engaged in conversation. The Resident was asked about concerns with care at the facility. When asked about call light response times, the Resident stated, Sometimes you have to wait for them to answer your call light, I was left on the toilet for 30 minutes. When asked if he has had to wait more than 30 minutes, the Resident stated, yes, off and on, sometimes day shift but mostly night shift. The Nurse will answer the light and turn it off and say, 'I will let them know', then you got to wait and wait. I turn the light back on after about 10 minutes of no one showing up.</p> <p>A review of R122's MDS assessment revealed a BIMS score of 15/15 that indicated intact cognition and needed substantial/maximal assistance with toilet transfer and chair/bed to chair transfer and dependent on helper with toileting hygiene.</p> <p>On 2/25/26 at 3:07 PM, Nurse, Unit Manager M was asked about facility policy for responding to call lights. The Unit Manager stated, We should answer as soon as they go off. When asked about call lights in reach for Resident's the Unit Manager reported they should be clipped in reach for the Resident.</p> <p>Resident #53 (R53):</p> <p>A review of Resident 53's (R53) medical record revealed an admission into the facility on 6/27/24 with diagnoses that included hemiplegia and hemiparesis (weakness and paralysis affecting left dominant side), muscle wasting and atrophy, attention and concentration deficit, cerebrovascular disease (decreased blood flow to the brain). A review of the Minimum Data Set (MDS) assessment revealed a Brief Interview of Mental Status (BIMS) score of 00/15 that indicated severe problems with memory or thinking.</p> <p>On 02/23/2026 at 8:12 AM, An observation was made of R53's call light laying on the floor at the head of the bed and not in the residents reach.</p> <p>On 02/23/2026 at 8:18 AM, CNA Q was asked about R53's location of her call light and she said it was on the floor but should not be, she picked it up and clipped it to R53' blanket.</p> <p>Record review of R53's care plan revealed: Focus: Resident has an ADL self-care performance deficit related to generalized weakness. with Interventions that included: Place call light within reach.</p> <p>A record review of the facilities policy titled Call lights: accessibility and timely response revealed: Policy. assure the facility is adequately equipped with a call light at each resident's bedside, toilet and bathing facility to allow for residents to call for assistance.</p> <p>Confidential Group of Residents</p> <p>On 02/23/2026 at 2:38PM, a meeting was held with a confidential group of residents and family. The following concerns were brought up by the group.</p> <p>(continued on next page)</p> |                                                                                         |                                              |

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| <p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>                    | <p>-The confidential group agreed they all wait a long time to have their call light answered. The confidential group stated, the nursing staff has a habit of coming in the room and turning off the call light without completing the task or they say, I'll be right back and they never come back. The confidential group agree that the nursing staff will then get upset if they turn their call light back on after they leave the room.</p> <p>-The confidential group agrees that their call lights are on the floor a lot or out of reach.</p> <p>-The confidential group are concerned that the nursing staff have personal conversations they can hear. Stating they will talk about other residents and can be overheard. The confidential group stated that staff will talk to each other and not to the resident when providing care, often times talking about other residents or their personal lives. The confidential group stated that the staff likes to visit in the room and not complete tasks timely.</p> <p>-A confidential family member was present at the meeting and stated there have been times she will have to call the facility to get her brother help because he cannot reach his call light and is in need of suctioning. The family member stated this occurs a lot on the weekends or after 7:00pm.</p> <p>Resident #42</p> <p>R42 most recently admitted to the facility on [DATE] with diagnoses that include chronic respiratory failure, ventilator dependence and muscular dystrophy.</p> <p>On 02/24/2026 at 4:11PM, R42 stated that he has limited use of his hands and his call light is a press pad that gets placed on the headrest of his power chair, so he is able to turn it on by moving his head backwards. R42 stated that his call light is out of reach at times and he has to yell to get help.</p> |                                                                                         |                                              |

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| <p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>                    | <p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> This Citation Pertains to Intake Number 2627046. Based on observation, interview and record review, the facility failed to implement and operationalize procedures to ensure that Activity of Daily Living (ADL) care was provided to six residents (#1, #2, #9, #16, #82, and #123) of eleven residents reviewed, resulting in a lack of daily and hygiene care for dependent residents. Findings include: Resident 82 (R82):</p> <p>On 2/22/26 at 12:35 PM, an observation was made of Resident 82 in his room. The Resident was interviewed, answered questions and engaged in limited conversation with some answers/conversation not understood. An observation was made of R82 with facial hair. When asked if he liked to be close shaven or would rather have a beard, the Resident reported he liked a goatee and indicated he liked the mustache, around his mouth and over his chin. When asked about the hair growth that was on his cheeks, the Resident reported it was long there. An observation was made of R82's fingernails that were long, a couple broken and jagged. The nails were clean underneath. When asked if staff had offered to trim his nails the Resident answered, I don't think so. When asked if he would let them trim them if they offered, the Resident stated, Yeah.</p> <p>A review of R82's medical record revealed an admission on [DATE] with diagnoses that included metabolic encephalopathy, dementia, muscle weakness and difficulty in walking.</p> <p>A review of R82's Minimum Data Set (MDS) assessment revealed a Brief Interview of Mental Status score of 12/15 that indicated moderately impaired cognition and the Resident needed substantial/maximal assistance with shower/bathe self and dressing and needed partial/moderate assistance with personal hygiene.</p> <p>A review of R82's care plan revealed no focus or intervention for refusal of nail care and a lack of a focus of a care plan for refusals of care.</p> <p>A review of Resident 82's task for the last 30 days for Shower/Bath: (to be given) Tuesday and Friday revealed a shower documented as given on 1/27/26, 2/3/26 and 2/10/26.</p> <p>O 2/25/26 at 2:57 PM, an interview was conducted with the Unit Manager, Nurse (UM) M regarding Resident 82's lack of showers and nail care. The UM observed with the surveyor of Resident 82's long, broken and jagged fingernails. The UM indicated that the Resident has been known to refuse care, and a CNA reported that he last refused his nail care with the last shower. A review of the progress notes with the UM revealed no documentation of refusal of nail care. When asked about facility policy of refusals of care, the UM reported the CNA would notify the nurse and then the nurse would put documentation into the medical record if the Resident continued to refuse the care. A review with the UM of progress notes that lacked documentation of the refusals for some of the showering and nail care was conducted and the lack of a care plan focus for refusal of care. When asked if the Resident should have a care plan for refusals, the UM stated, Yes, absolutely. I will make sure it is in there.</p> <p>Resident #2:</p> <p>On 2/23/26 at 4:01 PM, Resident #2 was observed sitting on the edge of their bed in their room. Upon crossing the doorway into the Resident's room, a rank and offensive odor was immediately noted. The odor was pervasive, overwhelming, and became more intense closer to Resident #2. When queried regarding the care they receive in the facility, Resident #2 indicated some things were okay and some</p> <p>(continued on next page)</p> |                                                                                         |                                              |

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| <p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>                    | <p>were not so good but did not provide more specific information when asked. One side of the Resident's bed was positioned directly against the wall. A fall mat, with visible tears and holes, was in place on the floor.</p> <p>Record review revealed Resident #2 was admitted to the facility on [DATE] with diagnoses which included bilateral above the knee amputations, diabetes mellitus, cognitive communicative deficit, and end stage renal disease with dialysis dependance. Review of the Minimum Data Set (MDS) assessment dated [DATE] revealed the Resident was cognitively intact and required moderate to total assistance to complete Activities of Daily Living (ADLs).</p> <p>Review of Resident #2's Electronic Medical Record (EMR) revealed a care plan entitled, Resident has an ADL self-care performance deficit. Needs 2 staff assist for all ADL and functional mobility. (Initiated: 1/21/26; Revised: 12/30/26). The care plan included the intervention, Bathing: 2 person total assist.</p> <p>Review of Resident #2's EMR Documentation Survey Report for February 2026 revealed the task, Bathing Wednesday and Saturday 2nd Shift. Per the documentation, Resident #2 received the following:</p> <ul style="list-style-type: none"> <li>- 2/3/26: Scheduled bathing task documentation was blank indicating the task was not completed.</li> <li>- 2/6/26: A bed bath with staff assistance to bathe self, including washing, rinsing, and drying. was provided.</li> <li>- 2/10/26 and 2/13/26: The report detailed the Resident refused any bathing.</li> <li>- 2/17/26: Resident #2 had a bed bath and washed themselves completely independently.</li> <li>- 2/20/26: Scheduled bathing task documentation was blank indicating the task was not completed.</li> </ul> <p>Review of progress note documentation in Resident #2's EMR revealed no documentation of attempts to reapproach the Resident following bathing refusals and/or reasons why bathing was not completed on 2/3/26 and 2/20/26.</p> <p>An interview was conducted with the Director of Nursing (DON) on 2/24/26 at 2:50 PM. When queried regarding the overwhelmingly strong odor in Resident #2's room which was stronger nearer the Resident, the DON replied, They had a UTI (Urinary Tract Infection) recently. When queried how much urine Resident #2 produces as they were dependent upon dialysis, a specific answer was not provided. The DON was queried further regarding the pervasiveness of the odor and verbalized that the room would be cleaned.</p> <p>Review of Resident #2's Health Care Provider (HCP) orders and Medication Administration Record (MAR) revealed the Resident received two separate courses of antibiotic therapy in February 2026. One course of antibiotics from 2/6/26 to 2/10/26 and a different antibiotic from 2/11/26 to 2/17/26.</p> <p>Resident #9:</p> <p>On 2/22/26 at 12:14 PM, an observation was completed of Resident #9. The Resident was in bed, positioned on their back. The Resident had a tracheostomy in place and was receiving mechanical ventilation. Resident #9's eyes were closed and did not respond when their name was spoken. The Resident had</p> <p>(continued on next page)</p> |                                                                                         |                                              |

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| NAME OF PROVIDER OR SUPPLIER<br><br>Medilodge of Grand Blanc                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>11941 Belsay Road<br>Grand Blanc, MI 48439 |                                              |
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| <p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>                    | <p>visible, dark colored, long chin hairs.</p> <p>Record review revealed Resident #9 was originally admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses which included dysphagia (difficulty swallowing), aphasia (difficulty speaking and expressing self verbally), pain, and respiratory failure with tracheostomy (surgically created opening in the neck to the trachea to allow for air exchange) placement and mechanical ventilator (machine which assist and/or breaths for individuals who are unable to breathe for themselves) dependence. Review of the Minimum Data Set (MDS) assessment dated [DATE] revealed the Resident was severely cognitively impaired and was dependent upon staff for completion of Activities of Daily Living (ADLs).</p> <p>Review of Resident #9's Electronic Medical Record (EMR) revealed a care plan entitled, Resident has an ADL self-care performance deficit. has bilateral hearing loss, legally blind (Initiated: 6/24/24; Revised: 2/11/25). The care plan included the interventions:</p> <ul style="list-style-type: none"> <li>- Resident will request to have her nails trimmed but often refuses when staff approach to cut. (Initiated: 4/24/25)</li> <li>- Bed Mobility: 2 Person total assist (Initiated: 6/24/24; Revised: 11/8/24)</li> <li>- Personal Hygiene: 1-person total assist (Initiated: 6/25/24; Revised: 11/8/24)</li> </ul> <p>Resident #9 did not have a care plan and/or intervention in place which addressed chin hair.</p> <p>On 2/24/26 at 12:15 PM, Resident #9 was observed in their room in bed. The long, dark colored hairs remained visible on Resident #9's chin. The Resident's hands and fingernails were above the blanket and visible. A dark colored, unknown substance was observed under the fingernails on both of their hands.</p> <p>At 12:21 PM on 2/24/26, an observation of Resident #9 was completed with Registered Nurse (RN) A. When asked about Resident #9's fingernails, RN A confirmed the presence of an unknown dark colored substance under their nails and indicated they would clean the Resident's nails.</p> <p>An interview was conducted with the DON on 2/24/26 at 2:50 PM. When queried regarding the substance under Resident #9's fingernails, the DON verbalized staff should ensure the Resident's hands and fingernails are clean. When asked about the long, dark colored chin hair, the DON replied, I think chin hair is on the care plan. Resident #9's care plan was reviewed with the DON at this time. The DON confirmed the Resident did not have a care plan and/or interventions related to care of chin hair and indicated they would address the concern.</p> <p>Resident #16:</p> <p>On 2/22/26 at 12:09 PM, Resident #16 was observed in their room. The Resident was in bed, positioned on their back with their head turned slightly to the left. Resident #16 had a tracheostomy and was receiving mechanical ventilation. Resident #16's lips were dry and cracked. An unknown, dried substance was present around the Resident's mouth and left cheek. Various areas of unknown light brown to brown colored areas were present on the Resident's pillow and blankets. Resident #16's eyes were closed and mucous was present in the corners of both eyes.</p> <p>(continued on next page)</p> |                                                                                         |                                              |

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| <p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>                    | <p>Record review revealed Resident #16 was originally admitted to the facility on [DATE] and most recently readmitted on [DATE] with diagnoses which included heart failure, dysphagia, gastrostomy (surgically created opening in the abdomen to the stomach for the administration of nutrition and medications), and respiratory failure with tracheostomy placement and mechanical ventilator dependence. Review of the MDS assessment dated [DATE] did not include a cognitive assessment but specified the Resident was dependent upon staff for completion of all ADLs.</p> <p>Review of Resident #16's EMR revealed a care plan entitled, Resident has an ADL self-care performance deficit. (Initiated: 7/22/24; Revised: 5/3/25). The care plan included the intervention, Personal Hygiene: 1-person total assist (Initiated: 8/8/23; Revised: 8/9/23).</p> <p>On 2/24/26 at 11:17 AM, Resident #16 was observed in their room. The Resident was in bed with their head positioned slightly to the left. Dried and moist mucous was present on both sides of the Resident's mouth.</p> <p>An interview was completed with the DON on 2/24/26 at 3:15 PM. The DON was informed of observations of Resident #16. When asked about Resident #16's observed lack of hygiene, the DON stated, That is not okay.</p> <p>Resident #123:</p> <p>On 2/23/26 at 9:41 AM, Resident #123 was observed in their room in bed. The Resident's hair was long with a greasy appearance. Various sizes of visible chunks of an unknown substance were present in the Resident's hair. Resident #123 had a long, unkempt beard. The head of the Resident's bed was elevated at 15 degrees, and they did not have a pillow under and/or near their head. An interview was completed at this time. Resident #15 was asked if they did not like using a pillow and revealed they do. When asked why they did not have a pillow, Resident #15 did not provide a response. When queried if they liked having a beard, Resident #123 responded that they liked to be shaved. When asked if they had a beard now if they preferred to be shaved, Resident #123 replied that the facility staff have not offered to assist and they are unable to shave themselves. Resident #123's right upper extremity appeared to be flaccid, and their hand was in a fist. When asked if they were able to move their right arm, Resident #123 indicated they could not. When queried if they were able to open their right hand, the Resident responded that it was stuck and they could not move and/or open it.</p> <p>Record review revealed Resident #123 was originally admitted to the facility on [DATE] and most recently readmitted on [DATE] with diagnoses which included heart disease, dependence upon supplemental oxygen, cerebral infarction (stroke) with resulting dysphagia (difficulty swallowing), aphasia (difficulty with speech), and right sided hemiplegia and hemiparalysis (one-sided paralysis). Review of the MDS assessment dated [DATE] revealed the Resident was severely cognitively impaired and required moderate to total assistance to complete ADLs with the exception of oral care/eating.</p> <p>Review of Resident #123's EMR revealed a care plan entitled, Resident has an ADL self-care performance deficit. (Initiated: 10/3/24; Revised: 12/15/25). The care plan included the intervention, Personal Hygiene: 1-person extensive assist (Initiated and Revised: 9/28/23).</p> <p>On 2/24/26 at 3:16 PM, an observation of Resident #123 was completed with the DON. Resident #123 was asked if they preferred a beard or be shaved and informed the DON they preferred to be shaved. Resident #123's right hand remained in a fist. When queried regarding hand and fingernail care for the Resident's right hand, the DON lifted the Resident's hand for observation. The fingernails on</p> <p>(continued on next page)</p> |                                                                                         |                                              |

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| <p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>                    | <p>Resident #123's right hand were long, unkempt, and digging in the skin on their palm. When asked, Resident #123 verbalized their hand hurt from their fingernails digging into the skin. After exiting the Resident's room with the DON, an interview was completed. When asked about the cleanliness of the Resident, being unshaven when they prefer to be shaved, and their fingernails, the DON indicated that it was not acceptable and they would address the concerns immediately.</p> <p>Resident #1 (R1):</p> <p>R1 was admitted to the facility on [DATE] with diagnoses that include a history of cerebral infarction, cognitive communication deficit and acute respiratory distress syndrome.</p> <p>On 02/22/2026 at 12:57PM, during an interview with R1, it was observed that R1 had long fingernails. R1 was asked if they like their fingernails that long. R1 stated no, they are a little long for me. R1 was asked if the staff had offered to cut her fingernails or if she had asked to have her fingernails cut. R1 stated, I have asked for them to be cut, and they didn't cut them and the staff doesn't offer to cut them. R1 was asked if they would accept getting their nails cut if staff offered. R1 stated yes, I would accept it if they did. R1 stated that she has not had her nails cut once since being in the facility.</p> <p>On 02/22/2026 at 01:05PM, record review of the electronic medical record (EMR) did not reveal documentation of nail care being completed for R1. Review of the EMR revealed a care plan for activities of daily living (ADL), R1 requires extensive assistance of one staff member for personal hygiene care.</p> |                                                                                         |                                              |